



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

December 13, 2010

Honorable Judge Ramon Garcia  
Hidalgo County Courthouse  
100 E. Cano  
Edinburg, TX 78539

**RECEIVED**

DEC 15 2010

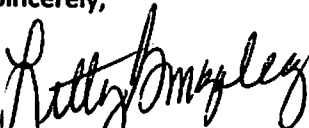
**COUNTY JUDGE**


Dear Judge Garcia:

On behalf of the Edinburg Chamber of Commerce, I would like to request permission to use the county square for the 43<sup>rd</sup> Annual Fiesta Edinburg Celebrations on Saturday, February 26, 2011 at 10:00 a.m. The parade is scheduled to begin at the county square and South on Closner ending at Cats Stadium on East Palm Drive.

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

Sincerely,

  
Letty Gonzalez  
President

Valde - 12-15-10  
for LC  
approval  
cc: Mr  
Sunday  




**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 (at beginning of policy period)	
		Effective Date	Expiration Date		
90-KK-5536-8	Comprehensive Business Liability	11-17-09	11-17-10	<b>BODILY INJURY AND PROPERTY DAMAGE</b>	
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	Policy Period		BODILY INJURY AND PROPERTY DAMAGE (Combined Single Limit)	
	<input type="checkbox"/> Umbrella <input type="checkbox"/> Other	Effective Date	Expiration Date	Each Occurrence	\$
				Aggregate	\$
Policy Number	Type of Insurance	Policy Period		Part I - Workers Compensation - Statutory	
	Workers' Compensation and Employers Liability	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 (at beginning of policy period)	
		Effective Date	Expiration Date		

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**