CITY OF LAREDO
CONTRACTOR'S APPLICATION FOR PAYMENT

PROJECT: **SPRINGFIELD AVE. EXTENSION PHASE 2A.**

ESTIMATED NO. : 09
DATE FROM : 08/26/2024
TO: 5/1/2026

ORIGINAL CONTRACT:	$1,860,251.00	TOTAL WORK TO DATE	$1,478,420.00
CHANGE ORDERS:	$0.00	MATERIALS ON HAND:	$0.00
		05% RETAINAGE:	$0.00
TOTAL TO DATE:	$1,478,420.0(	PREVIOUS PAYMENTS:	$1,333,985.25
% COMPLETE:	79.5%	AMOUNT DUE:	$144,434.75

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: _____ 5-1-2026
Signature Date
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 accurated and that the contractor is observing the requirements of the contract documents.
(INSPECTOR) By: _____ 5-29-26
Signature Date

Juan Medina, III
Sr. Construction Inspector

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: _____ 05-27-26
Signature Date

Judd Gilpin, PE, RPLS
Print Name

RECOMMENDED FOR PAYMENT:

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

VERIFIED FOR PAYMENT:

Engineering Project Manager
DATE:_____

APPROVED FOR PAYMENT: DATE:

Finance Department

APPLICATION AND CERTIFICATION FOR PAYMENT

AIA DOCUMENT G702 PAGE ONE OF TWO PAGES

TO OWNER:
CITY OF LAREDO, UTILITIES DEPARTMENT
5816 Daugherty Ave,
Laredo, TX 78041

PROJECT: SPRINGFIELD AVENUE EXTENSION PHASE 2A

APPLICATION NO: 9

Distribution to:
[x] OWNER
[X] ARCHITECT
[ ] CONTRACTOR
[ ]
[ ]

PERIOD TO: 5/1/2026

FROM CONTRACTOR:
Mage 4Group, Ltd.
315 Calle del Norte, Suite 201.
Laredo, Texas 78041

VIA ARCHITECT: GILPIN engineering company

PROJECT NOS: FY-24-ENG-48

CONTRACT FOR: Build

CONTRACT DATE: 07/15/24

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		$ 1,860,521.00
2. Net change by Change Orders		$ 0.00
3. CONTRACT SUM TO DATE (Line 1 ± 2)		$ 1,860,521.00
4. TOTAL COMPLETED & STORED TO DATE (Column G on G703)		$ 1,478,420.00
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)		$ 1,478,420.00
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (Line 6 from prior Certificate)		$ 1,333,985.25
8. CURRENT PAYMENT DUE		$ 144,434.75
9. BALANCE TO FINISH, INCLUDING RETAINAGE (Line 3 less 6)		$ 382,101.00

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total changes approved in previous months by Owner		
Total approved this Month	$0.00	$0.00
TOTALS	$0.00	$0.00
NET CHANGES by Change Order		$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: 5-1-2026

Subscribed and sworn to before me this 01st day of May, 2026
County of: Webb State of: TX
Notary Public: [signature]
My Commission expires on: 03-13-2030.

MELISSA CRUZ NOTARY PUBLIC STATE OF TEXAS ID 557890 EXP. 03-13-2030

ARCHITECT'S CERTIFICATE FOR PAYMENT

In accordance with the Contract Documents, based on on-site observations and the data comprising the 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 . . . . . $ 144,434.75

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

By: _____ 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 or Contractor under this Contract.

CONTINUATION SHEET

AIA DOCUMENT G703

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: 9
APPLICATION DATE: 5/1/2026
PERIOD TO: 5/1/2026
ARCHITECT'S PROJECT NO: FY-24-ENG-48

	A ITEM NO.	B DESCRIPTION OF WORK SPRINGFIELD AVENUE EXTENSION PHASE 2A MAGE 4GROUP, LTD.	B1 UNIT	B2 QUANTITY	B3 UNIT PRICE	C SCHEDULED VALUE	D WORK COMPLETED: PREVIOUS QUANTITY	D: FROM PREVIOUS APPLICATION (D + E)	D: THIS PERIOD QUANTITY	E THIS PERIOD	F MATERIALS PRESENTLY STORED (NOT IN D OR E)	TOTAL COMPLETED QUANTITY	G TOTAL COMPLETED AND STORED TO DATE (D+E+F)	G % (G ÷ C)	H BALANCE TO FINISH (C - G)	I RETAINAGE (IF VARIABLE RATE)
SITE PREPARATION	1	Cleaning & Grubbing w/Disposal	AC	2	$3,000.00	$6,000.00	2	$6,000.00	0	$0.00	$0.00	2	$6,000.00	100.00%	$0.00	$300.00
	2	Mobilization	LS	1	$75,000.00	$75,000.00	1	$75,000.00	0	$0.00	$0.00	1	$75,000.00	100.00%	$0.00	$3,750.00
	3	Remove and Dispose curb and gutter	LF	454	$15.00	$6,810.00	454	$6,810.00	0	$0.00	$0.00	454	$6,810.00	100.00%	$0.00	$340.50
	4	Remove and dispose ADA ramps	EA	4	$500.00	$2,000.00	4	$2,000.00	0	$0.00	$0.00	4	$2,000.00	100.00%	$0.00	$100.00
	5	Remove and dispose sidewalks	SF	1287	$4.00	$5,148.00	1287	$5,148.00	0	$0.00	$0.00	1287	$5,148.00	100.00%	$0.00	$257.40
	6	Remove and dispose Concrete island	EA	1	$1,500.00	$1,500.00	1	$1,500.00	0	$0.00	$0.00	1	$1,500.00	100.00%	$0.00	$75.00
	7	Remove and dispose asphalt pavement	SY	1394	$3.00	$4,182.00	1394	$4,182.00	0	$0.00	$0.00	1394	$4,182.00	100.00%	$0.00	$209.10
	8	Remove and dispose barb wire fence	LF	692	$5.00	$3,460.00	692	$3,460.00	0	$0.00	$0.00	692	$3,460.00	100.00%	$0.00	$173.00
	9	Erosion control silt fence	LF	380	$6.00	$2,280.00	380	$2,280.00	0	$0.00	$0.00	380	$2,280.00	100.00%	$0.00	$114.00
	10	Construction exit (50'x32')	EA	1	$1,500.00	$1,500.00	1	$1,500.00	0	$0.00	$0.00	1	$1,500.00	100.00%	$0.00	$75.00
	11	Construction swing gate (2-16')	EA	2	$1,500.00	$3,000.00	0	$0.00	0	$0.00	$0.00	0	$0.00	0.00%	$3,000.00	$0.00
	12	Construction 5 strand barbed wire fence	LF	1352	$10.00	$13,520.00	0	$0.00	0	$0.00	$0.00	0	$0.00	0.00%	$13,520.00	$0.00
EARTH WORK	13	Cut	CY	1636	$5.00	$8,180.00	1636	$8,180.00	0	$0.00	$0.00	1636	$8,180.00	100.00%	$0.00	$409.00
	14	Fill	CY	124	$5.00	$620.00	124	$620.00	0	$0.00	$0.00	124	$620.00	100.00%	$0.00	$31.00
ROADWAY	15	12" subgrade preparation (springfield ave.)	SY	5641	$4.00	$22,564.00	5641	$22,564.00	0	$0.00	$0.00	5641	$22,564.00	100.00%	$0.00	$1,128.20
	16	9" Concrete pavement, TxDOT item 360- Class P (4500PSI)(Springfield ave.)	SY	5465	$108.00	$590,220.00	5465	$590,220.00	0	$0.00	$0.00	5465	$590,220.00	100.00%	$0.00	$29,511.00
	17	12" subgrade preparation (international blvd.)	SY	1403	$4.00	$5,612.00	1403	$5,612.00	0	$0.00	$0.00	1403	$5,612.00	100.00%	$0.00	$280.60
	18	9" Concrete pavement, TxDOT item 360- Class HES (4500PSI)(International blvd.)	SY	1403	$108.00	$151,524.00	1403	$151,524.00	0	$0.00	$0.00	1403	$151,524.00	100.00%	$0.00	$7,576.20
	19	Concrete sidewalk (12' wide)	SF	19030	$7.00	$133,210.00	19030	$133,210.00	0	$0.00	$0.00	19030	$133,210.00	100.00%	$0.00	$6,660.50
	20	ADA Ramps	EA	16	$1,800.00	$28,800.00	16	$28,800.00	0	$0.00	$0.00	16	$28,800.00	100.00%	$0.00	$1,440.00
	21	4" PVC SCH 40 Utility Conduits	LF	1044	$25.00	$26,100.00	1044	$26,100.00	0	$0.00	$0.00	1044	$26,100.00	100.00%	$0.00	$1,305.00
WATER DISTRIBUTION SYSTEM	22	16" Wet Connection (16"x16"x12" Tee)	EA	1	$10,000.00	$10,000.00	1	$10,000.00	0	$0.00	$0.00	1	$10,000.00	100.00%	$0.00	$500.00
	23	12" Water Line - DR 14 PVC	LF	765	$100.00	$76,500.00	765	$76,500.00	0	$0.00	$0.00	765	$76,500.00	100.00%	$0.00	$3,825.00
	24	8" Water Line Stub Out - DR 14 PVC	LF	154	$54.00	$8,316.00	148.5	$8,019.00	5.5	$297.00	$0.00	154	$8,316.00	100.00%	$0.00	$415.80
	25	12"x12"x8" Tee	EA	3	$4,000.00	$12,000.00	3	$12,000.00	0	$0.00	$0.00	3	$12,000.00	100.00%	$0.00	$600.00
	26	12"x8" Reducer	EA	2	$2,000.00	$4,000.00	0	$0.00	2	$4,000.00	$0.00	2	$4,000.00	100.00%	$0.00	$200.00
	27	16" Butterfly Valve	EA	2	$9,800.00	$19,600.00	2	$19,600.00	0	$0.00	$0.00	2	$19,600.00	100.00%	$0.00	$980.00
	28	12" Gate Valve	EA	5	$7,500.00	$37,500.00	5	$37,500.00	0	$0.00	$0.00	5	$37,500.00	100.00%	$0.00	$1,875.00
	29	8" Gate Valve	EA	2	$5,000.00	$10,000.00	2	$10,000.00	0	$0.00	$0.00	2	$10,000.00	100.00%	$0.00	$500.00
	30	8" Plug	EA	2	$800.00	$1,600.00	0	$0.00	2	$1,600.00	$0.00	2	$1,600.00	100.00%	$0.00	$80.00
	31	Fire Hydrant Complete Assembly w/6" Gate Valve	EA	1	$10,000.00	$10,000.00	1	$10,000.00	0	$0.00	$0.00	1	$10,000.00	100.00%	$0.00	$500.00
	32	Fire Hydrant Complete Assembly w/6" Gate Valve	EA	1	$10,000.00	$10,000.00	1	$10,000.00	0	$0.00	$0.00	1	$10,000.00	100.00%	$0.00	$500.00
	33	2" Air release Valve	EA	1	$8,500.00	$8,500.00	1	$8,500.00	0	$0.00	$0.00	1	$8,500.00	100.00%	$0.00	$425.00
	34	Remove and Dispose Existing 8" Water Line	LF	299	$25.00	$7,475.00	299	$7,475.00	0	$0.00	$0.00	299	$7,475.00	100.00%	$0.00	$373.75
SANITARY SEWER COLLECTION SYSTEM	35	8" Sanitary Sewer Wet Connection	EA	1	$5,000.00	$5,000.00	1	$5,000.00	0	$0.00	$0.00	1	$5,000.00	100.00%	$0.00	$250.00
	36	8" Sanitary Sewer Line - SDR 26 PVC	LF	235	$45.00	$10,575.00	235	$10,575.00	0	$0.00	$0.00	235	$10,575.00	100.00%	$0.00	$528.75
	37	Sanitary Sewer Manhole	EA	2	$9,000.00	$18,000.00	2	$18,000.00	0	$0.00	$0.00	2	$18,000.00	100.00%	$0.00	$900.00
	38	Sanitary Sewer Cleanout	EA	1	$1,000.00	$1,000.00	1	$1,000.00	0	$0.00	$0.00	1	$1,000.00	100.00%	$0.00	$50.00
	39	Sanitary Sewer 6" Service (single Short)	EA	1	$1,500.00	$1,500.00	1	$1,500.00	0	$0.00	$0.00	1	$1,500.00	100.00%	$0.00	$75.00
	40	Concrete Pavement Repair	SY	9	$81.00	$729.00	8	$648.00	1	$81.00	$0.00	9	$729.00	100.00%	$0.00	$36.45
	41	Curb Repair	LF	15	$25.00	$375.00	15	$375.00	0	$0.00	$0.00	15	$375.00	100.00%	$0.00	$18.75
	42	Sidewalk Repair	SF	505	$7.00	$3,535.00	429	$3,003.00	76	$532.00	$0.00	505	$3,535.00	100.00%	$0.00	$176.75
PAVEMENT MARKINGS & SIGNAGE	43	Striping - 8" Solid White Line	LF	230	$5.00	$1,150.00	0	$0.00	230	$1,150.00	$0.00	230	$1,150.00	100.00%	$0.00	$57.50
	44	Striping - 6" Solid Yellow Line	LF	1208	$4.00	$4,832.00	0	$0.00	1208	$4,832.00	$0.00	1208	$4,832.00	100.00%	$0.00	$241.60
	45	Striping - 6" Broken White Line	LF	1207	$4.00	$4,828.00	0	$0.00	1207	$4,828.00	$0.00	1207	$4,828.00	100.00%	$0.00	$241.40
	46	Striping - 6" Broken Yellow Line	LF	596	$4.00	$2,384.00	0	$0.00	596	$2,384.00	$0.00	596	$2,384.00	100.00%	$0.00	$119.20
	47	Striping - 24" White Stop Bar	LF	37	$16.00	$592.00	0	$0.00	37	$592.00	$0.00	37	$592.00	100.00%	$0.00	$29.60
	48	Pavement Markings	LS	1	$7,500.00	$7,500.00	0	$0.00	1	$7,500.00	$0.00	1	$7,500.00	100.00%	$0.00	$375.00
	49	Speed Limit Sign	EA	1	$750.00	$750.00	0	$0.00	1	$750.00	$0.00	1	$750.00	100.00%	$0.00	$37.50
	50	Stop Sign	EA	1	$750.00	$750.00	0	$0.00	1	$750.00	$0.00	1	$750.00	100.00%	$0.00	$37.50
	51	Lane Designation Sign	EA	2	$750.00	$1,500.00	0	$0.00	2	$1,500.00	$0.00	2	$1,500.00	100.00%	$0.00	$75.00
	52	Street Lights	EA	6	$3,000.00	$18,000.00	6	$18,000.00	0	$0.00	$0.00	6	$18,000.00	100.00%	$0.00	$900.00
	53	Type 3 Barricade	EA	1	$1,500.00	$1,500.00	0	$0.00	1	$1,500.00	$0.00	1	$1,500.00	100.00%	$0.00	$75.00

PA	54	Traffic Control Plan	LS	1	$7,500.00	$7,500.00	1	$7,500.00	0	$0.00	$0.00	1	$7,500.00	100.00%	$0.00	$375.00
TRAFFIC SIGNAL IMPROVEMENTS	55	Drill Shaft, 15' Depth (36" Diameter)	EA	4	$5,250.00	$21,000.00	0	$0.00	0	$0.00	$0.00	0	$0.00	0.00%	$21,000.00	$0.00
	56	4" PVC SCH 40 Conduits	LF	728	$25.00	$18,200.00	728	$18,200.00	0	$0.00	$0.00	728	$18,200.00	100.00%	$0.00	$910.00
	57	Ground Box	EA	4	$1,500.00	$6,000.00	0	$0.00	0	$0.00	$0.00	0	$0.00	0.00%	$6,000.00	$0.00
	58	Controler Cabinet	EA	1	$55,000.00	$55,000.00	0	$0.00	0	$0.00	$0.00	0	$0.00	0.00%	$55,000.00	$0.00
	59	Electrical Service Pole	EA	1	$5,000.00	$5,000.00	0	$0.00	0	$0.00	$0.00	0	$0.00	0.00%	$5,000.00	$0.00
	60	Traffic Signal 19' Steel Pole	EA	4	$10,000.00	$40,000.00	0	$0.00	0	$0.00	$0.00	0	$0.00	0.00%	$40,000.00	$0.00
	61	Traffic Signal 44' Mast Arm	EA	4	$12,000.00	$48,000.00	0	$0.00	0	$0.00	$0.00	0	$0.00	0.00%	$48,000.00	$0.00
	62	Traffic Signal Illuminaire	EA	4	$800.00	$3,200.00	0	$0.00	0	$0.00	$0.00	0	$0.00	0.00%	$3,200.00	$0.00
	63	Three- Section Signal head	EA	9	$1,000.00	$9,000.00	0	$0.00	0	$0.00	$0.00	0	$0.00	0.00%	$9,000.00	$0.00
	64	Four-Section Signal Head	EA	2	$2,000.00	$4,000.00	0	$0.00	0	$0.00	$0.00	0	$0.00	0.00%	$4,000.00	$0.00
	65	Radar Advance Detection Mounted on Mast Arm	EA	4	$3,800.00	$15,200.00	0	$0.00	0	$0.00	$0.00	0	$0.00	0.00%	$15,200.00	$0.00
	66	Radar Presence Detection Mounted on Mast Arm	EA	4	$3,800.00	$15,200.00	0	$0.00	0	$0.00	$0.00	0	$0.00	0.00%	$15,200.00	$0.00
	67	Sing Plaques Mounted on Mast Arm	EA	8	$1,250.00	$10,000.00	0	$0.00	0	$0.00	$0.00	0	$0.00	0.00%	$10,000.00	$0.00
	68	Accessible Button with Sign Plaque Mounted on Pole	EA	8	$1,500.00	$12,000.00	0	$0.00	0	$0.00	$0.00	0	$0.00	0.00%	$12,000.00	$0.00
	69	Contingency allowance (#1, #2)	LS	1	$200,000.00	$200,000.00	0.18	$36,090.00	0.21	$41,929.00	$0.00	0.39	$78,019.00	39.01%	$121,981.00	$3,900.95
		GRAND TOTALS				$1,860,521.00		$1,404,195.00		$74,225.00	$0.00		$1,478,420.00	79.47%	$382,101.00	$73,921.00

AFFIDAVIT OF PAYMENT OF DEBTS AND CLAIMS
AND RELEASE OF LIENS

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

PROJECT: SPRINGFIELD AVE. EXTENSION PHASE 2A.

By this instrument the undersigned contractor engaged in 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 ans 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 01st day of May ,2026.

MAGE 4GROUP, LTD.
Company Name

STATE OF TEXAS:

COUNTY OF WEBB :

Before me, the undersigned authority, on this day personally appeared Miguel Gomez, know 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 01st day of May, 2026.

MELISSA CRUZ NOTARY PUBLIC STATE OF TEXAS ID 557880A EXP. 03-13-2030

NOTARY PUBLIC M.G.
MY COMMISSION EXPIRES: 03.13.2026

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 05/01/2026

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

Delhia Baber(194437F)
7110 Rocio Dr Ste 14d
Laredo TX 78041-6673

CONTACT NAME: Delhia Judith Baber
PHONE (A/C, NO, EXT): 956-753-3773
FAX (A/C, NO): 956-753-3177
E-MAIL ADDRESS: dbaber@farmersagent.com

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A:	Truck Insurance Exchange	21709
INSURER B:	Farmers Insurance Exchange	21652
INSURER C:	Mid Century Insurance Company	21687
INSURER D:	Farmers Texas County Mutual Insurance Company	24392
INSURER E:		
INSURER F:		

INSURED

MAGE 4 GROUP LTD
315 CALLE DEL NORTE
STE 201
LAREDO TX 78041

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	$
	[ ] 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 [ ] PROJECT [ ] LOC						PRODUCTS - COMP/OP AGG	$
	[ ] OTHER:							$
D	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	[X] ANY AUTO						BODILY INJURY (Per person)	$
	[ ] OWNED AUTOS ONLY [X] SCHEDULED AUTOS	Y	Y	607130862	06/07/2025	06/07/2026	BODILY INJURY (Per accident)	$
	[X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
	[ ]							$
	[ ] UMBRELLA LIAB [ ] OCCUR						EACH OCCURRENCE	$
	[ ] EXCESS LIAB [ ] CLAIMS-MADE						AGGREGATE	$
	[ ] DED [ ] RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						[ ] PER STATUTE [ ] OTHER	$
	ANY PROPRIETOR/PARTNER/ EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) [ ] Y/N	N/A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						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)
2024 TOYOTA LAND CRUISER - JTEABFAJ9R500416
2020 GMC CANYON - 1GTG5BEA0L1110607
2018 FORD F550 -1FDUF5HYXJEC28921

CERTIFICATE HOLDER

CITY OF LAREDO
RISK MANAGEMENT DEPARTMENT
1102 BOB BULLOCK LOOP
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

MAG4GRO-01 YOLANDALOPEZ

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 05/01/2026

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: Yolanda Lopez	
IBC Insurance Agency, LTD 5800 San Dario Avenue 2nd Floor Laredo, TX 78041	PHONE (A/C, No, Ext): (956) 722-6500 28722	FAX (A/C, No): (956) 728-7570
	E-MAIL ADDRESS: YolandaLopez@ibc.com	

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Texas Mutual Insurance Company	22945
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED

Mage 4Group, Ltd
315 Calle Del Norte #201
Laredo, TX 78041

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						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:							$
	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 $							$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N/A	X	0002073022	2/3/2026	2/3/2027	☐ PER STATUTE ☐ OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N [N]						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)
Building Contractor

CERTIFICATE HOLDER

City of Laredo
Purchasing Division
5512 Thomas Ave
Laredo, TX 78041

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

MAG4GRO-01 YOLANDALOPEZ

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 05/01/2026

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: Yolanda Lopez	
IBC Insurance Agency, LTD 5800 San Dario Avenue 2nd Floor Laredo, TX 78041	PHONE (A/C, No, Ext): (956) 722-6500 28722	FAX (A/C, No): (956) 728-7570
	E-MAIL ADDRESS: YolandaLopez@ibc.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Kinsale Insurance Company	38920
INSURED	INSURER B :	
Mage 4Group, Ltd 315 Calle Del Norte #201 Laredo, TX 78041	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	0100247379-2	6/29/2025	6/29/2026	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							MED EXP (Any one person)	$
							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)	$
								$
A	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	$ 4,000,000
	EXCESS LIAB CLAIMS-MADE	X	X	0100381582-0	6/29/2025	6/29/2026	AGGREGATE	$
	DED RETENTION $							$ 4,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N	N/A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						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)
Building Contractor

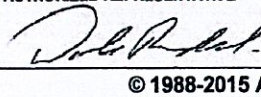
CERTIFICATE HOLDER

City of Laredo
Risk Management Department
1102 Bob Bullock Loop
78046

CANCELLATION

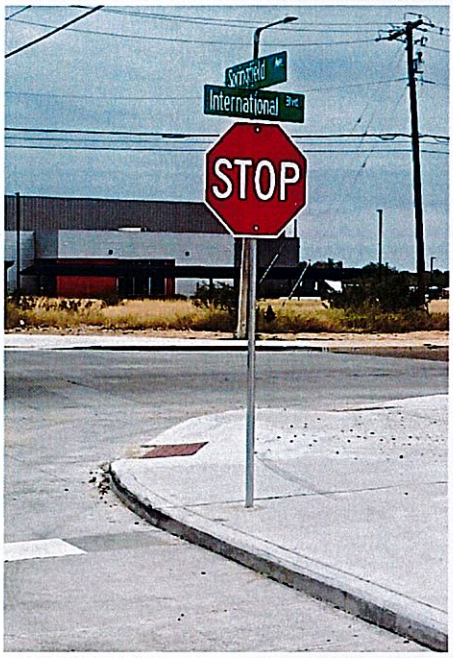
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

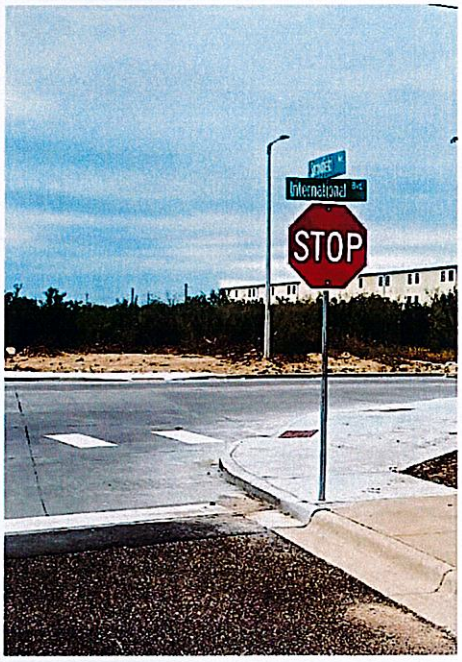
AUTHORIZED REPRESENTATIVE



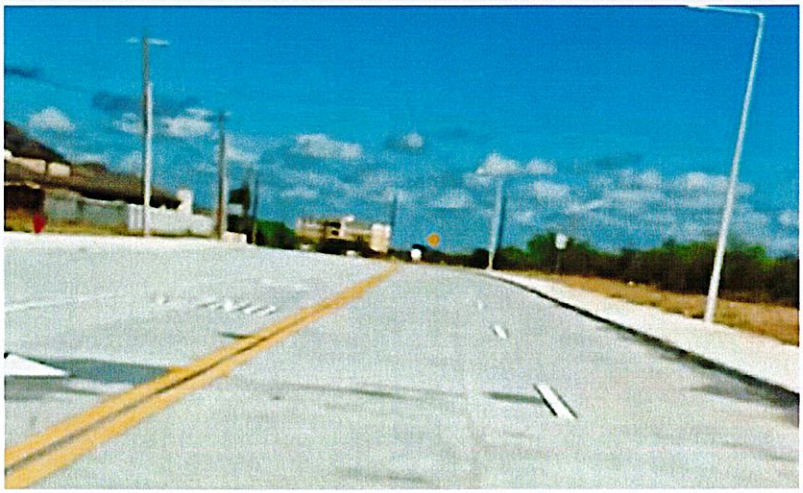
SPRINGFIELD AVE. EXTENSION PHASE 2A.

SPRINGFIELD AVE. EXTENSION PHASE 2A.

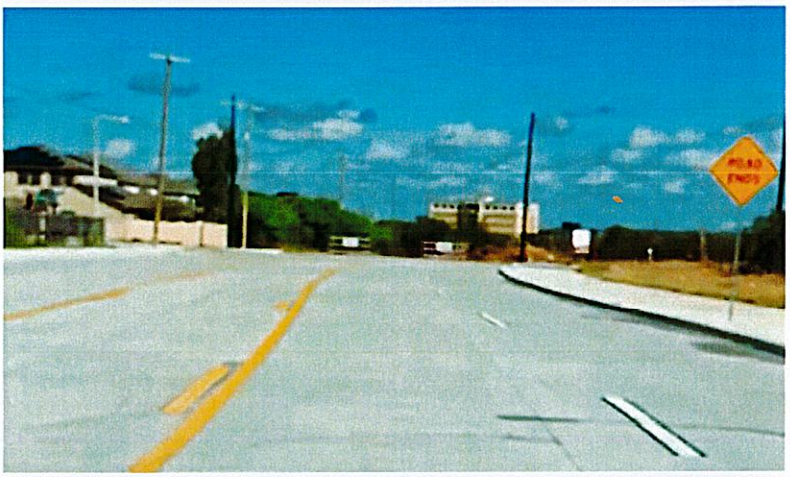




SPRINGFIELD AVE. EXTENSION PHASE 2A.



SPRINGFIELD AVE. EXTENSION PHASE 2A.



SPRINGFIELD AVE. EXTENSION PHASE 2A.