



COMMERCIAL PROPOSAL

P. O. Box 1714, Center, TX 75935 · Phone: (936) 598-9131
 Toll Free: (877) 598-9131 · Fax: (936) 598-3433
 Email: sgrs@sgoodwinroof.com · Web: www.sgoodwinroof.com

Over 140 Years of Experience at Your Service

Panola County
 110 S. Sycamore Street
 Carthage, TX 75633

April 3, 2018
 (903) 692-2844
 (903) 693-0342

Reference: Panola County College Street Annex Building (Old Library Building),
 522 W. College St., Carthage, TX (See Attachment "A")

Subject: New Roof (Composition or Metal)

Proposal: Provide all material, labor, workman's compensation, general liability insurance and disposal to install a new GAF Royal Sovereign 25-year 3-Tab shingle roofing system:

Scope of Work:

1. Remove existing shingle roofing, clean up and properly dispose of debris and properly prepare the decking
2. Carpentry as needed at extra cost per carpentry schedule
3. Install synthetic felt. Use StormGuard in all valleys
4. New D-style painted drip edge at all edges
5. Install GAF Royal Sovereign 25-year 3-Tab shingles using 4 nails per shingle. Use Pro-Start
6. New 12" painted turbines by Lomanco
7. New stacks and Oatey pipe boots and paint all to match roof using GAF "Roof Match" paint
8. GAF 25-year NDL System Labor and Material Weather Stopper warranty plus contractor's 3-year workmanship warranty by S Goodwin Roof Service, LLC

25-year Weather Stopper Warranty:

1. 1st 20 years NDL Non-prorated labor and material
2. Years 21-25 prorated
3. Includes tear off
4. Transferable

 Bid Price: \$35,961.00

Insurance: Contractor, S Goodwin Roof Service, LLC will provide certificates of insurance for general liability and worker's compensation coverage. Estimated job costs will be re-evaluated after 30 days. 33% of estimated job cost is due upon delivery of materials; 33% of estimated job cost is due while job is in progress; the final 34%, plus all additional job costs, is due upon completion of job. This estimate is for completion of the job as described above. It is based on our evaluation and does not include additional labor and materials, which may be required should unforeseen problems arise. All applicable sales tax will be added to final bid price.

Approval signature: Richard Goodwin

Date: 4-17-18

Estimated By: Richard Goodwin, General Manager

Page 2 of 2

Please initial the options that you choose for your building.

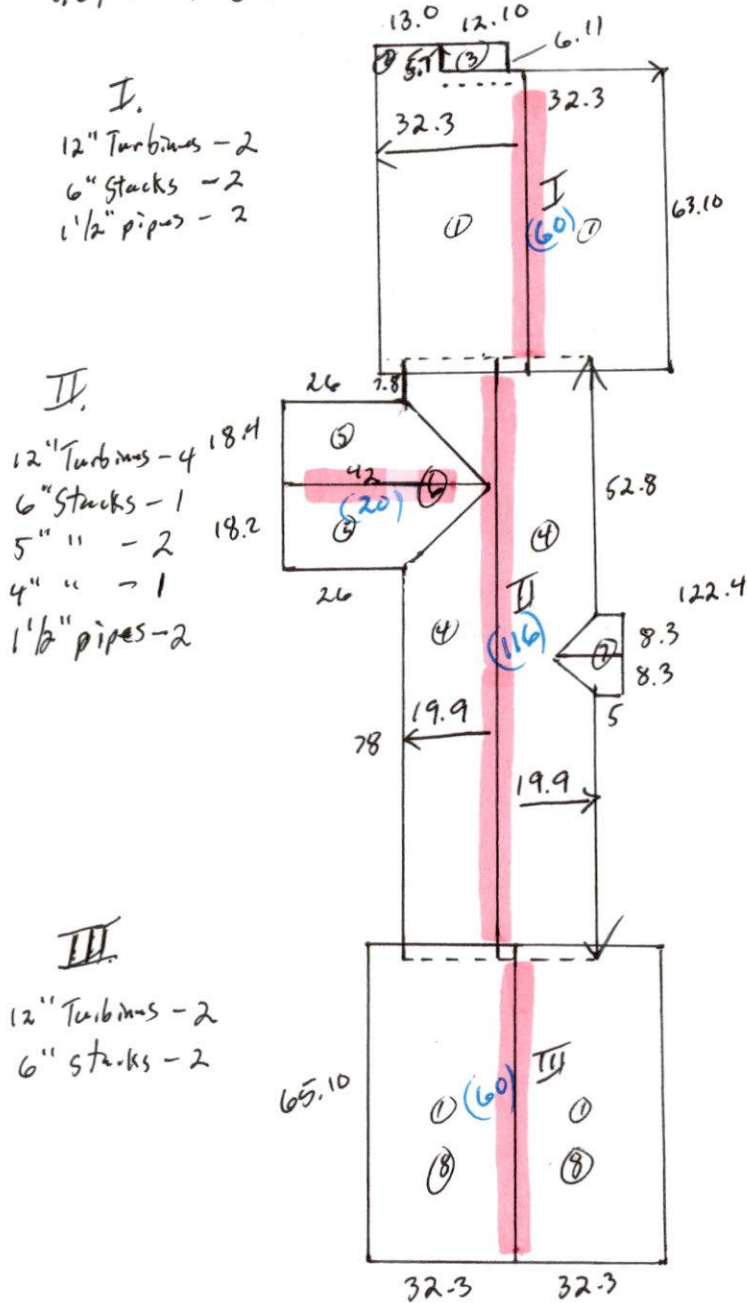


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Attachment "A"

Panola County
 Voters Registration Bldg.

4/12 slope is Typical on all sections.



I

- $63.9 \times 32.3 \times 2 = 4128$
- $5.7 \times 13 = 75$
- $12.9 \times 6.9 = 89$

4292

II

- $122.4 \times 19.9 \times 2 = 4872$
- $26 \times 18.4 \times 2 = 957$
- $+ 15$
- $5 \times 8.3 \times 2 = 83 + 5 = 88$

5932

III.

- $65.9 \times 32.3 \times 2 = 4258$

Total > 14,482 sq. ft.

Tear off 144.9 sq.

put back 160 sq.

Drip edge > 530 ln. ft.

Rake edge > 331 ln. ft.

R/wall > 80 ln. ft.

12" Turbines > 8
 6" Stacks > 5
 5" " > 2
 4" " > 1
 1 1/2" pipes > 4

see Ventilation Option (256 ln. ft.)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/21/2017

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 Morgan Insurance Agency, Ltd. 3708 S. Medford		CONTACT NAME: Brandy Hillyer PHONE (A/C, No, Ext): (936)634-7755 FAX (A/C, No): (936)632-3862 E-MAIL ADDRESS: bdunkin@morganins.com	
LUTHER TX 75901-5700		INSURER(S) AFFORDING COVERAGE	
INSURED S Goodwin Roof Service, LLC and Peacock Lake Investments, LLC P. O. Box 1714 Center TX 75935		INSURER A: Continental Insurance Co.	NAIC # 35289
		INSURER B: Valley Forge Insurance	20508
		INSURER C: TEXAS MUTUAL INSURANCE CO	22945
		INSURER D: Continental Casualty	20443
		INSURER E:	
		INSURER F:	

COVERAGES

CERTIFICATE NUMBER: CL1792104750

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 SUBR INSB	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 type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y		6043283030	09/22/2017	09/22/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ excluded PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPO AGG \$ 2,000,000 Employee Benefits \$ 1,000,000
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" 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	Y		6043283044	09/22/2017	09/22/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Uninsured motorist \$ 100,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			6043283058	09/22/2017	09/22/2018	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
C	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	TSF0001216240	09/22/2017	09/22/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D	Employment Practices Liability			596724821	09/22/2017	09/22/2018	Limit \$1,000,000 \$5,000 ded

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

CANCELLATION

"For Bid Only"

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