

CITY OF LAREDO
ENGINEERING DEPARTMENT
CONTRACTORS - REQUEST FOR PAYMENT

PO#

Project: FY24-ENG-23 CDBG Los
Martinez Walking Trail Phase 1

ORIGINAL CONTRACT AMOUNT **\$132,840.00**
CHANGE ORDERS: **\$2,000.00**
TOTAL CONTRACT AMOUNT: **\$134,840.00**

% COMPLETE: **100%**

ESTIMATE NO: **Pay App #3 (Final)**
FROM: **09/19/2024**
TO: **10/16/2024**
TOTAL WORK TO DATE: **\$134,840.00**
MATERIALS ON HAND:
10% RETAINAGE: **\$11,843.60**
PREVIOUS PAYMENTS: **\$118,436**
WORK THIS ESTIMATE : **\$16,404**
RETAINAGE THIS ESTIMATE: **\$0.00**
AMOUNT DUE: **\$28,247.60**

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: **Luis Mata** **11/12/2024**

Signature Date

Luis Mata

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, City 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: _____

Signature Date

Favio Rodriguez, P.E., Civil Engineer II

By: _____

Signature Date

Roberto Castro, Associate Eng I

RECOMMENDED FOR PAYMENT:

By: _____

Date: _____

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

By: _____

Signature Date

Tina Martinez
Community Development Director

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

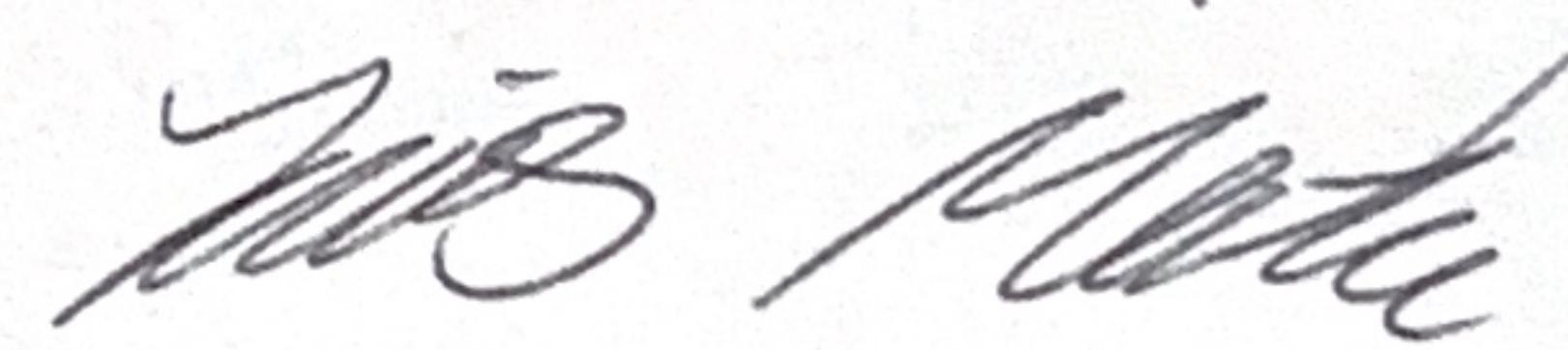
**TO: CITY OF LAREDO
WEBB COUNTY, TEXAS**

**PROJECT:
FY24-ENG-23
Los Martinez Walking Trail Phase 1 – District VII**

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 26th day of November, 2023.

Capstone Industrial Services, LLC
Company Name

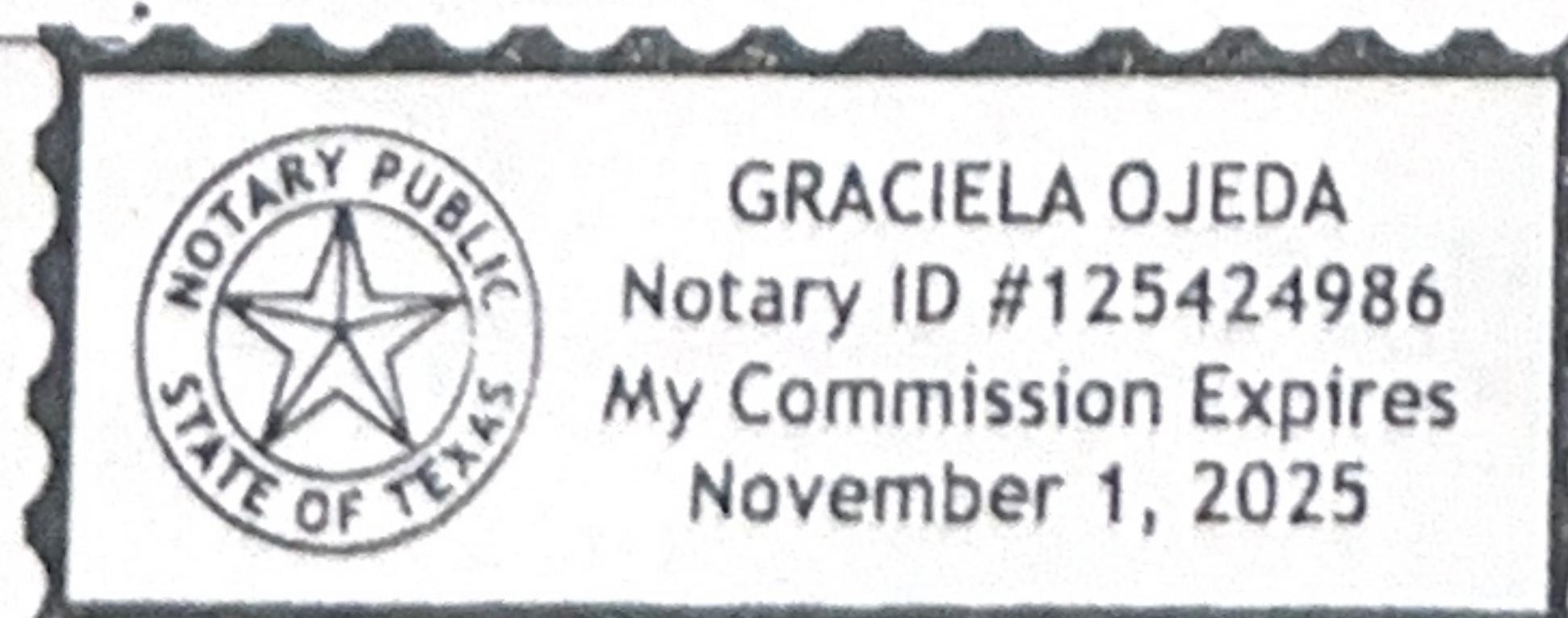


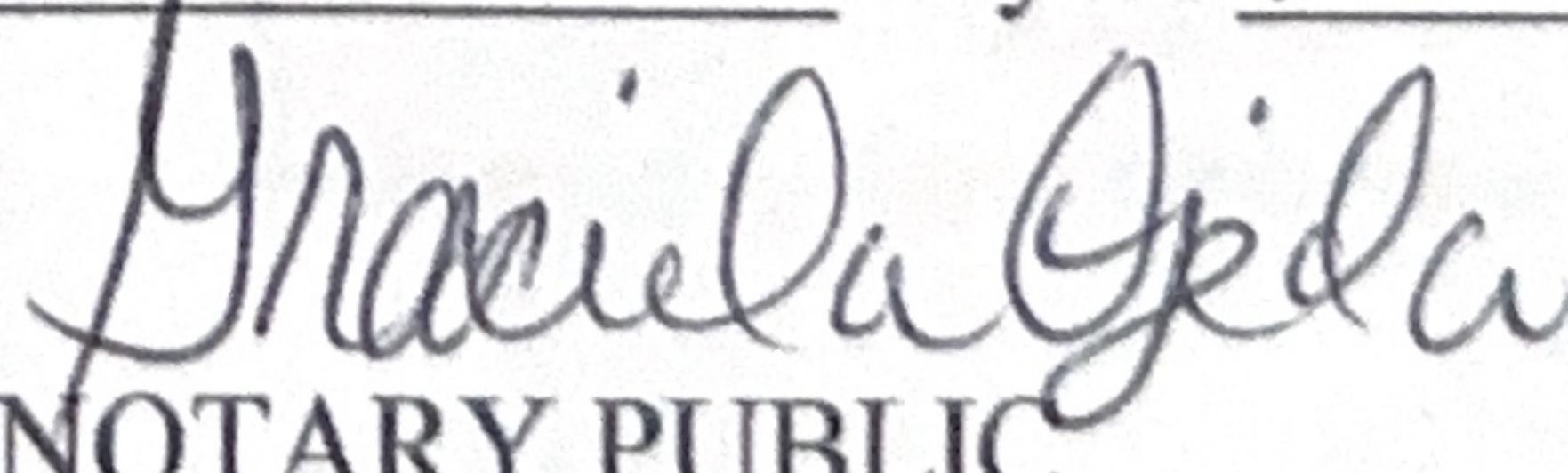
STATE OF TEXAS:

COUNTY OF Texas / Webb

Before me, the undersigned authority, on this day personally appeared Luis Mata, 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
2024



26th day of November,

NOTARY PUBLIC
MY COMMISSION EXPIRES:



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/12/2024

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	Simply Business 1 Beacon Street 15th Floor Boston, MA 02108	CONTACT NAME:	Simply Business	
		PHONE (A/C, No., Ext):	(866) 538-7491	FAX (A/C, No.):
INSURED	Capstone Industrial Services 210 Oak Dr S 3723 Lake Jackson, Texas 77566	E-MAIL ADDRESS:	contactus@simplybusiness.com	
		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A:	Spinnaker Insurance Company	24376
		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 WWD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS					
A	COMMERCIAL GENERAL LIABILITY		X	Y	HBW4544755XB1	06/29/2024	06/29/2025	EACH OCCURRENCE \$1,000,000					
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR												
	GEN'L AGGREGATE LIMIT APPLIES PER:												
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC												
	OTHER:												
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)					
	ANY AUTO												
	OWNED AUTOS ONLY							SCHEDULED AUTOS					
	HIRED AUTOS ONLY												
	NON-OWNED AUTOS ONLY												
	UMBRELLA LIAB							OCCUR					
	EXCESS LIAB							CLAIMS-MADE					
	DED <input type="checkbox"/> RETENTION							EACH OCCURRENCE					
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		Y / N	N / A				PER STATUTE	OTHR				
	ANY PROPRIETOR/PARTNER/EXECUTIVE												
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							<input type="checkbox"/>					
	If yes, describe under DESCRIPTION OF OPERATIONS below												
	PROFESSIONAL LIABILITY							E.L. EACH ACCIDENT					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder is included as an additional insured on the General Liability policy per written contract. Waiver of subrogation applies in favor of the additional insured per contract.

CERTIFICATE HOLDER

City of Laredo,
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

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:

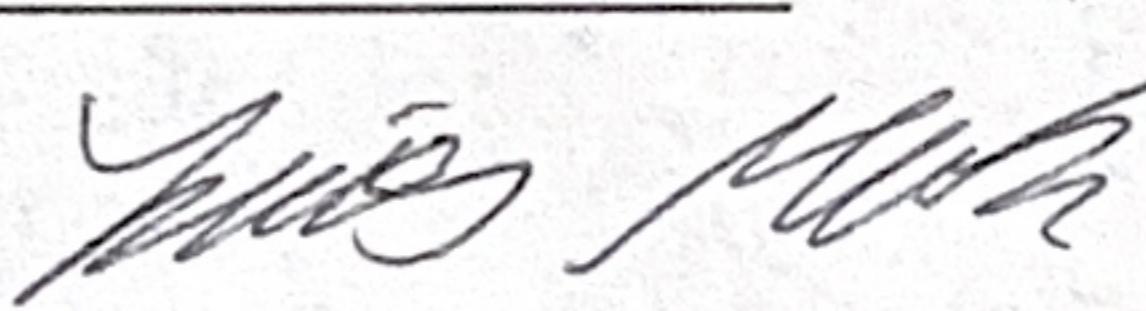
Dear Mr. Chavez:

Luis Mata 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 replaced at no cost to the owner.

Sincerely,

Capstone Industrial Services, LLC

Company Name



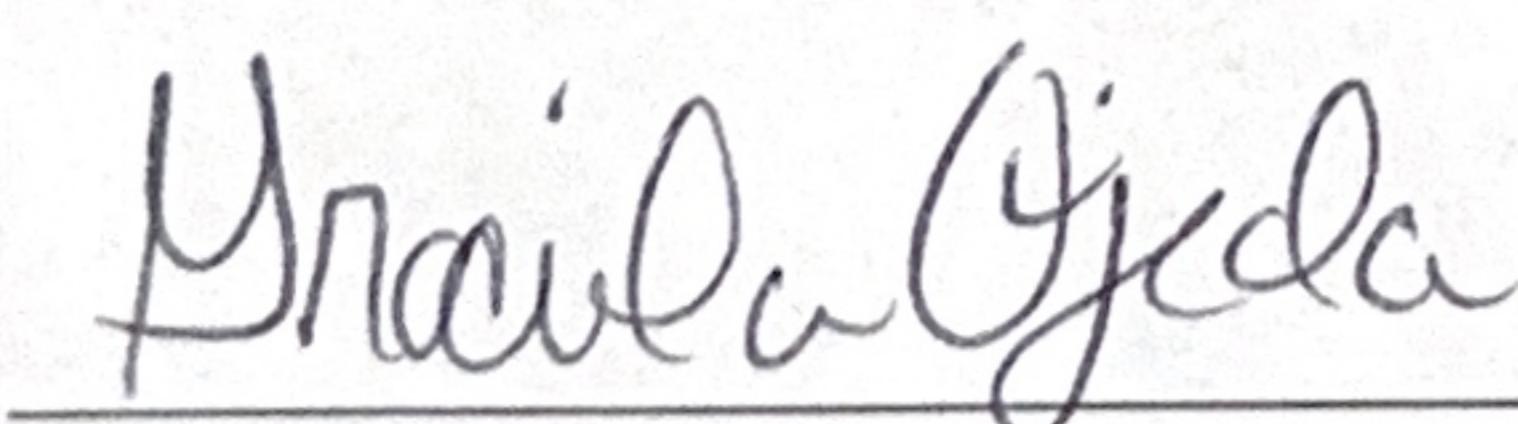
ACKNOWLEDGEMENT

STATE OF TEXAS

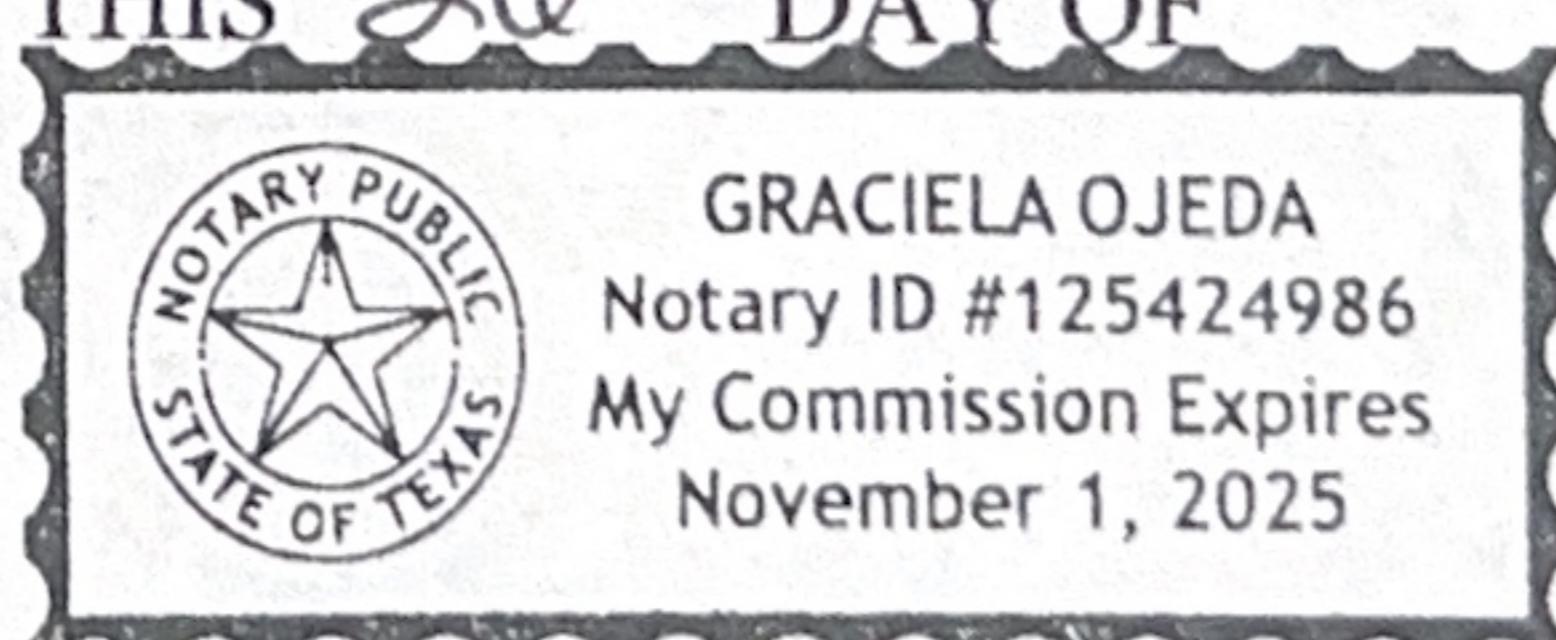
COUNTY OF Webb

Before me, Notary Public for and in Webb County, State of Texas on this personally appeared Luis Mata 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 26th DAY OF
November, 2024.



Notary Public in and for
Webb County, State of Texas My Commission Expires:







Here are some new photos.



