



COMMERCIAL PROPOSAL

P. O. Box 1714, Center, TX 75935 · Phone: (936) 598-9131
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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

January 15, 2019
(903) 692-2844

Reference: Panola County Courthouse (See Attachment "A")

Subject: Exterior Restoration and Waterproofing

Proposal: Provide all material, labor, workman's compensation, general liability insurance and disposal to complete the following:

Scope of Work:

1. Clean all surfaces by cold water method properly to remove all dirt, mildew, loose or peeling paint / caulk, etc. leaving surfaces clean, dry and bright in appearance
2. All brick and mortar joints carefully examine. All open, cracked or deflection mortar joints shall be cut back by power grinding method of depth at 1/2" to 1"
3. Joints will be cleaned by air or water to remove all dust, dirt or particles of mortar
4. All joints repaired by applying dampened mortar until tall joints are full. This to cure for 24 hours. Mortar to match to adjacent areas as close as possible
5. All horizontal and control joints in brick and stone façade will have old sealants removed and cleaned joints primed with Sonneborn 733 primer. Install Denver foam soft cell backer rod at proper width and recaulk with Sonneborn Sonnalastic 150 sealant
6. Remove by cutting method all existing mortar between stone and brick. Cut at minimum 1/2" – 1" depth. Clean out, prime and seal with Sonneborn 150 caulk. Caulk set tight and smooth with a professional finish
7. Door and window frames will have all loose and deteriorated caulking removed and these areas properly cleaned with approved cleaner or denatured alcohol
8. Apply Sonneborn 733 primer and Sonnalastic 150 sealant by hand gun method and work in tightly to leave a neat straight and well tooled bead applied for watertight finishes
9. Transparent waterproofing will be applied by using Prime-A-Pell using low pressure spraying or long nap roller at 1 gallon per 175 square feet
10. Contractor's 3-year workmanship warranty by S Goodwin Roof Service, LLC

Bid Prices:

___ North Side of Canopy x 58':	\$18,250.00
___ Add: East side wall x 36 linear feet:	\$12,750.00
Total:	\$31,000.00
___ Add: East side x 53' wall continued:	\$14,250.00
Total:	\$45,250.00

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. Credit cards are accepted. There will be a 3.8% service charge. All applicable sales tax will be added to final bid price.

Approval signature: _____

Date: _____

Estimated By: Richard Goodwin, General Manager

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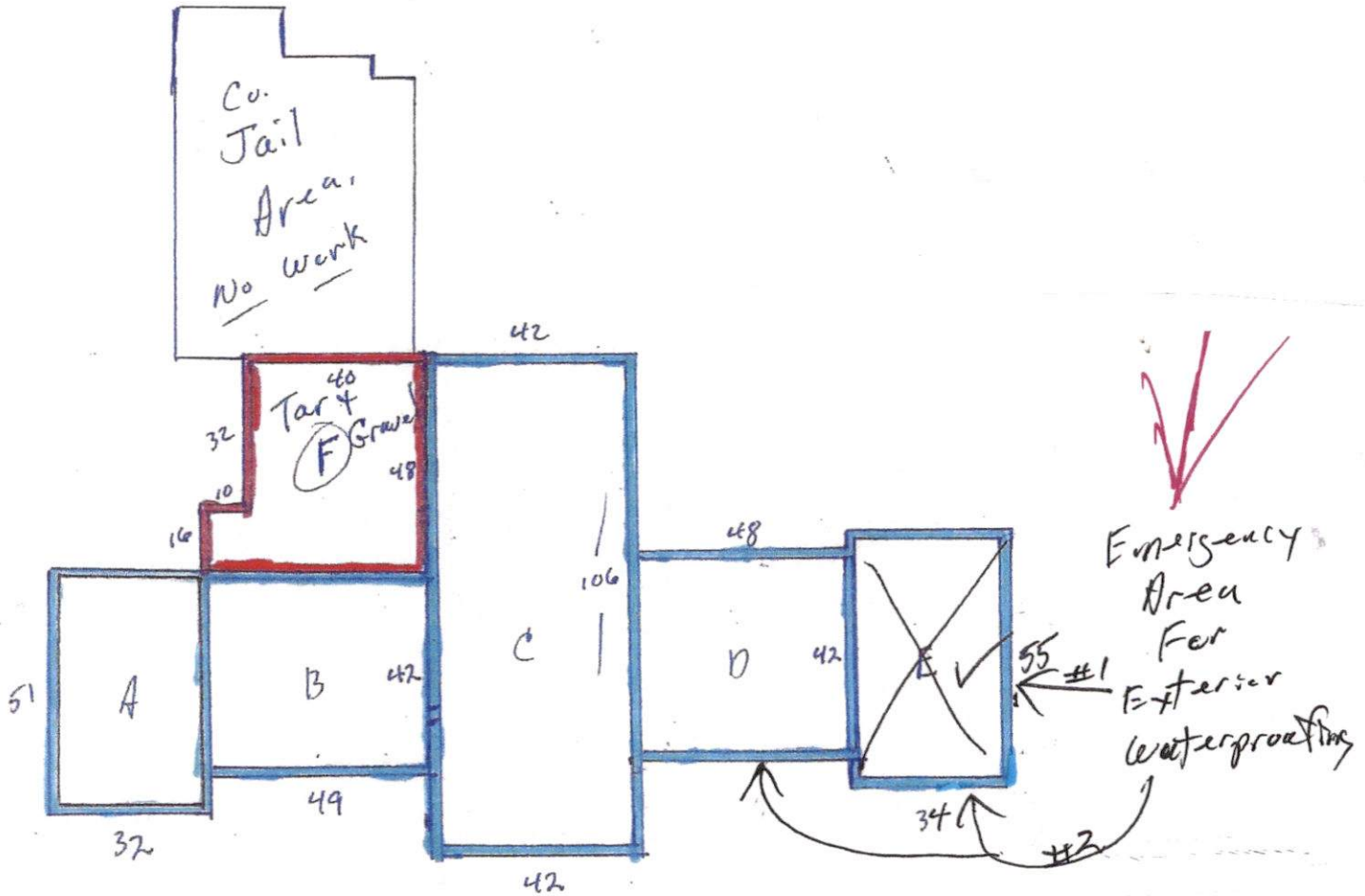
Please initial the options that you choose for your building.



Over 140 years of Experience at Your service

Attachment A

Panda County Courthouse



Area A - $51 \times 32 = 1632$

B - $49 \times 42 = 2058$

C - $106 \times 42 = 4452$

D - $48 \times 42 = 2016$

E - $52 \times 32 = 1664$

Area F - $48 \times 40 = 1920$
 $10 \times 16 = 160$
 2080

Lined Flat Sheet Metal Counter Flashing 992. #

Brick Wall Area - 2000 SF

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Total sq ft - 11,822



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/20/2018

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: bhillyer@morganins.com		
Lufkin TX 75901-5700	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED S Goodwin Roof Service, LLC and Peacock Lake Investments, LLC P. O. Box 1714 Center TX 75935	INSURER A:	Continental Insurance Co.	
	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: CL1892005388 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	09/22/2018	09/22/2019	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	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 <input type="checkbox"/> AUTOS ONLY		Y	6043283044	09/22/2018	09/22/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
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	09/22/2018	09/22/2019	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	TSF0001216240	09/22/2018	09/22/2019	<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	09/22/2018	09/22/2019	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

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