



Work Quote

Big Dog Roofing & Construction

Mt Pleasant, Texas
 Mobile : 903-387-4708
 Office : 903-243-9335
john@bigdogroofing.net

ESTIMATE NO. 7410
 DATE November 13, 2020
 CUSTOMER ID **DA**
 EXPIRATION DATE **11/27/2020**

TO:

Mt Pleasant Distric Attorney
105 W. 1st Street
 Mt Pleasant, Texas
 David Colley
903.563.2841

SALESPERSON	JOB	PAYMENT TERMS	Expiration Date
John McDermott - Owner -	DA Office's	Check Only by Draws	11/27/20

QUANTITY	DESCRIPTION	UNIT PRICE	LINE TOTAL
	Interior Const. of DA Office's (Everything as discussed & designed)		
Multiple	Construction of new interior DA office in the existing old tax office in the Mt Pleasant Texas Annex. Construction of new conference room with new to match existing interior doors, new studs,sheetrock,insulation, electrical plugs,internet, LED lighting,flooring, match existing baseboard match existing paint,tape and texture. R&R water damaged ceiling tile, R&R existing front countertop with a 11 foot 2cm granite & backsplash to match the existing fomica, new 11 foot in length counter with built in pencil drawers and built in storage shelves for the legal asst. R&R exist. exterior tent and darken with new, construct false wall behind for new const. of storage/office. Remove portion of security glass (not all) for new office. Construct new waiting area.Tent existing interior outer security glass,move down existing door to far right. Construct new DA office, wall off and stud up entire wall for office and insulate. New lighting,electrical, internet,security,paint, replacement of warter damaged ceiling tile,flooring base,through out the entire square footage of 40x30. Construct new hall to the Probation office with security and redesign space for brake coffee area.		
NOTE:	All Labor,Material,Dumpster,Permits and Insurance is included in price		
NOTE:	Big Dog Roofing & Construction holds a Million Dollar General Limited Liability Insurance and license LLC company		

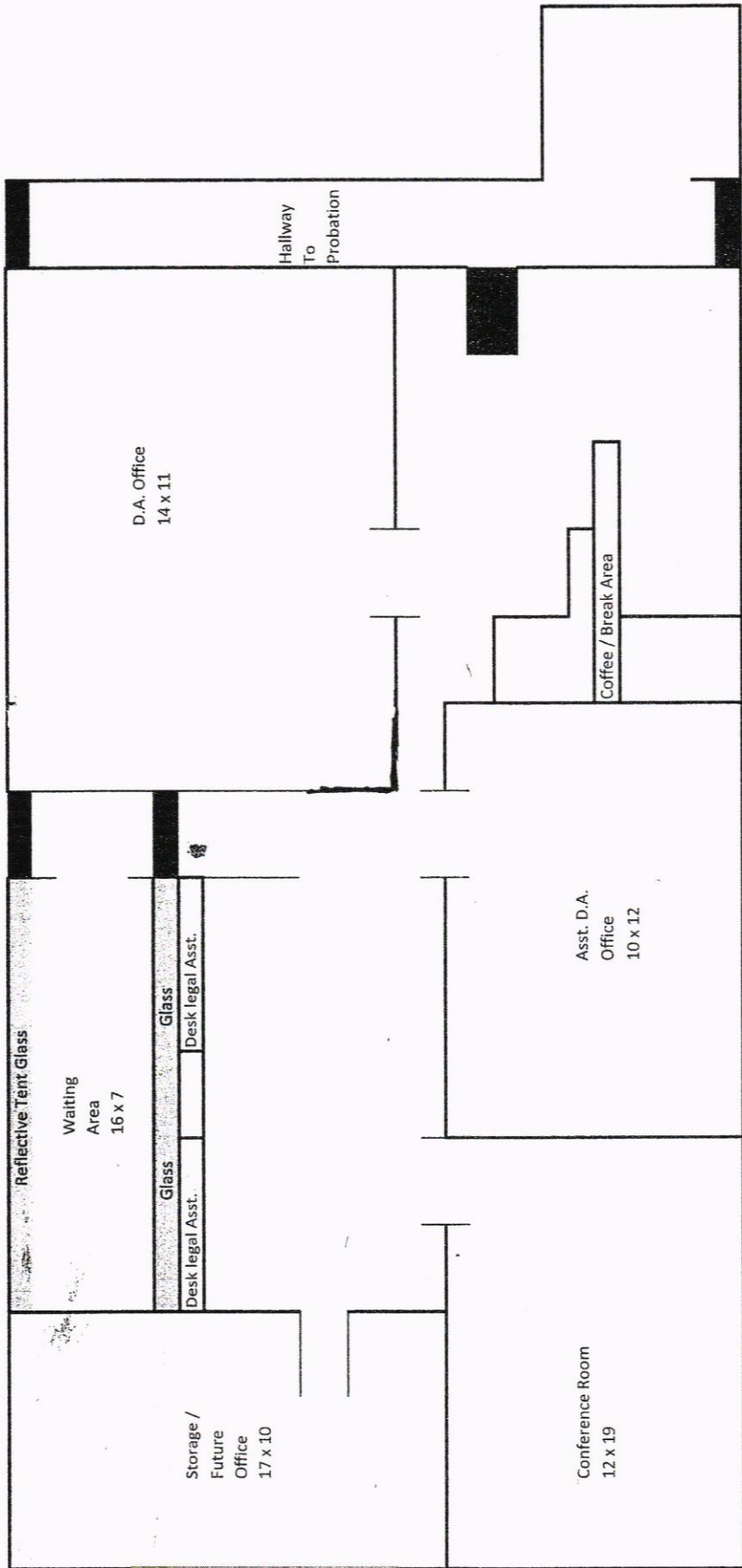
Total	\$49,800.00
Tax	-
Total	\$49,800.00

Estimate prepared by: _____ John McDermott - Owner _____

This is a estimate on the goods named, subject to the conditions noted below:
 (Describe any condions pertaining to these prices and any additional terms of the agreement.
 You may want to include contingencies that will affect the estimate.)

To: accept this estimate, sign here and return: _____

Thank you for your business and have a blessed day ... Proverbs 3 : 5-6 Trust in the Lord with all your heart and lean not on your own understanding; in all your ways acknowledge him, and he will make your paths straight.





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/29/2020

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 CFI AGENCY, LLC 616 W Chase St Pensacola FL 32502-4712		CONTACT NAME: Lacey Gomez PHONE (A/C, No, Ext): (305) 600-4914 FAX (A/C, No): (321) 806-1390 E-MAIL ADDRESS: cfiagencyllc@gmail.com	
INSURED Big Dog Roofing and Construction LLC 102 N ELM PLACE STE N BROKEN ARROW OK 74012-3883		INSURER(S) AFFORDING COVERAGE INSURER A: Preferred Contractors Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 12497	

COVERAGES **CERTIFICATE NUMBER:** **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 INSD 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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		PC373578	09/28/2020	09/28/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 55,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMPIOP AGG \$ 1,000,000 \$
	AUTOMOBILE LIABILITY <input 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					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y/M <input type="checkbox"/> N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER BerryHutton	CANCELLATION 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 Calvin Butterworth

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