

**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>

Classification of Eligible Persons: Any enrolled member of the participating organization, including coaches, trainers, managers, and group leaders is eligible.

PLAN: PRIMARY EXCESS OVER \$ _____ FULL EXCESS PRIMARY

Accident Medical Expense:	Accidental Death Benefit:
Maximum Benefit Amount (per injury): \$10,000	\$5,000
Deductible Amount (per injury): \$500.00	Accidental Dismemberment Benefit:
Benefit Period: 1 Years	Principal Sum: \$10,000

(This space for Administrative Use Only)

Effective Date: 6/5/11 Reference Number: _____

Termination Date: 6/5/12 Policy Number: _____

Domestic Only (International activities are not covered unless specifically listed and applicable premium charged.)
Please Note: Coverage is not extended to include bungee jumping, rock climbing, or cliff diving. Coverage may be extended to include out of country mission/international trips, ski trips, and skateboarding events for an additional premium.

Activity	Age Group	Number of Members	Group Premium
Volunteers (Mainly Clerks, Aides, etc)	16 - 70	50	\$3.50/person

Note: The total premium must be submitted with this Addendum Total Premium: \$ 788.00 MP

SPECIAL NOTES: SUBJECT TO A \$788.00 MINIMUM PREMIUM.

C11710 DBG Participating Organization Endorsement
 C11716DBG Subrogation and Right of Recovery Endorsement
 S30433DBG Payment of Claims Amendatory Endorsement
 S30549DBG Accident Medical Expense Benefit Rider

HIDALGO COUNTY
 BUDGET OFFICE
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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.

Official's Name:	Valde Guerra <small>(please print)</small>	Title:	Executive Director	Telephone:	956-292-7025
Signature:		Date of Request:			
The Maksin Group Two Aquarium Drive, Suite 200 Camden, NJ 08103 (800) 375-6826 Fax: (856) 858-1121 www.maksin.com	Agency Name:	Montalvo Insurance Agency			
	Tax I.D. or SSN:	74-2143288			
	Address	208 S. Texas Blvd.		Telephone: 956-968-5521	
	City:	Weslaco	State:	TX	Zip Code: 78596
	Signature (Licensed Agent):				
Print Name:	Ramon Montalvo, III				
E-mail:	ramon@montalvoinsurance.com				

Agent Commission _____ New _____ Renewal RO _____ RO/SUB _____ SALES REP _____