

**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: \_\_\_\_\_

Signature

Date

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

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:**

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

DATE: \_\_\_\_\_

APPROVED FOR PAYMENT:

DATE: \_\_\_\_\_

\_\_\_\_\_  
Finance Department

**VERIFIED FOR PAYMENT:**

\_\_\_\_\_  
Eliud De Los Santos, P.E

DATE: \_\_\_\_\_

*Measurement and Payment*

*Page 7 of 11*



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.  
315 calle del norte Suite 201  
Laredo, Texas 78041

CONTRACT FOR:

PROJECT: Father McNaboe Park Basketball col APPLICATION NO: 6

VIA ARCHITECT: N/A

PERIOD TO: 10/9/2024

PROJECT NOS: FY24-ENG-08

CONTRACT DATE: 02/09/24

Distribution to:

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

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.

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.

1. ORIGINAL CONTRACT SUM \$ 699,725.00
2. Net change by Change Orders \$ 6,140.00
3. CONTRACT SUM TO DATE (Line 1 + 2) \$ 693,585.00
4. TOTAL COMPLETED & STORED TO DATE (Column G on G703) \$ 693,585.00

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)

6. TOTAL EARNED LESS RETAINAGE \$ 0.00
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (Line 6 from prior Certificate) \$ 693,585.00
8. CURRENT PAYMENT DUE \$ 651,818.75
9. BALANCE TO FINISH, INCLUDING RETAINAGE (Line 3 less 6) \$ 41,766.25

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

CONTRACTOR:

By: Miguel Gomez

Date: 10-9-2024

Subscribed and sworn to before me this 9th day of October, 2024

County of: Val Verde State of: Texas

Notary Public: My Commission expires on: 3-13-2026

ARCHITECT'S CERTIFICATE FOR PAYMENT  
In accordance with the Contract Documents, based on on-site observation and the Architect's knowledge, information and belief the Work has progressed as indicated, and the Contractor is entitled to payment of the AMOUNT CERTIFIED.

AMOUNT CERTIFIED .....\$ 41,766.25

(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: \_\_\_\_\_ 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

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

APPLICATION NO: 6  
APPLICATION DATE: 9/5/2024  
PERIOD TO: 8/27/2024  
ARCHITECT'S PROJECT NO: FY24-ENG-08

A ITEM NO.	B DESCRIPTION OF WORK	C SCHEDULED VALUE	D WORK COMPLETED FROM PREVIOUS APPLICATION (D + E)		E COMPLETED THIS PERIOD	F MATERIALS PRESENTLY STORED (NOT IN D OR E)	G TOTAL COMPLETED AND STORED TO DATE (D+E+E)		H BALANCE TO FINISH (C - G)	I 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 (\$600) & chain link fence 56LF (\$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										
	<b>GRAND TOTALS</b>	\$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 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:*  
**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.

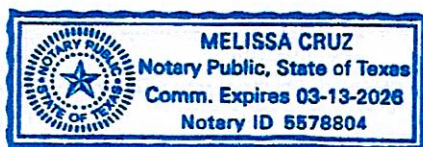
Mace Group, Ltd.  
Company Name

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 09 day of October, 2024.



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 replace 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.

[Signature]  
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).

<b>PRODUCER</b> ZIMMERMAN INSURANCE AGENCY LLC 3515 N Arkansas Ste 107 Laredo, TX 78043	<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext):</b> (956) 796-1115 <b>E-MAIL ADDRESS:</b> service@sgzinsurance.com <b>FAX (A/C, No):</b> (956) 795-7094
<b>INSURED</b> MAGE 4 Group, LTD DBA G4 Construction 1304 Cross Country Lane Laredo, Texas 78045	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> TEXAS MUTUAL INS CO <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>

**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
	<b>COMMERCIAL GENERAL LIABILITY</b> <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 OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <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) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> 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 OTH-ER 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**





MAG4GRO-01

YOLANDALOPEZ

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/1/2024

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<b>PRODUCER</b> IBC Insurance Agency, LTD 5800 San Dario Avenue 2nd Floor Laredo, TX 78041	<b>CONTACT NAME:</b> Yolanda Lopez	
	<b>PHONE (A/C, No, Ext):</b> (956) 722-6500 28722	<b>FAX (A/C, No):</b> (956) 728-7570
	<b>E-MAIL ADDRESS:</b> YolandaLopez@ibc.com	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>INSURER A : Kinsale Insurance Company</b>	
	<b>INSURER B : Evanston Insurance Company</b>	
<b>INSURED</b>  Mage 4Group, Ltd 315 Calle Del Norte #201 Laredo, TX 78041	<b>NAIC #</b>	
	<b>38920</b>	
	<b>INSURER C :</b>	
	<b>INSURER D :</b>	
	<b>INSURER E :</b>	
	<b>INSURER F :</b>	

## 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"/> PROJECT <input type="checkbox"/> LOC  OTHER:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	0100247379-1	6/29/2024	6/29/2025	EACH OCCURRENCE \$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
							MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
							\$
							\$
							\$
							\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB  DED RETENTION \$	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	EZXS3163639	6/29/2024	6/29/2025	COMBINED SINGLE LIMIT (Ea accident) \$
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
							\$
							\$
							\$
							\$
							\$
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/>	N / A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
							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)  
Building Contractor





# CERTIFICATE OF LIABILITY INSURANCE

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

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

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
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <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 \$ \$
D	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	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) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	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





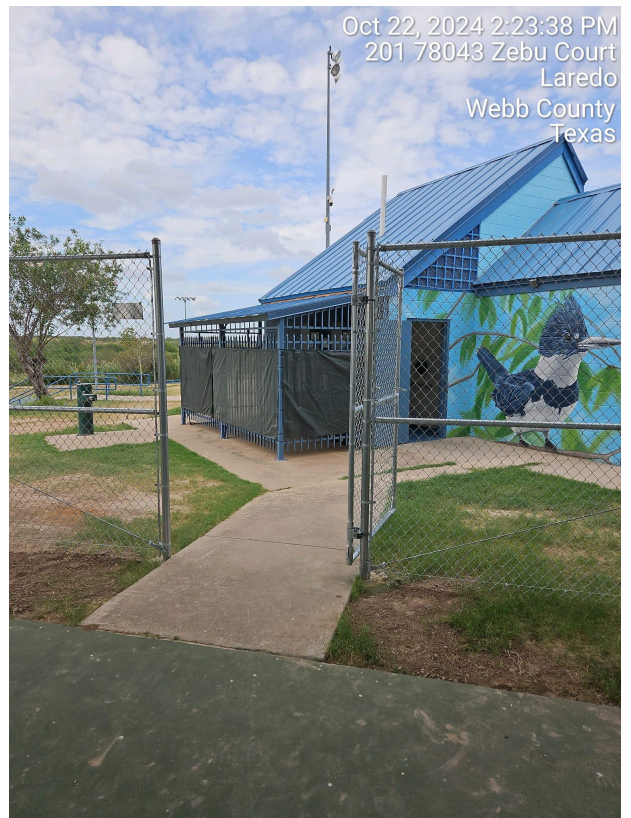
Oct 22, 2024 2:23:06 PM  
201 78043 Zebu Court  
Laredo  
Webb County  
Texas



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Laredo  
Webb County  
Texas



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Webb County  
Texas