



November 6, 2007

Honorable Judge J.D. Salinas
Hidalgo County Courthouse
100 E. Cano
Edinburg, TX 78539

Dear Judge Salinas:

On behalf of the Edinburg Chamber of Commerce, I would like to request permission to use the county square for the Night of Lights Parade on Saturday, December 1st at 6:30 p.m. The parade is scheduled to begin at the county square and travel West on University ending at the Edinburg Professional Baseball Stadium.

Thank you in advance for your cooperation. If you have any questions, please call me at 383-4974.

Sincerely,


Letty Martinez
President

P. O. Box 85
Edinburg, Texas 78540

602 W. University
956 383-4974
956 380-3621 FAX
1-800-800-7214
chamber@edinburg.com

CERTIFICATE OF INSURANCE



This certifies that

- STATE FARM FIRE AND CASUALTY COMPANY, Bloomington, Illinois
- STATE FARM GENERAL INSURANCE COMPANY, Bloomington, Illinois
- STATE FARM FIRE AND CASUALTY COMPANY, Aurora, Ontario
- STATE FARM FLORIDA INSURANCE COMPANY, Winter Haven, Florida
- STATE FARM LLOYDS, Dallas, Texas

insures the following policyholder for the coverages indicated below:

Policyholder Edinburg Chamber of Commerce
 Address of policyholder PO Box 85 Edinburg, TX. 78540
 Location of operations 602 W. University Edinburg, TX. 78539
 Description of operations _____

The policies listed below have been issued to the policyholder for the policy periods shown. The insurance described in these policies is subject to all the terms, exclusions, and conditions of those policies. The limits of liability shown may have been reduced by any paid claims.

POLICY NUMBER	TYPE OF INSURANCE	POLICY PERIOD		LIMITS OF LIABILITY (at beginning of policy period)
		Effective Date	Expiration Date	
90-KK-5536-8 L This insurance includes:	Comprehensive Business Liability	11-17-2007	11-17-2008	BODILY INJURY AND PROPERTY DAMAGE
	<input checked="" type="checkbox"/> Products - Completed Operations <input type="checkbox"/> Contractual Liability <input checked="" type="checkbox"/> Personal Injury <input checked="" type="checkbox"/> Advertising Injury <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			Each Occurrence \$ 1,000,000.00 General Aggregate \$ 2,000,000.00 Products - Completed Operations Aggregate \$ 2,000,000.00
	EXCESS LIABILITY	POLICY PERIOD		BODILY INJURY AND PROPERTY DAMAGE
	<input type="checkbox"/> Umbrella <input type="checkbox"/> Other	Effective Date	Expiration Date	(Combined Single Limit)
	Workers' Compensation and Employers Liability	POLICY PERIOD		Part I - Workers Compensation - Statutory
		Effective Date	Expiration Date	Part II - Employers Liability Each Accident \$ Disease - Each Employee \$ Disease - Policy Limit \$
POLICY NUMBER	TYPE OF INSURANCE	POLICY PERIOD		LIMITS OF LIABILITY
		Effective Date	Expiration Date	(at beginning of policy period)

THE CERTIFICATE OF INSURANCE IS NOT A CONTRACT OF INSURANCE AND NEITHER AFFIRMATIVELY NOR NEGATIVELY AMENDS, EXTENDS OR ALTERS THE COVERAGE APPROVED BY ANY POLICY DESCRIBED HEREIN.

Name and Address of Certificate Holder
 County of County of Hidalgo
 100 E. Cano
 Edinburg, Texas 78539

If any of the described policies are canceled before their expiration date, State Farm will try to mail a written notice to the certificate holder 15 days before cancellation. If however, we fail to mail such notice, no obligation or liability will be imposed on State Farm or its agents or representatives.

Signature of Authorized Representative
Customer Service Rep 11/16/2007
 Title Sam Saldivar Date
 Agent Name
 Telephone Number 956-383-4312

Agent's Code Stamp
 Agent Code 53-8259
 AFO Code F116