



P.O. Box 85 / 602 W. University
Edinburg, TX 78540
(956) 383-4974

October 14, 2010

Honorable Judge Rene Ramirez
Hidalgo County Courthouse
100 E. Cano
Edinburg, TX 78539

Dear Judge Ramirez:

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 4th at 6:30 p.m. The participants will start lining up at 4:45 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 and for your continued support throughout the years. If you have any questions, please call me at 383-4974.

Sincerely,

A handwritten signature in black ink that reads "Letty Gonzalez". The signature is written in a cursive style with a large, looping "L" and "G".

Letty Gonzalez
President



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 **P.O. Box 85 Edinburg Texas 78540**
 Location of operations **602 W University Edinburg Texas 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	
		Effective Date	Expiration Date	(at beginning of policy period)	
90-KK-5536-8	Comprehensive Business Liability	11-17-09	11-17-10	BODILY INJURY AND PROPERTY DAMAGE	
This insurance includes:		<input checked="" type="checkbox"/> Products - Completed Operations <input checked="" type="checkbox"/> Contractual Liability <input checked="" type="checkbox"/> Personal Injury <input checked="" type="checkbox"/> Advertising Injury <input checked="" type="checkbox"/> Medical <input type="checkbox"/> <input type="checkbox"/>		Each Occurrence	\$ 1,000,000.00
				General Aggregate	\$ 2,000,000.00
				Product - Completed Operations Aggregate	\$ 2,000,000.00
Policy Number	EXCESS LIABILITY	Effective Date	Expiration Date	BODILY INJURY AND PROPERTY DAMAGE (Combined Single Limit)	
	<input type="checkbox"/> Umbrella <input type="checkbox"/> Other			Each Occurrence	\$
				Aggregate	\$
Policy Number	Type of Insurance	Effective Date	Expiration Date	Part I - Workers Compensation - Statutory	
	Workers' Compensation and Employers Liability			Part II - Employers Liability	
				Each Accident	\$
				Disease - Each Employee	\$
				Disease - Policy Limit	\$
Policy Number	Type of Insurance	Effective Date	Expiration Date	Limits of Liability (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 Certification Holder

County of Hidalgo
 100 E Cano St
 Edinburg TX 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 we fail to mail such notice, no obligation or liability will be imposed on State Farm or its agents or representatives.

Sam Saldivar by Veronica
 Signature of Authorized Representative
Agent/LSA4 10/14/10
 Title Date
Sam Saldivar
 Agent Name
 Telephone Number (956) 383-4312

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