

**SUPERIOR FOUNDATION AND REMODELING**

2524 SOUTH STREET NACOGDOCHES, TEXAS 75964  
(936) 560-1912 OR TOLL FREE 1-855-560-1912

VOL.

98 PAGE 0599

**PROPOSAL-CONTRACT**

PROPOSAL SUBMITTED TO

Panola County ( Fred Hightower)

PHONE

(903) 692-2844

DATE

4/22/2016

DATE ACCEPTED

STREET ADDRESS

CITY, STATE & ZIP CODE

Carthage Texas

JOB LOCATION

same

**ADDITIONAL INFORMATION**

Water proof exterior front wall of courthouse.

Excavate 50 feet of front wall to a depth of aprox. 4 ft to the bottom of concrete beam.

Place all dirt on plastic to prevent damage to lawn as much as possible.

Coat with two layasrs of fiber re enforced waterproofing compound.

Cover wall with soil back to its original height.

Clean area upon completion

We propose hereby to furnish material and labor-complete in accordance with the above specifications for the sum of:

\$4000.00 four thousand and zero dollars

Payment will be made as follows:

upon completion of job

All materials is guaranteed to be as specified. All work to be completed in a workmanlike manner according to standard practices. Any alterations or deviation from the above specifications involving extra cost will be executed only upon written orders, and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents or other delays beyond our control. Owners to carry fire, tornado, and other necessary insurance. Our workers are covered by personal insurance.

Superior Foundation Authorized Representative

Cesar Escalante

Note: This proposal may be withdrawn by us if not accepted within

20

days.

Acceptance Proposal - The above prices, specifications and conditions are satisfactory and are hereby accepted.

You are authorized to work as specified. Payment will be made as outlined above.

Homeowner Signature

*Lee Ann Jones*

Date Accepted

5-9-16

**SUPERIOR FOUNDATION AND REMODELING**

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(936) 560-1912 OR TOLL FREE 1-855-560-1912**PROPOSAL-CONTRACT**

<b>PROPOSAL SUBMITTED TO</b> Panola County ( Fred Hightower)	<b>PHONE</b> (903) 692-2844	<b>DATE</b> 4/22/2016	<b>DATE ACCEPTED</b>
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<b>STREET ADDRESS</b>	<b>CITY, STATE &amp; ZIP CODE</b> Carthage Texas
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<b>JOB LOCATION</b>	same
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**ADDITIONAL INFORMATION**

Water proof exterior front wall of courthouse.

Excavate 90 ( ninety ) feet of front wall to a depth of aprox. 4 ft to the bottom of concrete beam.

Place all dirt on plastic to prevent damage to lawn as much as possible.

Coat with two layers of fiber re enforced waterproofing compound.

Cover wall with soil back to its original height.

Clean area upon completion

We propose hereby to furnish material and labor-complete in accordance with the above specifications for the sum of:

\$7200.00 seventy two hundred and zero dollars

Payment will be made as follows: upon completion of job

All materials is guaranteed to be as specified. All work to be completed in a workmanlike manner according to standard practices. Any alterations or deviation from the above specifications involving extra cost will be executed only upon written orders, and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents or other delays beyond our control. Owners to carry fire, tornado, and other necessary insurance. Our workers are covered by personal insurance.

Superior Foundation Authorized Representative Cesar Escalante

Note: This proposal may be withdrawn by us if not accepted within 20 days.

Acceptance Proposal - The above prices, specifications and conditions are satisfactory and are hereby accepted.

You are authorized to work as specified. Payment will be made as outlined above.

Homeowner Signature \_\_\_\_\_

Date Accepted \_\_\_\_\_



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
07/01/2015

<b>PRODUCER</b>  Contractors Direct Insurance Clayton A. Hatfield (650) 574-8009 1885 Los Altos Dr. San Mateo, CA 94402	THIS CERTIFICATION IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.												
<b>INSURED</b>  Superior Foundation Remolding 2524 South Street Nacogdoches, TX 75964	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURERS AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A: Preferred Contractors Association Insurance</td> <td>12497</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> </table>	INSURERS AFFORDING COVERAGE	NAIC #	INSURER A: Preferred Contractors Association Insurance	12497	INSURER B:		INSURER C:		INSURER D:		INSURER E:	
INSURERS AFFORDING COVERAGE	NAIC #												
INSURER A: Preferred Contractors Association Insurance	12497												
INSURER B:													
INSURER C:													
INSURER D:													
INSURER E:													

**COVERAGES**

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR/ADDT LTR/INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS								
A X	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR  GEN% AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	PCIC5026-PCA545701	06/29/2015	06/29/2016	EACH OCCURRENCE \$ 1,000,000								
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$												
	MED EXP (Any one person) \$ 5,000												
	PERSONAL & ADV INJURY \$ 1,000,000												
	GENERAL AGGREGATE \$ 1,000,000												
	PRODUCTS - COMP/OP AGG \$ 1,000,000												
	FIRE DAMAGE \$ 50,000												
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$  BODILY INJURY (Per person) \$  BODILY INJURY (Per accident) \$  PROPERTY DAMAGE (Per accident) \$								
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$  OTHER THAN AUTO ONLY: EA ACC \$ AGG \$								
	<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$								
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below  OTHER				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">WC STATUTORY LIMITS</td> <td style="width: 50%; text-align: center;">OTHER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$</td> </tr> </table>	WC STATUTORY LIMITS	OTHER	E.L. EACH ACCIDENT	\$	E.L. DISEASE - EA EMPLOYEE	\$	E.L. DISEASE - POLICY LIMIT	\$
WC STATUTORY LIMITS	OTHER												
E.L. EACH ACCIDENT	\$												
E.L. DISEASE - EA EMPLOYEE	\$												
E.L. DISEASE - POLICY LIMIT	\$												

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS**

The Blanket Additional Insured Endorsement applies to all operations including its divisions, subsidiaries, partners & shareholders, for whom the named Insured has agreed by written contract to furnish this waiver.

<b>CERTIFICATE HOLDER</b>  [Empty Field]	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.  AUTHORIZED REPRESENTATIVE <div style="text-align: right; font-family: cursive;">Clayton A. Hatfield</div>
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# CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

Complete Nos. 1 - 4 and 6 if there are interested parties.  
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

## OFFICE USE ONLY CERTIFICATION OF FILING

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**  
superior foundation & remodeling  
Nacogdoches, TX United States

Certificate Number:  
2016-75535

Date Filed:  
06/23/2016

**2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.**  
County of Panola

Date Acknowledged:

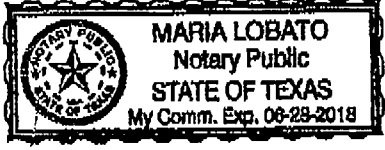
**3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.**  
2016-45  
waterproof fifty feet of county court house wall

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary

**5 Check only if there is NO interested party.**

**6 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.



*Cesar O. Escalante*  
Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Cesar O. Escalante this the 23<sup>rd</sup> day of June 2016, to certify which witness my hand and seal of office.

*Maria Lobato*  
Signature of officer administering oath

Maria Lobato  
Printed name of officer administering oath

*ca*  
Title of officer administering oath