

CITY OF LAREDO
CONTRACTOR'S APPLICATION FOR PAYMENT

PROJECT: **FY24-ENG-08**

Father McNaboe Basketball Shade Structure – District VII

ESTIMATE NO.: 06
DATE FROM: 03/25/2024
TO: 10/09/2024

ORIGINAL CONTRACT: \$699,725.00
CHANGE ORDERS: \$6,140.00

TOTAL TO DATE: \$693,585.00
% COMPLETE:

TOTAL WORK TO DATE: \$693,585.00
MATERIALS ON HAND: \$ 0.00
5 % RETAINAGE: \$ 0.00
PREVIOUS PAYMENTS: \$ 651,818.75
AMOUNT DUE: \$ 41,766.25

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: HL 10-9-2024
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 accurate and that the contractor is observing the requirements of the contract documents.

(INSPECTOR)

By: u/7/24 11/7/24
Signature Date

Dario Beltran

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: EDS 11/07/2024
Signature Date

Eliud De Los Santos

Print Name

RECOMMENDED FOR PAYMENT:

Ramon E. Chavez, P.E, City Engineer
DATE: _____

VERIFIED FOR PAYMENT:

EDS
Eliud De Los Santos, P.E
DATE: _____

APPROVED FOR PAYMENT: DATE:

Finance Department

CONTINUATION SHEET

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 1 on Contracts where variable retainage for line items may apply.

AIA DOCUMENT G703

PAGE 2 OF 2 PAGES

APPLICATION NO: 6
APPLICATION DATE: 9/5/2024

PERIOD TO: 8/27/2024

ARCHITECT'S PROJECT NO: FY24-ENG-08

GENERAL CONTRACTOR'S CERTIFICATION
I certify that the information contained in this document is true and correct to the best of my knowledge and belief. I further certify that this document is being submitted in accordance with the terms and conditions of the contract.

A ITEM NO.	B DESCRIPTION OF WORK	C SCHEDULED VALUE	D WORK COMPLETED FROM PREVIOUS APPLICATION (D + E)	E THIS PERIOD (D + E)	F MATERIALS PRESENTLY STORED (NOT IN D OR E)	G TOTAL COMPLETED AND STORED TO DATE (D+E+F)	H % (G + C)	I BALANCE TO FINISH (C - G)	J RETAINAGE (IF VARIABLE RATE)
1	Mobilization (Bonds, Insurance, Demo, Site, etc.)	\$39,000.00	\$39,000.00	\$0.00	N/A	\$39,000.00	100.00%	\$0.00	\$1,950.00
2	General Requirements (Plans, Specs, Geotech, Project sign, etc.)	\$15,000.00	\$15,000.00	\$0.00	N/A	\$15,000.00	100.00%	\$0.00	\$750.00
3	Foundations - Concrete piers	\$210,000.00	\$210,000.00	\$0.00	N/A	\$210,000.00	100.00%	\$0.00	\$10,500.00
4	Metal Structure & Erection	\$289,725.00	\$289,725.00	\$0.00	N/A	\$289,725.00	100.00%	\$0.00	\$14,486.25
5	Finishes (Painting - Bird net, Striping, Basketball boards, etc.)	\$66,000.00	\$62,400.00	\$0.00	N/A	\$62,400.00	94.55%	\$3,600.00	\$3,120.00
6	Chain Link Fence	\$32,000.00	\$32,000.00	\$0.00	N/A	\$32,000.00	100.00%	\$0.00	\$1,600.00
7	Electrical & lighting	\$38,000.00	\$38,000.00	\$0.00	N/A	\$38,000.00	100.00%	\$0.00	\$1,900.00
8	Contingency (Weld, Torque inspec (\$5600) & chain link fence 561F (\$6860.00))	\$10,000.00	\$0.00	\$7,460.00	N/A	\$7,460.00	74.60%	\$2,540.00	\$373.00
9									
10									
11									
12									
13									
14									
15	GRAND TOTALS	\$699,725.00	\$686,125.00	\$7,460.00	\$0.00	\$693,585.00	0.00%	\$6,140.00	\$34,679.25

Users may obtain validation of this document by requesting of the licensee 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:
FY24-ENG-08*

Father McNaboe Basketball Shade Structure – 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 09 day of October 2024.

May Agroup, 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 09 day of October,
2024.



WC
NOTARY PUBLIC
MY COMMISSION EXPIRES:

FORM LETTER FOR CERTIFICATE OF WARRANTY

DATE: 10-09-2024

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

Re:

Dear Mr. Chavez:

MAGE 4 GROUP, 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 replaced at no cost to the owner.

Sincerely,

Mage 4 group, Ltd.
Company Name

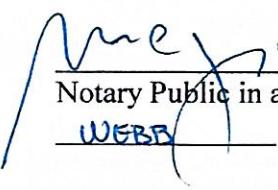
ACKNOWLEDGEMENT

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 09 DAY OF October, 2024.


Notary Public in and for

WEBB County, State of Texas My Commission Expires: 03-13-26





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/01/2024

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 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							EACH OCCURRENCE	\$		
	CLAIMS-MADE <input type="checkbox"/> OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$		
							MED EXP (Any one person)	\$			
							PERSONAL & ADV INJURY	\$			
							GENERAL AGGREGATE	\$			
							PRODUCTS - COMP/OP AGG	\$			
							OTHER:	\$			
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO							BODILY INJURY (Per person)	\$		
	OWNED AUTOS ONLY	<input type="checkbox"/>	SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$
	Hired AUTOS ONLY	<input type="checkbox"/>	NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$
										\$	
A	UMBRELLA LIAB							EACH OCCURRENCE	\$		
	EXCESS LIAB	<input type="checkbox"/>	OCCUR							AGGREGATE	\$
	DED	<input type="checkbox"/>	RETENTION \$								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	<input type="checkbox"/> N	N/A	Y	0002073022			E.L. EACH ACCIDENT	\$ 1,000,000		
							2/3/2024	2/3/2025	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



CERTIFICATE OF LIABILITY INSURANCE

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PRODUCER IBC Insurance Agency, LTD 5800 San Dario Avenue 2nd Floor Laredo, TX 78041		CONTACT Yolanda Lopez NAME: 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 INSURER A: Kinsale Insurance Company
		NAIC # 38920
INSURED Mage 4Group, Ltd 315 Calle Del Norte #201 Laredo, TX 78041		INSURER B: Evanston Insurance Company 35378
		INSURER C:
		INSURER D:
		INSURER E:
		INSURER F:

COVERAGEs

CERTIFICATE NUMBER:

REVISION NUMBER:

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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		X	X	0100247379-1	6/29/2024	6/29/2025	EACH OCCURRENCE	\$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE	<input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
	<input type="checkbox"/>							MED EXP (Any one person)	\$
	<input type="checkbox"/>							PERSONAL & ADV INJURY	\$ 1,000,000
	<input type="checkbox"/>							GENERAL AGGREGATE	\$ 2,000,000
	<input checked="" type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER:	<input type="checkbox"/> PROJECT						PRODUCTS - COMP/OP AGG	\$ 2,000,000
<input checked="" type="checkbox"/> POLICY	<input type="checkbox"/> LOC	OTHER:	\$						
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident)	\$
	<input type="checkbox"/>							PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/>								\$
	<input type="checkbox"/>								\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB	<input checked="" type="checkbox"/> OCCUR	X	X	EZXS3163639	6/29/2024	6/29/2025	EACH OCCURRENCE	\$ 4,000,000
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE						AGGREGATE	\$
	<input type="checkbox"/> DED	<input type="checkbox"/> RETENTION \$							\$ 4,000,000
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	<input type="checkbox"/> Y / N						<input type="checkbox"/> PER STATUTE	<input type="checkbox"/> OTH-ER
	<input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/>						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 OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/1/2024

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PRODUCER		CONTACT NAME: DELHIA JUDITH BABER	
Delhia Baber(194437F) 7110 Rocio Dr., Ste 14D		PHONE (A/C, NO, EXT): 956-753-3773	FAX (A/C, NO): 956-753-3177
Laredo TX 78041-6530		E-MAIL ADDRESS: dbaber@farmersagent.com	
		INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED		INSURER A: Foremost County Mutual Insurance	
MAGE 4 GROUP LTD MIGUEL GOMEZ 315 Calle Del Norte, Ste 201 LAREDO TX 78041		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES		CERTIFICATE NUMBER:		REVISION NUMBER:		
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INSR LTR	TYPE OF INSURANCE	ADDTL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY) POLICY EXP (MM/DD/YYYY)	LIMITS
D	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>	Y	Y	M00 0048088 01	06/07/2024 06/07/2025	EACH OCCURRENCE \$
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER: <input type="checkbox"/>					DAMAGE TO RENTED PREMISES (Ea Occurrence) \$
						MED EXP (Any one person) \$
						PERSONAL & ADV INJURY \$
						GENERAL AGGREGATE \$
						PRODUCTS - COMP/OP AGG \$
D	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> Hired AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/>	Y	Y	M00 0048088 01	06/07/2024 06/07/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
						BODILY INJURY (Per person) \$
						BODILY INJURY (Per accident) \$
						PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB DED <input type="checkbox"/> RETENTION \$	N/A				EACH OCCURRENCE \$
						AGGREGATE \$
	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	N/A			PER STATUTE <input type="checkbox"/> OTHER \$
						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)

2015 FORD F150 SUPER; VIN: 1FTEW1EG1FFB82328
2009 GMC SIERRA: VIN: 1GTHC53639F139587

