

APPLICATION AND CERTIFICATION FOR PAYMENT

AIA DOCUMENT G702

PAGE ONE OF TWO PAGES

TO OWNER:
City of Laredo
1110 Houston St.
Laredo, Texas 78041
FROM CONTRACTOR:
Mage 4Group, Ltd.
1304 Crosscountry Lane
Laredo, Texas 78045
CONTRACT FOR: Desing - Build

PROJECT: CDBG Arturo Benavides Park Improvements.

VIA ARCHITECT: Slay Architecture

APPLICATION NO: 7

Distribution to:

<input checked="" type="checkbox"/>	OWNER
<input checked="" type="checkbox"/>	ARCHITECT
<input type="checkbox"/>	CONTRACTOR
<input type="checkbox"/>	
<input type="checkbox"/>	

PERIOD TO: 5/17/2024

PROJECT NOS: 23011

CONTRACT DATE: 04/20/23

CONTRACTOR'S APPLICATION FOR PAYMENT

Application is made for payment, as shown below, in connection with the Contract.
Continuation Sheet, AIA Document G703, is attached.

1. ORIGINAL CONTRACT SUM	\$	896,580.00
2. Net change by Change Orders	\$	201,200.00
3. CONTRACT SUM TO DATE (Line 1 ± 2)	\$	1,097,780.00
4. TOTAL COMPLETED & STORED TO DATE (Column G on G703)	\$	1,097,780.00
5. RETAINAGE:		
a. 5 % of Completed Work (Column D + E on G703)		0.00
b. % of Stored Material (Column F on G703)		0.00
Total Retainage (Lines 5a + 5b or Total in Column I of G703)	\$	0.00
6. TOTAL EARNED LESS RETAINAGE (Line 4 Less Line 5 Total)	\$	1,097,780.00
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (Line 6 from prior Certificate)	\$	1,040,278.50
8. CURRENT PAYMENT DUE	\$	57,501.50
9. BALANCE TO FINISH, INCLUDING RETAINAGE (Line 3 less 6)	\$	0.00

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total changes approved in previous months by Owner	\$201,200.00	\$0.00
Total approved this Month	\$0.00	\$0.00
TOTALS	\$201,200.00	\$0.00
NET CHANGES by Change Order	\$201,200.00	\$0.00

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 herein is now due.

CONTRACTOR:

By: Miguel Gomez Date: 5-17-2024

Subscribed and sworn to before me this 17th day of May, 2024
County of: WEBB State of: TEXAS
Notary Public: Melissa Cruz
My Commission expires on: 3-13-2026

ARCHITECT'S CERTIFICATE FOR PAYMENT

In accordance with the Contract Documents, based on on-site observations and documents comprising the application, the Architect certifies to the Owner that to the best of the Architect's knowledge, information and belief the Work has been completed 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 \$ 57,501.50

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

ARCHITECT:

By: [Signature] Date: 5.17.2024

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 or Contractor under this Contract.

CONTINUATION SHEET

AIA DOCUMENT G703

PAGE 2 OF 2 PAGES

AIA Document G702, APPLICATION AND CERTIFICATION FOR PAYMENT, containing Contractor's signed certification is attached.

In tabulations below, amounts are stated to the nearest dollar.

Use Column I on Contracts where variable retainage for line items may apply.

APPLICATION NO: 7
APPLICATION DATE: 5/17/2024
PERIOD TO: 5/17/2024
ARCHITECT'S PROJECT NO: FY22-Eng-07

A ITEM NO.	B	C	D	E	F	G		H	I	
	DESCRIPTION OF WORK	SCHEDULED VALUE	WORK COMPLETED		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 (IF VARIABLE RATE)	
			FROM PREVIOUS APPLICATION (D + E)	THIS PERIOD						
1	Mobilization, Bonding, Insurance, Permits, Etc.	\$48,000.00	\$48,000.00	\$0.00	\$0.00	\$48,000.00	100.00%	\$0.00	\$2,400.00	
2	Design, Architectural & Engineering services.	\$37,500.00	\$37,500.00	\$0.00	\$0.00	\$37,500.00	100.00%	\$0.00	\$1,875.00	
3	Site Preparation	\$19,000.00	\$19,000.00	\$0.00	\$0.00	\$19,000.00	100.00%	\$0.00	\$950.00	
4	Splash Pad Equipment	\$442,480.00	\$442,480.00	\$0.00	\$0.00	\$442,480.00	100.00%	\$0.00	\$22,124.00	
5	Equipment Installation & Shipping	\$51,600.00	\$51,600.00	\$0.00	\$0.00	\$51,600.00	100.00%	\$0.00	\$2,580.00	
6	Plumbing (Piping,Recycle Tank, Etc.)	\$55,000.00	\$55,000.00	\$0.00	\$0.00	\$55,000.00	100.00%	\$0.00	\$2,750.00	
7	Electrical (Conduits, Wiring, etc.)	\$46,000.00	\$46,000.00	\$0.00	\$0.00	\$46,000.00	100.00%	\$0.00	\$2,300.00	
8	Concrete Pad 4500 Sq.Ft.	\$66,000.00	\$66,000.00	\$0.00	\$0.00	\$66,000.00	100.00%	\$0.00	\$3,300.00	
9	Concrete Sidewalk	\$18,000.00	\$18,000.00	\$0.00	\$0.00	\$18,000.00	100.00%	\$0.00	\$900.00	
10	Chain Link Fence	\$22,000.00	\$22,000.00	\$0.00	\$0.00	\$22,000.00	100.00%	\$0.00	\$1,100.00	
11	Metal fence enclosure around equipment	\$10,000.00	\$10,000.00	\$0.00	\$0.00	\$10,000.00	100.00%	\$0.00	\$500.00	
12	Lighting	\$6,000.00	\$6,000.00	\$0.00	\$0.00	\$6,000.00	100.00%	\$0.00	\$300.00	
13	Utility connections	\$60,000.00	\$60,000.00	\$0.00	\$0.00	\$60,000.00	100.00%	\$0.00	\$3,000.00	
14	Allowance	\$15,000.00	\$15,000.00	\$0.00	\$0.00	\$15,000.00	100.00%	\$0.00	\$750.00	
CHANGE ORDER	15	Addittional filtration system installation	\$2,300.00	\$2,300.00	\$0.00	\$0.00	\$2,300.00	100.00%	\$0.00	\$115.00
	16	Architectural design	\$22,400.00	\$22,400.00	\$0.00	\$0.00	\$22,400.00	100.00%	\$0.00	\$1,120.00
	17	Restrooms construction	\$137,000.00	\$137,000.00	\$0.00	\$0.00	\$137,000.00	100.00%	\$0.00	\$6,850.00
	18	1" Water meter	\$2,750.00	\$0.00	\$2,750.00	\$0.00	\$2,750.00	100.00%	\$0.00	\$137.50
	19	1" Backflow preventer	\$1,500.00	\$1,500.00	\$0.00	\$0.00	\$1,500.00	100.00%	\$0.00	\$75.00
	20	Bore under parking lot for 1" pvc waterline	\$6,000.00	\$6,000.00	\$0.00	\$0.00	\$6,000.00	100.00%	\$0.00	\$300.00
	21	1 PVC sch.40 water line	\$4,250.00	\$4,250.00	\$0.00	\$0.00	\$4,250.00	100.00%	\$0.00	\$212.50
	22	Additional sidewalk around splash pad	\$17,000.00	\$17,000.00	\$0.00	\$0.00	\$17,000.00	100.00%	\$0.00	\$850.00
	23	24" retaining / seating wall	\$8,000.00	\$8,000.00	\$0.00	\$0.00	\$8,000.00	100.00%	\$0.00	\$400.00
		GRAND TOTALS	\$1,097,780.00	\$1,095,030.00	\$2,750.00	\$0.00	\$1,097,780.00	100.00%	\$0.00	\$54,889.00

Users may obtain validation of this document by requesting of the license a completed AIA Document D401 - Certification of Document's Authenticity

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

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

**PROJECT: CDBG Arturo Benavides Park
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 and all liens against the property, project and as of the 17 day of May, 2024.

Mage 4 group, Ltd
Company Name

STATE OF TEXAS:

COUNTY OF WEBB

Before me, the undersigned authority, on this day personally appeared Miguel Gomez, 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 17th day of MAY, 2024

Melissa Cruz
NOTARY PUBLIC



MY COMMISSION EXPIRES: 3-13-2026

CITY OF LAREDO
CONTRACTOR'S APPLICATION FOR PAYMENT

PROJECT: CDBG Arturo Benavides Park
Improvements.

ORIGINAL CONTRACT: 896,580.00

CHANGE ORDERS: \$ 201,200.00

TOTAL TO DATE: \$ 1,097,780.00

%COMPLETE: 100%

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:  Signature

Date 5-17-2024

Miguel Gomez

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: _____
Signature

Date

David Ballesteros

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

5.17.2024

Monica Guajardo, AIA

PrintName

RECOMMENDED FOR PAYMENT:

Ramon E. Chavez, P.E., P.E, City Engineer

DATE: _____

VERIFIED FOR PAYMENT:

Favio R. Rodriguez, P.E., Civil Engineer II

DATE: _____

APPROVED FOR PAYMENT:

DATE:

Finance Department

FORM LETTER FOR CERTIFICATE OF WARRANTY

DATE:

Mr. Ramon E. Chavez, P.E., City Engineer
City Engineer
City of Laredo
1110 Houston St.
Laredo, Texas 78040

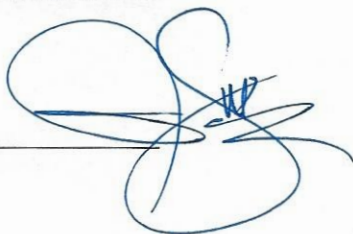
Re:

Dear Mr. Chavez:

Mage 4Group, Ltd. guarantees all materials and workmanship on the above referred project to be free of defects for a period of one (1) year from the date of acceptance by the owner. Upon notice, any defective materials or faulty workmanship developing within this period, will be replace at no cost to the owner.

Sincerely,

Mage 4Group, Ltd.
Company Name




ACKNOWLEDGEMENT

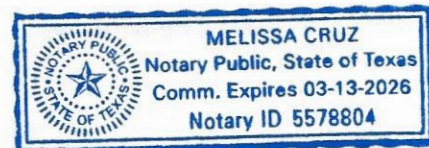
STATE OF TEXAS

COUNTY OF WEBB

Before me, Notary Public for and in WEBB County, State of TEXAS on this personally appeared Miguel GOMEZ known to me to be person(s) whose name(s) subscribed to the foregoing affidavit and acknowledge to me that he executed the same for the purpose and consideration expressed therein.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, THIS 17th DAY OF MAY, 2024.


Notary Public in and for WEBB County, State of TEXAS. My Commission Expires:



3-13-2026

FORM LETTER FOR ENGINEERING COMPLETION REPORT

DATE: 5/17/2024

Mr. Ramon E. Chavez, P.E.,
City Engineer
1110 Houston Street
Laredo, Texas 78040

Re: CDBG Arturo Benavides Park Improvements

Dear Mr. Chavez:

In accordance with the contracts between MAGE 4GROUP, LTD. And the City of Laredo, Webb County, Texas, and pursuant to the specifications in the contract documents, I take this opportunity to file this Completion Report with reference to the above mentioned project as follows:

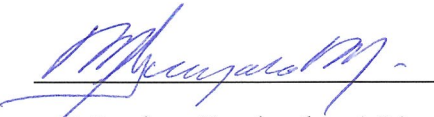
STATE OF Texas

COUNTY OF Webb

This is to Certify that I, Monica Guajardo, Registered Professional Architect, have inspected the work accomplished by Mage 4 Group, Ltd. and, under contract with The City of Laredo, Webb County, Texas, found that workmanship and materials supplied are in accordance with plans and specifications for said project, and as amended by the "AS-BUILT" drawings.

SIGNED THIS THE 17th DAY OF May, 2024.




Monica Guajardo, AIA

SEAL



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/02/2024

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 Texas Security General Insurance Agency, LLC 18545 Sigma Rd San Antonio TX 78258		CONTACT NAME: IBC Insurance Agency, Ltd PHONE (A/C, No, Ext): (956) 722-6500 E-MAIL: yolandalopez@ibc.com FAX (A/C, No): (956) 728-7570	
INSURED Mage 4Group Ltd G4 Construction Company 315 Calle Del Norte #201 Laredo TX 78041		INSURER(S) AFFORDING COVERAGE INSURER A: Kinsale Insurance Company INSURER B: Evanston Insurance Company INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 38920 35378	

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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	0100247379-0	06/29/2023	06/29/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ EXCLUDED PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input 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						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB DED RETENTION \$	Y	Y	EZXS3151012	03/20/2024	06/29/2024	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N <input checked="" type="checkbox"/> N	N / A				PER STATUTE E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER**CANCELLATION**Laredo Riverhill Investments LLC Dept.
315 Calle Del Norte, Suite #201

Laredo

TX 78041

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

85252

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/06/2024

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 ZIMMERMAN INSURANCE AGENCY LLC 3515 N Arkansas Ste 107 Laredo, TX 78043		CONTACT NAME: PHONE (A/C No. Ext): (956) 796-1115 FAX (A/C, No): (956) 795-7094 E-MAIL ADDRESS: service@sgzinsurance.com	
		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A : TEXAS MUTUAL INS CO	
INSURED MAGE 4 Group, LTD DBA G4 Construction 1304 Cross Country Lane Laredo, Texas 78045		INSURER B :	
		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
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N <input checked="" type="checkbox"/> N	N / A	Y	0002073022	2/3/2024	2/3/2025 PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 1,000,000 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**CANCELLATION**

City of Laredo HR Risk Management 1102 Bob Bullock Loop Laredo, TX 78043	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 
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/07/2024

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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 Delhia Baber(194437F) 7110 Rocio Dr., Ste 14D Laredo TX 78041-6530		CONTACT NAME: DELHIA JUDITH BABER PHONE (A/C, NO, EXT): 956-753-3773 E-MAIL ADDRESS: dbaber@farmersagent.com		FAX (A/C, NO): 956-753-3177	
		INSURER(S) AFFORDING COVERAGE		NAIC #	
INSURED MAGE 4 GROUP LTD MIGUEL GOMEZ 315 Calle Del Norte, Ste 201 LAREDO TX 78041		INSURER A: Foremost County Mutual Insurance			
		INSURER B:			
		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 NAME 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	ADDTL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea Occurrence)	\$
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$
	OTHER:							\$
D	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> OWNED AUTOS ONLY						BODILY INJURY (Per accident)	\$
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS							\$
	<input type="checkbox"/> NON-OWNED AUTOS ONLY							\$
		Y	Y	M00 0048088 00	06/07/2023	06/07/2024		
	UMBRELLA LIAB						EACH OCCURRENCE	\$
	<input type="checkbox"/> OCCUR						AGGREGATE	\$
	EXCESS LIAB							\$
	<input type="checkbox"/> CLAIMS-MADE							\$
	DED <input type="checkbox"/> RETENTION \$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE	OTHER \$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N					E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/>	N/A				E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

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

2015 FORD F150 SUPER; VIN: 1FTEW1EG0FFC92657
2005 TOYOTA TUNDRA; VIN: 5TBET38185S481964

CERTIFICATE HOLDER

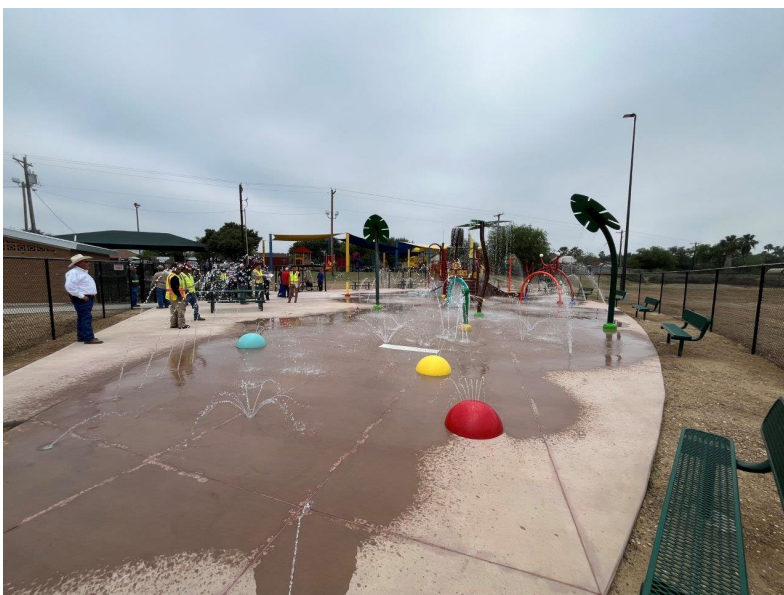
CANCELLATION

CITY OF LAREDO
RISK MANAGEMENT DEPARTMENT
1102 BOB BULLOCK LOOP
LAREDO TX 78043SHOULD 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

CDBG ARTURO BENAVIDES MEMORIAL PARK SPLASH PAD



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