



## 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

May 28, 2018  
(903) 692-2844

**Reference:** Panola County Detention (Sheriff) Center, 314 W. Wellington St., Carthage, TX 75633 (See Attachment "A")

**Subject:** Roof Repairs

**Proposal:** Provide all material, labor, workman's compensation, general liability insurance and disposal to provide Pro-professional repairs to assure long-term watertightness of the many details that currently have issues with watertightness:

**Scope of Work:**

1. Clean, tighten with stitch screws as needed and seal thoroughly all rake flashing with GACO 100% white silicone liquid tape
2. Clean thoroughly and seal with GACO 100% white silicone liquid tape (approximately 29-30 roof pipe and vent penetrations)
3. Reflash and seal properly 1 each large skylight (10' x 10') with GACO 100% white silicone liquid tape
4. Clean, prep and reflash thoroughly 7 each fan curbs and 1 roof hatch with GACO 100% white silicone liquid tape
5. Provide modification of the high eve flashing at transition wall by creating 4 joints to allow for expansion and contraction. Will then provide new stitch screws as needed and tighten all other screws. Then will seal all joints with Tite bond specialty metal caulk same color
6. Contractor's 2-year warranty on all repairs

Note: The above scope should stop the existing water penetration into the building

**Bid Price:**

- ☒ **I. All Repairs:** **\$14,754.00**  
☐ **II. Repairs to stop the existing leaks only:** **\$ 4,500.00**

**Option:** Remove and replace gutter system with 'Special Gutter Detail' revealed on Attachment "A". Reuse existing downspouts.

- ☒ **A. Use 26-gauge Duracoat Burnished Slate metal:** **\$6,250.00**  
☐ **B. Use 24-gauge Kynar 500 Burnished Slate metal:** **\$6,950.00**

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: \_\_\_\_\_

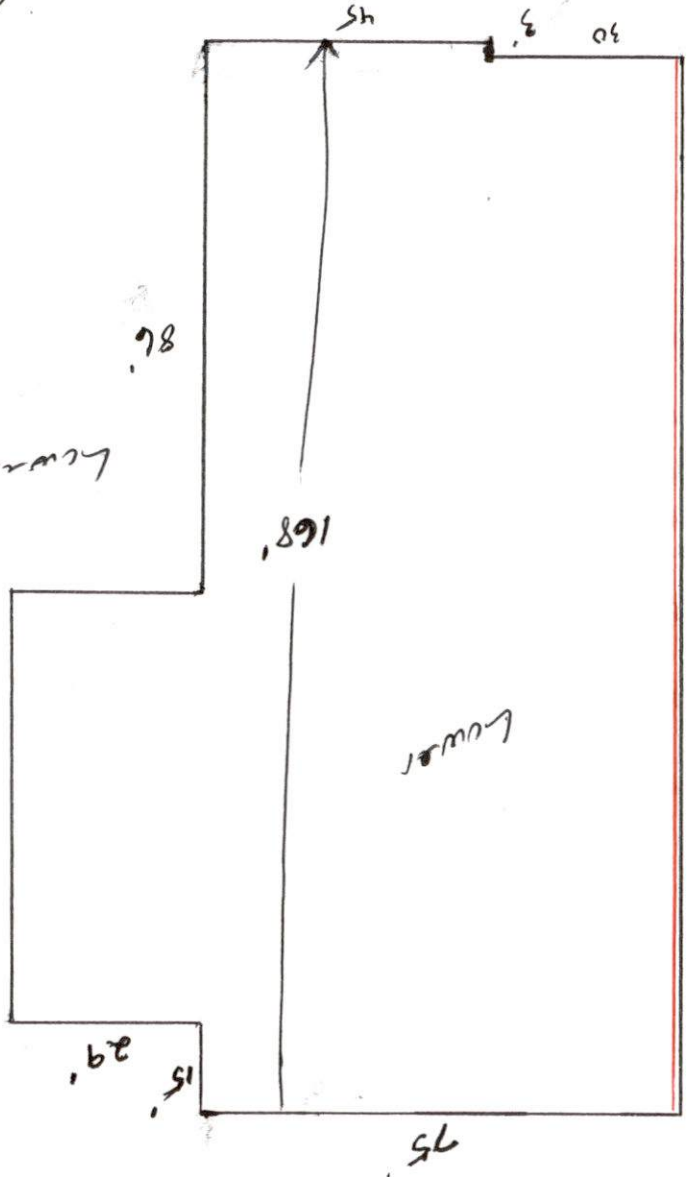
Date: \_\_\_\_\_

P. O. Box 1714, Center, TX 75935 • Phone: (936) 598-9131  
 Toll Free: (877) 598-9131 • Fax: (936) 598-3433  
 Email: [sgsr@sgoodwinroof.com](mailto:sgsr@sgoodwinroof.com)  
 Web: [www.sgoodwinroof.com](http://www.sgoodwinroof.com)

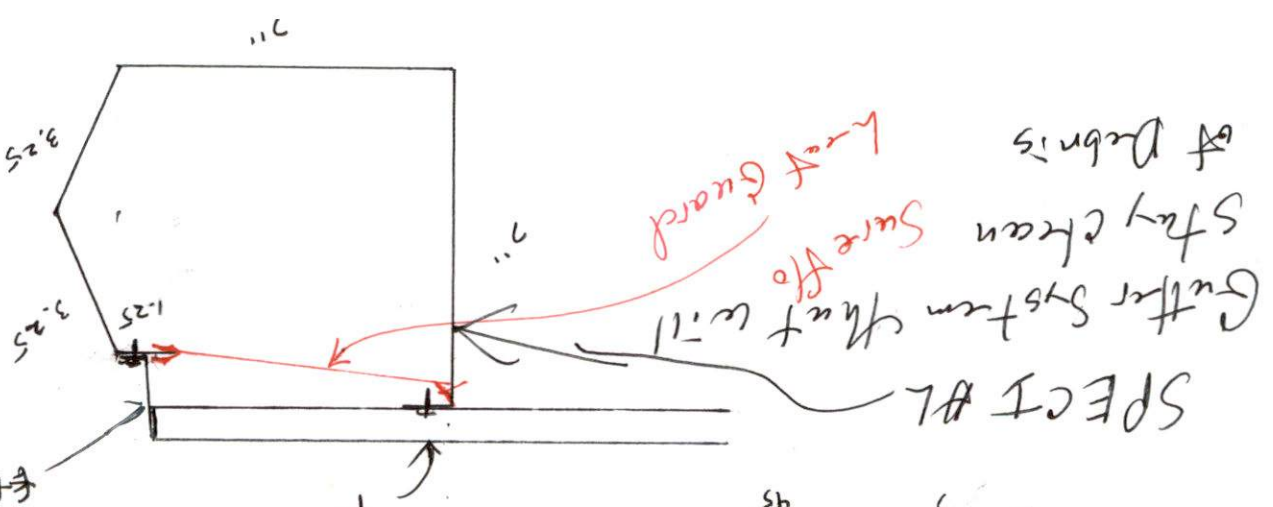


Attachment #

Paula Co. Shermits Detention Center Bldg.



1. Seal all Rake Seams.
2. Seal all penetrations & curbs
3. Add 4 x 4 points at the high end
- Wall Flashing & Rowlock all head lap
- Seams.
- Rib/Gutter Support
- 24 Seams Dark Bronze.
- Exhaust Air to
- hold gutter
- proper





# 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).

<b>PRODUCER</b> Morgan Insurance Agency, Ltd. 3708 S. Medford  Lufkin TX 75901-5700		<b>CONTACT NAME:</b> Brandy Hillyer <b>PHONE (A/C, No, Ext):</b> (936)634-7755 <b>FAX (A/C, No):</b> (936)632-3862 <b>E-MAIL ADDRESS:</b> bdunkin@morganins.com																						
<b>INSURED</b> S Goodwin Roof Service, LLC and Peacock Lake Investments, LLC P. O. Box 1714  Center TX 75935		<table border="1"><thead><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A:</td><td>Continental Insurance Co.</td><td>35289</td></tr><tr><td>INSURER B:</td><td>Valley Forge Insurance</td><td>20508</td></tr><tr><td>INSURER C:</td><td>TEXAS MUTUAL INSURANCE CO</td><td>22945</td></tr><tr><td>INSURER D:</td><td>Continental Casualty</td><td>20443</td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></tbody></table>		INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Continental Insurance Co.	35289	INSURER B:	Valley Forge Insurance	20508	INSURER C:	TEXAS MUTUAL INSURANCE CO	22945	INSURER D:	Continental Casualty	20443	INSURER E:			INSURER F:		
INSURER(S) AFFORDING COVERAGE		NAIC #																						
INSURER A:	Continental Insurance Co.	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 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 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 - COMP/OP AGG \$ 2,000,000 Employee Benefits \$ 1,000,000
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS 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 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