

Underwritten By: National Union Fire Insurance Company of Pittsburgh, Pa.

ADDENDUM

Name of Participating Organization:		Hidalgo County	
100 E. Cano	Edinburg	TX	78539
<small>Address</small>	<small>City</small>	<small>State</small>	<small>Zip Code</small>
<small>Classification of Eligible Persons: Any enrolled member of the participating organization, including coaches, trainers, managers, and group leaders is eligible.</small>			
PLAN: <input type="checkbox"/> PRIMARY EXCESS OVER \$ _____		<input type="checkbox"/> FULL EXCESS	
		<input checked="" type="checkbox"/> PRIMARY	
Accident Medical Expense:		Accidental Death Benefit:	
Maximum Benefit Amount (per Injury):	\$10,000	Accidental Dismemberment Benefit:	\$5,000
Deductible Amount (per Injury):	\$500.00	Principal Sum:	\$10,000
Benefit Period:	1	Years	
(This space for Administrative Use Only)		Effective Date: <u>6/5/09</u>	Reference Number: _____
		Termination Date: <u>6/5/10</u>	Policy Number: _____
<input checked="" type="checkbox"/> Domestic Only <input type="checkbox"/> Domestic & International			
Activity	Age Group	Number of Members	Group Premium
Volunteers (Mainly Clerks, Aides, etc)	16-70	50	\$3.35/Person

Note: The total premium must be submitted with this Addendum

Total Premium: \$ 788.00 MP

SPECIAL NOTES: SUBJECT TO \$788.00 MINIMUM PREMIUM	
<small>We hereby request from the Company, a Blanket Accident Insurance Policy. We understand that insurance will be in force as of the effective date indicated above, if this Addendum is accepted by the Company and the required premium is received by the Company when due. We acknowledge that we have read, understood, and agreed to the terms and conditions of coverage as detailed in this document.</small>	
Official's Name: <u>Valde Guerra</u>	Title: <u>Executive Director</u> Telephone: <u>956-292-7025</u>
<small>(please print)</small>	
Signature: _____	Date of Request: _____
<p align="center">The Maksin Group Two Aquarium Drive, Suite 200 Camden, NJ 08103 (800) 375-6826 Fax: (856) 858-1121 www.maksin.com</p> <p><input type="checkbox"/> Please check box to be included on our electronic e-mailing list</p>	Agency Name: <u>Montalvo Insurance Agency</u>
	Tax I.D. or SSN: _____
	Address: <u>208 S, Texas Blvd.</u>
	City: <u>Weslaco</u> State: <u>TX</u>
	Zip: <u>78596</u> Telephone: <u>956-968-5521</u>
	Signature (Licensed Agent): _____
	Print Name: <u>Mickey Pedraza</u>
E-mail: _____	

AA _____ AC _____ P _____ BP _____

N _____ R