

**HIDALGO COUNTY PURCHASING DEPARTMENT  
ACCEPTANCE SHEET**

DEPARTMENT NAME: HIDALGO COUNTY HEALTH DEPARTMENT

BID OPENING DATE: SEPTEMBER 15, 2010

OPENING TIME: 9:30 A.M.

DESCRIPTION OF BID: PURCHASE OF NEW HIGH DENSITY POWER STATION TRAILER

BID NO: 2010-284-09-15-MEG

	NAME OF COMPANY	ACKNOWLEDGEMENT RECEIPT	ADDENDUM #1
1.	Texas Association of Local Health Austin, TX 18758 Officials	✓	✓
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Hidalgo County Purchasing Department

Bid Opening Sign In

Date: September 15, 2010

Please Print Name	Company Name
1. Priscilla Tenres	Co. Clerk's
2. Yolanda Velasquez	Purchasing Dept.
3. Anna De Cicka	1
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	

Bid #

Description

1. RFB 10-284-09-15-MEG
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Purchase of New High Density Power Station Trailer

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_



# CERTIFICATE OF LIABILITY INSURANCE

OP ID: S4

DATE (MM/DD/YYYY)

09/15/10

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 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 <b>Brown &amp; Brown of Austin</b> 11149 Research Blvd. Suite 260 Austin, TX 78759 Brown & Brown Commercial House	512-343-0000	CONTACT NAME:	
	512-346-1736	PHONE (A/C, No, Ext):	FAX (A/C, No):
		E-MAIL ADDRESS:	
		PRODUCER CUSTOMER ID #:	TXASS-1
		INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED <b>Texas Association Local Health</b> 2600 McHale Suite 100 Austin, TX 78758	INSURER A : American Cas Co of Reading Pa		20427
	INSURER B : Transportation Ins Co		20494
	INSURER C : Progressive County Mutual Ins		29203
	INSURER D : Continental Casualty Company		20443
	INSURER E :		
		INSURER F :	

## 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 INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY		2077217026	06/06/10	06/06/11	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR					MED EXP (Any one person) \$ 10,000
						PERSONAL & ADV INJURY \$ 1,000,000
						GENERAL AGGREGATE \$ 2,000,000
						PRODUCTS - COM/OP AGG \$ 2,000,000
						\$
C	<input type="checkbox"/> AUTOMOBILE LIABILITY		2077217026	06/06/10	06/06/11	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS					BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS					PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS		\$			
	<input checked="" type="checkbox"/> NON-OWNED AUTOS		\$			
	<input checked="" type="checkbox"/> AUTO		05948323-2	09/02/10	09/02/11	\$
D	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR		2095569375	06/06/10	06/06/11	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$ 1,000,000
	<input type="checkbox"/> DEDUCTIBLE					\$
	<input checked="" type="checkbox"/> RETENTION \$ 10,000					\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		2077217060	06/06/10	06/06/11	WC STATUTORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N				E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
						E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Property Section		2077217026	06/06/10	06/06/11	BPP 78,795

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, If more space is required)

Professional and Trade Associations - Offices Only

## CERTIFICATE HOLDER

## CANCELLATION

<b>Hidalgo County</b> 2802 S. Business Hwy 281 Edinburg, TX 78539	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 <b>Brown &amp; Brown Commercial House</b>

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Hidalgo County  
Arturo Guajardo Jr.  
County Clerk  
Edinburg, TX 78540



Instrument Number: 2009-2033540

Recorded On: September 10, 2009

As  
Recording

Parties:  
To

Billable Pages: 1  
Number of Pages: 2

Comment: CONFLICT OF INTEREST

\*\* Examined and Charged as Follows: \*\*

Recording	16.00
Total Recording:	16.00

\*\*\*\*\* THIS PAGE IS PART OF THE INSTRUMENT \*\*\*\*\*  
Any provision herein which restricts the Sale, Rental or use of the described REAL PROPERTY because of color or race is invalid and unenforceable under federal law.

File Information:

Document Number: 2009-2033540  
Receipt Number: 1067780  
Recorded Date/Time: September 10, 2009 04:06P

Record and Return To:

CLAIRE ASHTON  
TALHO  
715 DISCOVEY BOULEVARD #308  
CEDAR PARK TX 78613

User / Station: | Hidalgo - Cash Station 04



STATE OF TEXAS  
COUNTY OF HIDALGO

I hereby certify that this instrument was FILED in the File Number sequence on the date/time printed herein, and was duly RECORDED in the Official Records of Hidalgo County, Texas

Arturo Guajardo Jr.  
County Clerk  
Hidalgo County, TX

EXHIBIT "D"

CONFLICT OF INTEREST QUESTIONNAIRE		FORM CIQ
For vendor or other person doing business with local governmental entity		
<p>This questionnaire reflects changes made to the law by H.B. 1471, 80th Leg., Regular Session. This questionnaire is being filed in accordance with Chapter 176, Local Government Code by a person who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the person meets requirements under Section 176.006(a).</p> <p>By law this questionnaire must be filed with the records administrator of the local governmental entity not later than the 7th business day after the date the person becomes aware of facts that require the statement to be filed. See Section 176.006, Local Government Code.</p> <p>A person commits an offense if the person knowingly violates Section 176.006, Local Government Code. An offense under this section is a Class C misdemeanor.</p>	OFFICE USE ONLY	
	Date Received	
<p>1 Name of person who has a business relationship with local governmental entity.</p> <p><u>Lee Lane / Texas Association of Local Health Officials</u></p>		
<p>2 <input type="checkbox"/> Check this box if you are filing an update to a previously filed questionnaire.</p> <p>(The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than the 7th business day after the date the originally filed questionnaire becomes incomplete or inaccurate.)</p>		
<p>3 Name of local government officer with whom filer has employment or business relationship.</p> <p><u>Eduardo Olivarez / Hidalgo County Health Department</u></p> <p>Name of Officer</p> <p>This section (item 3 including subparts A, B, C &amp; D) must be completed for each officer with whom the filer has an employment or other business relationship as defined by Section 176.001(1-a), Local Government Code. Attach additional pages to this Form CIQ as necessary.</p> <p>A. Is the local government officer named in this section receiving or likely to receive taxable income, other than investment income, from the filer of the questionnaire?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>B. Is the filer of the questionnaire receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer named in this section AND the taxable income is not received from the local governmental entity?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>C. Is the filer of this questionnaire employed by a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership of 10 percent or more?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>D. Describe each employment or business relationship with the local government officer named in this section.</p>		
<p>4 <u>[Signature]</u></p> <p>Signature of person doing business with the governmental entity</p> <p><u>Lee Lane</u></p>		<p><u>8/13/09</u></p> <p>Date</p>