

Request for Proposal
“HIDALGO COUNTY – PRESCRIPTION DRU DISCOUNT CARD PROGRAM”
RFP NO: 2008-209-06-04-VYG

To: Martha L. Salazar, CPPB, Purchasing Agent
Hidalgo County Purchasing Department
Physical Address: 2802 S. Business Hwy. 281
Mailing/US Postal Address: 2812 S. Business Hwy. 281
Edinburg, Texas 78539

In accordance with the Requirements, and subject to all laws and regulations of the United States and state and local laws, the undersigned proposer proposes and commits to furnish all labor, equipment, material, software and services as set forth in the documents hereinbefore mentioned. The undersigned proposer further agrees, upon acceptance of its proposal, to execute a contract and/or Purchase Order issued by Hidalgo County for performing and completing the work described in the Requirements within the time stated and for the prices proposed in the documents attached hereto and made a part hereof.

Proposer acknowledges receipt of all of the pages of the documents referenced in the Request for Proposal Checklist presented in connection with this procurement. Proposer understands that Hidalgo County reserves the right to reject any or all proposals and further reserves the right to design the evaluation criteria to be used in selecting the lowest and best proposal.

Proposer agrees that this proposal shall be good and may not be withdrawn for a period of ninety (90) calendar days after the scheduled closing time for receiving proposals, as contained in the Requirements.

Respectfully submitted,

Proposer: Data Rx Management, Inc.
Address: 305 West Woodward Street
Suite 220
Denison, TX 75020
By: Brian B. Vossler
Printed Name: Brian B. Vossler

Hidalgo County

Request for Proposal

Prescription Discount Card
Questionnaire

Prescription Drug Discount Card Questionnaire

1. Describe your concepts for the creation of and/or existing prescription drug discount card program. What are the key elements of the program? What services are provided as part of the program?

We provide a discount on all drugs with an 11 digit NDC number. We maintain eligibility for tracking patient's prescriptions. Our discount cards get the same level of adjudication as our healthcare plans. Also, with our discount card, we will keep the business within the local community.

2. Describe the method by which a local government would contract for these services?

A local government may contact us by phone, fax or email. Our toll free number is (888) 714-4422. Our fax number is (903) 465-0799. Our email is supports@data-rx.com.

3. Discuss what limits you would place on the program, especially as it pertains to size of entity services. For example, would you treat a county of 1,000 people differently than you would treat a county of 600,000 people?

There are no limits placed on the program. The size of the county doesn't change the way we treat the county when pertaining to our discount card.

4. Describe your pricing methodology.

Our pricing methodology provides fair and competitive prices for the consumer as well as the pharmacy and we strive to keep the business local.

5. What resources will you make available to Hidalgo County to assure the successful marketing and sale of this program to Hidalgo County?

We will use all the resources we have to help promote this program in Hidalgo County. We are backed by several local pharmacy groups that have pledged to not only support this program, but will help to get it up and running.

6. Identify and describe the day-to-day team you expect to work with Hidalgo County.

Our customer service department will be available 24-7 to assist with any problems that may arise. Our engineering and management staff will be available when necessary.

7. Discuss your proposed fee-sharing arrangement with Hidalgo County.

There are no fees for this program; this program is provided at no cost to the county.

8. What specific resources do you expect Hidalgo County to provide to this effort?

We expect the county to help promote and distribute the discount card.

9. Describe your firm/pharmaceutical(s) past efforts to involve minority- and women-owned business enterprises in your industry. Are you willing to work with W/MBE groups on this program?

We are willing to work with W/MBE on this program. We currently work with numerous minority and women owned enterprises, many of which are located locally in Hidalgo County.

10. Describe your firm/pharmaceutical(s) experience in working with local and national trade and professional associations with other Counties.

We currently work with Cameron County and Denton County providing Pharmacy Benefits Management services for their indigent healthcare programs. DataRx also does business in all 50 states and Puerto Rico.

11. Please outline any additional costs Hidalgo County might expect to pay outside your charges (e.g., reporting services fees, etc.). Will you provide tracking and data entry of card participants?

There are no fees for this program; this program is provided at no cost to the county. We will provide tracking and data entry of card participants.

12. Discuss your firm/pharmaceutical(s) capability with electronic communications, including processing claims over the internet.

DataRx currently processes over three million claims per month over the internet.

13. Provide a list of local government clients you have worked with on similar programs or services. A partial list is acceptable. Indicate whether Hidalgo County may contact these clients for reference purposes.

We currently work with Hidalgo County on the county indigent healthcare program. We also work with Cameron County on the county indigent healthcare program. You may contact these clients.

14. How do you propose to deal with existing clients if you are selected by Hidalgo County?

If we are selected by Hidalgo County it will have no bearing on our existing clients. We treat all of our clients with the utmost professionalism.

15. Please provide a timeline for startup of this service.

If DataRx is selected by Hidalgo County, we anticipate the shipment of prescription cards within 24 hours.

16. Provide your present licensing, bonding, and errors and omissions insurance status. Are you willing to accept specific limits as set by Hidalgo County? If not, what requirements would you consider reasonable for your industry?

See other attachments as part of this RFP. DataRx is willing to accept all reasonable specific limits as set by Hidalgo County.

17. Provide a sample marketing plan that would outline Hidalgo County/Firm/Pharmaceutical(s) responsibilities specifically to direct mail, fax broadcast, collateral materials, etc.

Since anyone in Hidalgo County is eligible, the cards may be disseminated to anyone you choose. The local pharmacy network will be supporting and promoting this program as well. Additional marketing efforts may include radio and print public service announcements to the local media.

18. List major drug store chains and/or private pharmaceutical(s) networks that honor your card program.

Our card is honored by most major chains including Wal Mart, Walgreen's, CVS, Rite Aid, Target, HEB, Kroger's, and Albertsons to name a few. However, we would like to keep the network restricted to the local independent pharmacies. Most of the independent pharmacies in Hidalgo County accept our card.

19. Address issues of inclusion of firm/pharmaceutical(s) not currently in your network (i.e. do you have processes in place to add non-participating firm/pharmaceutical(s) including local, privately owned firm/pharmacies).

We can add a non-participating pharmacy to our network in a matter of minutes.

20. Will you enter into Hidalgo County's term contract including fee guarantees?

Yes, we will enter into Hidalgo County's term contract. There are no fees for this program; this program is provided at no cost to the county.

21. What are your expected discounts for brand drugs?

Brands are discounted at an effective rate of 11-15% off of retail.

22. What are your expected discounts for generic drugs?

Generics are discounted at an effective rate of 30% off of retail.

23. What is your financial rating: Best S&P Duff Phelps?

24. Provide your most recent Corporate Annual Report.

DataRx is a privately held company. Specific financial data may be released upon request.

25. Do you provide discounts for the following prescription drugs:

Lorazepam – 0.5mg

Furosemide – 40mg

Lanoxin – 0.125mg

Prilose – 20mg

Zoloft – 50mg

APAPI – code#3

Atenolol – 50mg

Imdur – 60mg

Prozac – 20mg

Premarin – 0.625mg

Glucophage – 500mg

Metoprolol – 50mg

Kdur – 20mg EQ

Glyburide/Metformin HcL – 2.5/500mg

Diovan W/Hctz – 160/25mg

Simvastatin – 20mg

Uroxatral – 10mg

Yes, we provide discounts for all drugs that have an 11 digit NDC number.

26. Provide a sample pharmacy contract.

See attachment

27. What source of AWP do you use?

Medispan

28. How often do you update your system to AWP changes?

We update our pricing weekly.

29. Can you customize customer ID cards?

Yes. You can either design the card the way you want or solicit the help of our design team.

30. Do you offer incentives to pharmacist of participants to maximize generic dispensing?

Yes. The pharmacy's profit level is higher on generics.

31. Do you have a drug formulary rebate program?

Yes, but rebates are not applicable to discount cards.

32. Can you interact with nursing home pharmacies for retirees?

Yes.

33. Can you interact with prisons for dispensing to prisoners?

Yes.

34. How is eligibility maintained and verified?

Eligibility is maintained automatically. The patient is enrolled as a process of the first filled prescription.

35. Do you provide mail order?

We can, however, we prefer to keep the money local, with the independent pharmacies that can facilitate 90 day fills.



PHARMACY SERVICES AGREEMENT

This pharmacy agreement ("Agreement") shall be effective as _____ by and between the Data Rx, hereinafter "DRx", located at 305 W. Woodard St, Suite 220, Denison, TX 75020 and _____ Pharmacy, Inc. on behalf of itself and its affiliates providing services hereunder from time to time hereinafter PHARMACY, with corporate offices located at _____.

PHARMACY shall lawfully render such pharmacy services, to which the customer is entitled in accordance with this Agreement, the applicable plan specifications as communicated to PHARMACY via DRx's online claim adjudication system, and the applicable legal requirements.

PHARMACY shall assure DRx that all pharmacy services provided hereunder shall be performed by appropriately qualified and licensed personnel who shall exercise the degree of skill and knowledge normally possessed by members of the pharmacy profession. DRx reserves the right to perform annual reviews and evaluations of PHARMACY at DRx's expense.

PHARMACY is and shall maintain in good standing with all federal, state, and local licensing authorities as required by law. PHARMACY shall notify DRx in writing within 15 days of any suspension, revocation, or any material limitation taken by the State Board of Pharmacy or any other licensing authority that has jurisdiction over PHARMACY, which renders PHARMACY incapable of providing services under this Agreement.

PHARMACY shall transmit all prescription claims in a mutually agreeable standard version of the NCPDP within 30 days of the date of service. All claims will be handled electronically. No paper claims will be acceptable under this Agreement. PHARMACY shall be responsible for its own claims switching intermediary or processing fees charged by NDC, WebMD, or other claims switch intermediaries which PHARMACY may utilize.

Payment for services provided under this Agreement shall be made within 32 days of transmission of claim by PHARMACY. With payment, DRx shall provide to PHARMACY a detailed reconciliation of all transactions for the payment cycle, including all claims paid or fees withheld. DRx will reimburse PHARMACY at the rates set forth in Attachment A.

PHARMACY and DRx are independent entities. PHARMACY shall perform all services under this Agreement as an independent contractor and shall be free to exercise its own judgment on all questions of professional practice.

PHARMACY shall maintain all prescription records as required by law. All requests for Audit must be coordinated through the _____/pharmacy Third Party Audit Department at the Corporate Office. Subject to workload demands and upon thirty days prior notice, designated bona fide employees or agents of Payor, approved by _____, shall have access to and the right to inspect hard copy prescription records, patient medication profiles, and electronic point of sale records provided pursuant to this Agreement, as well as insurance and licensure records as reasonably required to confirm _____/pharmacy's obligations under this Agreement. Audits performed by agents of the Third Party Agency or external auditors, must adhere to _____ audit terms. Said notice shall include all specific audit requests, including Rx numbers to be audited. The scope and date of audit must be mutually agreed to by the Parties, and only prescriptions with dates of service of eighteen months or less or as defined by state law, whichever is less may be audited. Stores cannot be audited more frequently than every 18 months unless special circumstances warrant. Such additional audits will require approval from _____.

_____. It is agreed that electronic evidence in the _____/pharmacy and dispensing and point of sale system are sufficient to establish proof of delivery. Electronic images of the script that are stored will be acceptable if the hard copy is not available or in lieu of hard copy as negotiated. Desk audits will not be considered unless specifically negotiated. Should there be a negotiation regarding desk audits, the scope, frequency, and timeframe of such audits must be mutually agreed to by the parties. _____ will charge a \$5.00 fee per claim for claim copies for desk audits. Updates or changes made to Provider manuals will not supersede the audit language contained herein. All audit results and findings must be submitted to _____ corporate audit Department for next steps. Auditor shall promptly notify _____/pharmacy of any missing records or other negative findings and grant _____/pharmacy no less than 60 days following receipt of notice to locate the record prior to any adjustment being made. Recoupment shall not be made through the Remittance process but shall be paid through separate check paid by the _____ Audit Department. Agencies should not recoup the full amount of a claim when plan parameters were exceeded. Only the value in excess shall be recouped. _____ has the right to collect the value of the copy that the PBM recoups from the patient. Audit findings can not be extrapolated.

PHARMACY shall maintain insurance coverage of at least \$1,000,000 per occurrence and \$3,000,000 in aggregate. DRx shall not be liable for any claim, injury, demand or judgment arising out of the sale, compounding, or dispensing by the PHARMACY of any prescription drug or service provided by the PHARMACY. Each party agrees to indemnify and hold the other harmless from any and all loss, expense, liability or damages including, without limitation, any judgment, award, settlement, or other costs or expenses sustained by either party as a result of any claim or cause of action.

Both parties mutually agree to maintain any and all information relating to this Agreement as confidential during the term of the Agreement and for at least two years following the termination of this Agreement.

This Agreement shall commence on the day of execution as set forth and shall remain in effect for two year. It shall automatically renew for additional one-year terms unless 60 day prior written notice by either party. With the exception of non-payment, either party may terminate this Agreement upon 30 days notice in the case of a breach of this Agreement and if such breach is not corrected within 30 days from the date of notice. PHARMACY may terminate this Agreement immediately in the event of non-payment by DRx within the timeframes set forth hereunder. Either party may terminate this Agreement without cause upon giving the other party 30 days written notice.

This Agreement may not be sold, transferred, or assigned without the prior written consent of both parties.

Any notice required to be given pursuant to this Agreement shall be in writing, postage prepaid, and shall be sent by certified or registered mail, return receipt requested, or by overnight delivery service providing proof of receipt, to the other party at its respective address as set forth below:

Data Rx Management, Inc.
Attn.: Joe Mengoni, Pharm D
305 W. Woodard #220
Denison, TX 75020

Attn.: _____

Payments, rejections and account inquiries are to be directed to:

Each party may designate by notice any future or different addresses to which notices will be sent. Notices will be deemed delivered upon receipt or upon refusal to accept delivery.

This Agreement shall be governed by Texas law and any action to enforce any portion of this Agreement shall be heard in Grayson, County, Texas. Nothing in this Agreement shall prevent the use of Arbitration to resolve any disputes related to this Agreement as long as both parties agree.

This Agreement constitutes the entire Agreement between PHARMACY and DRx. This Agreement may not be amended unless in writing and signed by authorized representatives of both parties. Any prior agreements, promises, negotiations, or representations concerning the subject matter covered by this Agreement are of no force and effect.

In witness whereof, the undersigned hereby executes this Agreement as of the date and year set forth below:

Name of Pharmacy: __Please provide spreadsheet of locations.

Address: _____

Mailing Address: _____ Zip: _____

Telephone: _____ Fax: _____

Contact Person:

PHARMACY Representative Signature Date

Contact Person for Data Rx/DRx: Joe Mengoni, 903-465-0798

DRx Representative Signature Date
305 W. Woodard #220
Denison, TX 75020
903-465-0798



Attachment A Pharmacy Reimbursement Rates

Unless otherwise agreed to by both parties by written amendment to this Agreement, PHARMACY shall be reimbursed for retail pharmacy services at the following network rates:

Open Network:

Brand Name products:

The lesser of AWP – 15 plus a \$2.00 dispensing fee or the dispensing pharmacy's Usual and Customary retail charge.

Non-MAC Generics: The lesser of Average Wholesale Price (AWP) minus 25% plus a \$2.00 dispensing fee or the dispensing pharmacy's Usual and Customary retail charge.

MAC Generics: The lesser of Maximum Allowable Cost (MAC) plus a \$2.00 dispensing fee or the dispensing pharmacy's Usual and Customary retail charge.

AWP: Average Wholesale Price of a prescription drug or other pharmaceutical product on the date the order was dispensed by _____. The AWP may be stated by First Data Bank, Medispan, or any other mutually agreed upon nationally recognized source and updated weekly.

MAC: Maximum Allowable Cost as listed on the CMS /HCFA Federal Upper Limit list unless agreed in writing by both PHARMACY and DRx for a specific client.

DRx and PHARMACY acknowledge that reimbursement for Over the Counter (OTC) products is covered by this Agreement. The reimbursement for OTC's shall be 1.5 times the published AWP cost of the product dispensed.

PHARMACY will collect from the member the lowest of the Member's Copayment OR the PHARMACY Usual and Customary Retail Charge.

Insurance Requirement Acknowledgment

I, Brian B. Vossler, authorized representative for Data Rx,
Company/Vendor

hereby acknowledge receipt of the County's required insurance limits. Said requirements:

- will be acquired within 10 working days after notification from Purchasing Department of award of project by the Hidalgo County Commissioners' Court;
- will acquire additional amounts required to meet the County's requirements within 10 working days after notification from Purchasing Department of award of project by the Hidalgo County Commissioners' Court; currently carry the following

Professional Liability (Errors & Omissions): \$ 1,000,000

Automobile Liability: \$ N/A General Liability: \$ 500,000

- have already been met, see attached copy of insurance certificate.

Brian B. Vossler
Authorized Representative

6/16/08
Date

Notice to Proposer/Applicant:

A certificate of insurance for the required insurance limits shall be provided to the Purchasing Department's Contract Managers in order to qualify for award and to execute a contract between your Company and the County

Failure to provide Certificates of Insurance to the Purchasing Department's Contract Managers will cause the award to be rescinded and re-awarded to next qualified vendor. Certificates of Insurance will be monitored and verified on a **quarterly basis** to ensure coverage policy is in place. It is the Company's obligation to maintain the appropriate insurance coverage throughout the term of the contract.

THIS FORM MUST ACCOMPANY YOUR PACKET

PO BOX 73909, CEDAR RAPIDS IA 52407

POLICY NUMBER: 70305382

ACCOUNT NUMBER: 3000138427 (2) COMMERCIAL PROPERTY
DIRECT BILL - 150 COMMERCIAL PROPERTY COVERAGE PART

ISSUE DATE: 03-26-2008 DBL REPLACEMENT OF 0506 70305382 DECLARATIONS RENEWAL EXTENSION

NAMED DATA RX MANAGEMENT INC
INSURED
AND
MAILING PO BOX 676
ADDRESS DENISON TX 75021-0676
AGENCY & CODE 834496
BAYLESS-HALL INSURANCE
PO BOX 1229
DENISON TX 75021

POLICY PERIOD: 12:01 A.M. Standard time FROM: 04-30-2008 TO: 04-30-2009
And for successive policy periods as stated below.

We will provide the insurance described in this policy in return for the premium and compliance with all applicable policy provisions. If we elect to continue this insurance, we will renew this policy if you pay the required renewal premium for each successive policy period, subject to our premiums, rules and forms then in effect. You must pay us prior to the end of the current policy period or else this policy will terminate after any statutorily required notices are mailed to you. An insufficient funds check is not considered payment.

PREM/BLDG	DESCRIBED PREMISES AND COVERAGES	LIMIT OF INSURANCE	RATE	PREMIUM
*01 01	305 W WOODARD DENISON TX 75020 ✓ JOISTED MASONRY COMPUTER DESIGN YOUR BUSINESS PERSONAL PROPERTY Basic Causes of Loss Replacement Cost 4% Inflation Guard ADDITIONAL INTEREST - Loss Payable SYNERGY BANK SUITE 100 ✓ 510 N VALLEY MILLS DR WACO TX 76710-6075	2,500 Ded ✓ 80% Coins ✓	.441 ✓	291,200 280,000 1,284 1,234
*02 01	11830 WEBB CHAPEL RD DALLAS TX 75234 ✓ JOISTED MASONRY COMPUTER DESIGN YOUR BUSINESS PERSONAL PROPERTY Basic Causes of Loss Replacement Cost 4% Inflation Guard CONTINUED ON CP7002	2,500 Ded ✓ 80% Coins ✓	.373 ✓	62,400 60,000 233 224

Could add Int. Copy p. 7. 4/1/08

ABBREVIATIONS: BLDG=BUILDING COINS=COINSURANCE DED=DEDUCTIBLE INCL=INCLUDED PREM=PREMISES

Premium Charge Forms Advance Premium SEE UW7002 ✓
Premium Charge Forms Advance Premium

Other Forms SEE UW7002 ✓

AMEND REASON:

PREMIUM FOR THIS COVERAGE PART \$ 1,547 *Ly 1,458*
Endorsement Adjustment Premium \$

This Declarations Page supersedes and replaces any preceding declarations page bearing the same policy number for this policy period. X (COUNTERSIGNED BY AUTHORIZED REPRESENTATIVE)



GREAT AMERICAN.
INSURANCE COMPANIES
580 Walnut Street, Cincinnati, Ohio 45202

Invoiced 0620-07

ExecPro sm
DECLARATIONS

for
Directors', Officers', Insured Entity and
Employment Practices Liability Insurance

Insurance is afforded by the company indicated below: (Each a capital stock corporation)

- Great American Insurance Company
Great American Insurance Company of New York
Other

Note: The Insurance Company selected above shall herein be referred to as the Insurer.

Policy Number: DML5592789A Policy Form Number: D2100

Note: This is a claims made policy, please read it carefully. Amounts incurred as Costs of Defense shall reduce the Limit of Liability available to pay judgments or settlements and shall also be applied against the retention. This Policy does not provide for any duty by the Insurer to defend those insured under the Policy.

Item 1. Corporation: DATA RX MANAGEMENT, INC.

Mailing Address: P.O. BOX 676
DENISON, TX 75021

Attention: DAN CHAPMAN - PRESIDENT

Item 2. Policy Period: From: 06/10/2007 To: 06/10/2008
(Both dates at 12:01 a.m. Standard Time at the address of the Corporation as stated in Item 1)

Item 3. Limit of Liability (Inclusive of Costs of Defense):
\$ 1,000,000 Aggregate Limit of Liability for the Policy Period

Item 4. Retentions:
Insuring Agreement A:
Each Claim: \$ 0
Insuring Agreements B and/or C:
Each Claim other than a Securities Claim or Employment Practices Claim: \$ 15,000
Each Employment Practices Claim: \$ 15,000
Each Securities Claim: \$ 15,000

Item 5. Premium: (Prepaid) \$ 7,500

Item 6. Endorsements Attached
D2400-1 D2520 D2704 D2704 D2704 D2705 D2709 D2712 D2712 D2712
D2713 D2749 D2876

Item 7. Prior and Pending Date 06/10/2004

Item 8. Notices: Notice of Claim shall be addressed to:
Great American Insurance Companies,
Executive Liability Division, Claims Department,
P.O. Box 66943, Chicago, Illinois 60666
All other notice shall be addressed to:
Great American Insurance Companies,
Executive Liability Division,
P.O. Box 66943, Chicago, Illinois 60666

These Declarations, along with the completed and signed Proposal Form and the Directors', Officers', Insured Entity and Employment Practices Liability Insurance Policy, shall constitute the contract between the Insured and the Insurer.

Countersignature

Not Required
(Authorized Representative)

06/27/2007

(Countersignature Date)

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ACORD CERTIFICATE OF LIABILITY INSURANCE

PRODUCER

DATE (MM/DD/YY)

DRAFT

THIS CERTIFICATE 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

INSURERS AFFORDING COVERAGE

INSURER A:

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.

TYPE	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO. ACCT <input type="checkbox"/> LOC.				EACH OCCURRENCE FIRE DAMAGE (Any amt) \$ MED EXP (Any amt per person) \$ PERSONAL & ADW INJURY \$ GENERAL AGGREGATE PRODUCTS-COMP/PROP AGG \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Per accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
A	EXCESS LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$10000				EACH OCCURRENCE AGGREGATE \$ \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS LIABILITY WC794511201				<input checked="" type="checkbox"/> WC STAT. TO ST. LIMITS PER E.L. EACH ACCIDENT \$ E.L. DISEASE-2A EMPLOYEE \$ E.L. DISEASE-POLICY LIMIT \$
	OTHER				

DRAFT

DRAFT

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

The certificate holder is named as Additional Insured on the General Liability policy. Waiver of subrogation are included on general liability and workers compensation policies in favor of Hidalgo County

CERTIFICATE HOLDER

ADDITIONAL INSURED: INS. REALTOR

CANCELLATION

Hidalgo County
 2802 S Closner Blvd.
 Edinburg Tx 78539

DRAFT

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