

LICENSED

INSURED

BONDED

SUPERIOR FOUNDATION AND REMODELING2524 SOUTH STREET NACOGDOCHES, TEXAS 75964
(936) 560-1912 OR TOLL FREE 1-855-560-1912

#1 of 1

PROPOSAL-CONTRACT

PROPOSAL SUBMITTED TO

Panola County

PHONE

903-693-0300

DATE

09/10/2018

DATE ACCEPTED

STREET ADDRESS

CITY, STATE & ZIP CODE

Carthage, Texas

JOB LOCATION

Court house building

ADDITIONAL INFORMATION

Excavate area 65 ft by 4 ft of front lawn to clean and prep wall for waterproofing.

Coat with two layers of waterproofing compound as well as root barrier to stop water from penetrating brick and damaging more of the interior walls and trim. Replace soil, backfill and compact area that was excavated. (65ft x \$85.00/ft = \$5525.00)

Cut out and remove all caulk from around 25 front windows to allow better adhesion of new waterproof sealing elastomer caulk. Seal all areas between aluminum and brick as well as gaps between aluminum and glass. (\$2375.00)

Remove approximately 120 ft by 4 ft of water damaged drywall.

Remove 120 ft of floor trim and 1/4 round.

Repair 2x4 wall studs damaged by water and termites.

Remove and replace damaged sheetrock on window sills.

Replace with new sheetrock in all areas it was removed.

Apply texture, primer, and paint area or complete wall if paint will not match due to age.

Install new trim to replace the one damaged by water and termites.

Primer and paint the trim installed.

Clean area upon completion of job. (\$ 7480.00)

THE INTERIOR WORK WILL BE PERFORMED ONE ROOM AT A TIME TO MINIMIZE INTERFERING WITH DAILY WORK AND FUNCTION OF THE AFFECTED OFFICES IN THE BUILDING. SOME CABINETS AND EQUIPMENT WILL HAVE TO BE MOVED OR RELOCATED TEMPORARILY TO ALLOW SPACE NEEDED TO PERFORM JOB.

** Provide a 5 year warranty on all work performed.*

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

Payment will be made as follows:

\$ 15,380.00 fifteen thousand three hundred and eighty dollars.

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

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.

Property Owner/Authorized Agent Signature

Lee Ann Jones

Date Accepted

9-18-18



CERTIFICATE OF LIABILITY INSURANCE

 DATE (MM/DD/YYYY)
06/20/2018

PRODUCER Contractors Direct Insurance Clayton A. Hatfield (850) 674-8009 1685 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.	
INSURED Superior Foundation Remolding 2524 South Street Nacogdoches, TX 75664	INSURERS AFFORDING COVERAGE	NAIC #
	INSURER A: Preferred Contractors Association Insurance	12477
	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.

INSURANCE TYPE	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A X	<input checked="" type="checkbox"/> GENERAL LIABILITY	PCIC5026-PCAS45701-02	06/29/2019	08/29/2019	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 5,000
					PERSONAL & ADV INJURY \$ 1,000,000
					GENERAL AGGREGATE \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMPROP AGG \$ 1,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				FIRE DAMAGE \$ 50,000
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (EA accident) \$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS				
	<input type="checkbox"/> NON-OWNED AUTOS				
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
					AUTO ONLY: AGG \$
	EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
					\$
	<input type="checkbox"/> DEDUCTIBLE				\$
	RETENTION \$				\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				EL EACH ACCIDENT \$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				EL DISEASE - EA EMPLOYEE \$
	If yes, describe under SPECIAL PROVISIONS below				EL DISEASE - POLICY LIMIT \$
	OTHER				

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.

CERTIFICATE HOLDER

CANCELLATION

	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 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 Clayton A. Hatfield