

Philadelphia Insurance Companies
One Bala Plaza, Suite 100, Bala Cynwyd, Pennsylvania 19004
610.617.7900 Fax: 610.617.7940

FLEXIPLUS FIVE
NOT-FOR-PROFIT ORGANIZATION DIRECTORS & OFFICERS LIABILITY INSURANCE
EMPLOYMENT PRACTICES LIABILITY INSURANCE
FIDUCIARY LIABILITY INSURANCE
WORKPLACE VIOLENCE INSURANCE
INTERNET LIABILITY INSURANCE

Philadelphia Indemnity Insurance Company

Philadelphia Insurance Company

Policy Number: PHSD533082

DECLARATIONS

NOTICE: EXCEPT TO SUCH EXTENT AS MAY OTHERWISE BE PROVIDED HEREIN, THIS POLICY IS WRITTEN ON A CLAIMS MADE BASIS AND COVERS ONLY THOSE CLAIMS FIRST MADE DURING THE POLICY PERIOD AND REPORTED IN WRITING TO THE INSURER PURSUANT TO THE TERMS HEREIN. THE AMOUNTS INCURRED FOR DEFENSE COST SHALL BE APPLIED AGAINST THE RETENTION.

Item 1. Parent Organization and Address:
Valley Initiative Development
and Advancement (VIDA)
1715 E Pike Blvd
Weslaco, TX 78596-5026

Internet Address: www. N/A

Item 2. Policy Period: From: 06/30/2010 To: 06/30/2011
(12:01 A.M. local time at the address shown in Item 1.)

Item 3. Limits of Liability:

(A)	Part 1, D&O Liability:	\$	1,000,000	each Policy Period.
(B)	Part 2, Employment Practices:	\$	1,000,000	each Policy Period.
(C)	Part 3, Fiduciary Liability:	\$	1,000,000	each Policy Period.
(D)	Part 4, Workplace Violence:	\$		each Policy Period.
(E)	Part 5, Internet Liability:	\$		each Policy Period.
(F)	Aggregate, All Parts:	\$	2,000,000	each Policy Period.

Item 4. Retention:
(A) Part 1, D&O Liability: \$ 2,500 for each Claim under Insuring Agreement B & C.
(B) Part 2, Employment Practices: \$ 2,500 for each Claim.
(C) Part 3, Fiduciary Liability: \$ 0 for each Claim.
(D) Part 4, Workplace Violence: \$ for each Workplace Violence Act.
(E) Part 5, Internet Liability: \$ for each Claim.

Item 5. Prior and Pending Date: Part 1 04/22/1996 Part 2 04/22/1996 Part 3 06/30/2005
Part 4 No Date Applies Part 5 No Date Applies

Item 6. Premium: Part 1 \$ 2,151.00 Part 2 \$ 656.00 Part 3 \$ 100.00
Part 4 Part 5
Total Premium: \$ 2,907.00

Item 7. Endorsements: PER SCHEDULE ATTACHED

In witness whereof, the Insurer issuing this Policy has caused this Policy to be signed by its authorized officers, but it shall not be valid unless also signed by the duly authorized representative of the Insurer.


Authorized Representative

Countersignature

Countersignature Date

COMMERCIAL PROPERTY COVERAGE

Named Insured: V I D A
 Company Name: American Hallmark Ins. Co
 Policy Term: 07/01/2010 to 07/01/2011

Street Address: #1 1715 E. PIKE BLVD, WESLACO, TX
 #2 3400 W. MILITARY #131, MCALLEN, TX
 #3 1800 S. MAIN #1100, MCALLEN, TX
 #4 1101 E. VERMONT, MCALEN, TX
 #5 1902 N. LOOP 499 BLDG B TSTC CAMPUS, HARLINGEN

Limits	Property Description	Deductible	Co-Ins	Value	Causes of Loss
\$167,000	CONTENTS - LOC #1	\$1,000 2% WIND/HAIL		R/C	SPECIAL
\$ 7,500	CONTENTS - LOC #2	\$1,000 2% WIND/HAIL		R/C	SPECIAL
\$ 7,500	CONTENTS - LOC #3	\$1,000 2% WIND/HAIL		R/C	SPECIAL
\$ 7,500	CONTENTS - LOC #4	\$1,000 2% WIND/HAIL		R/C	SPECIAL
\$ 7,500	CONTENTS - LOC #5	\$1,000 2% WIND/HAIL		R/C	SPECIAL

UMBRELLA POLICY

Name Insured: V I D A
Company Name: American Hallmark Ins. Co
Policy Term: 07/01/2010 to 07/01/2011

Limits	Coverage Description
\$1,000,000	Each Occurrence
\$1,000,000	General Aggregate Limit
\$ 10,000	Retained Limit

Underlying Insurance Information

General Liability	\$1,000,000	Each Occurrence
	\$2,000,000	General Aggregate
	\$1,000,000	Products/Operations Aggregate
	\$1,000,000	Personal & Advertising Injury
	\$ 100,000	Damage to Rented Property
	\$ 5,000	Medical Expense