

# Commercial Certificate of Insurance



**FARMERS**

Agency  
 Name • Bernardo Ramirez III  
 & • 111 W BUSINESS HWY 83  
 Address • Pharr, TX 78577  
 • 956-783-5000

Issue Date (MM/DD/YY)

10/01/2010

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policies shown below.

St. 19 Dist. 40 Agent 317

Insured  
 Name • RBC SERVICES, LLC  
 & • 300 N ALAMO RD  
 Address • ALAMO, TX 78516

### Companies Providing Coverage:

- Company A Truck Insurance Exchange
- Company B Farmers Insurance Exchange
- Company C Mid-Century Insurance Company
- Company D Texas Mutual Insurance Company

### Coverages

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.

Co. Ltr.	Type of Insurance	Policy Number	Policy Effective Date (MM/DD/YY)	Policy Expiration Date (MM/DD/YY)	Policy Limits
C	General Liability	604830767	06/28/2010	06/28/2011	General Aggregate
	<input checked="" type="checkbox"/> Commercial General Liability <input checked="" type="checkbox"/> - Occurrence Version Contractual - Incidental Only Owners & Contractors Prot.				Products-Comp/OPS
					Aggregate
					Personal & Advertising Injury
					Each Occurrence
	Fire Damage (Any one fire)				
	Medical Expense (Any one person)				
	Automobile Liability All Owned Commercial Autos				Combined Single Limit
	Scheduled Autos				Bodily Injury (Per person)
	Hired Autos				Bodily Injury (Per accident)
	Non-Owned Autos				Property Damage
	Garage Liability				Garage Aggregate
	Umbrella Liability				Limit
D	<input checked="" type="checkbox"/> Workers' Compensation and Employers' Liability	0001216614	10/01/2010	10/01/2011	Statutory
					Each Accident
					Disease - Each Employee
	Disease - Policy Limit				

Description of Operations/Vehicles/Restrictions/Special items:

### Certificate Holder

Name • HIDALGO COUNTY HEADSTART  
 & • P.O. Box 0117  
 Address • Edinburg, TX 78539

### Cancellation

Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the certificate holder named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

*[Signature]*  
 Authorized Representative

# Commercial Certificate of Insurance



**FARMERS**

Agency  
 Name • Bernardo Ramirez III  
 & • 111 W BUSINESS HWY 83  
 Address • Pharr, TX 78577  
 • 956-783-5000

Issue Date (MM/DD/YY) 05/28/2010

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policies shown below.

St. 19 Dist. 40 Agent 317

### Companies Providing Coverage:

Insured  
 Name • RBC SERVICES LLC  
 & • 300 N ALAMO RD  
 Address • ALAMO, TX 78516

- Company A Truck Insurance Exchange  
Letter
- Company B Farmers Insurance Exchange  
Letter
- Company C Mid-Century Insurance Company  
Letter
- Company D Texas County Mutual  
Letter

### Coverages

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.

Co. Ltr.	Type of Insurance	Policy Number	Policy Effective Date (MM/DD/YY)	Policy Expiration Date (MM/DD/YY)	Policy Limits
	General Liability Commercial General Liability - Occurrence Version Contractual - Incidental Only Owners & Contractors Prot.				General Aggregate Products-Comp/OPS Aggregate Personal & Advertising Injury Each Occurrence Fire Damage (Any one fire) Medical Expense (Any one person)
D	Automobile Liability All Owned Commercial Autos X Scheduled Autos X Non-Owned Autos Garage Liability	604822777	05/24/2010	05/24/2011	Combined Single Limit \$ 500,000 Bodily Injury (Per person) \$ Bodily Injury (Per accident) \$ Property Damage Garage Aggregate \$ 500,000 \$
	Umbrella Liability				Limit \$
	Workers' Compensation and Employers' Liability				Statutory Each Accident Disease - Each Employee Disease - Policy Limit \$ \$

### Description of Operations/Vehicles/Restrictions/Special Items:

Vehicle(s): 1998 FORD ECONOLINE 1FTSE34L4WHA42388; 1999 FORD F250 SUPER 1FTNF20L1XEA11130  
 Endorsement - (IF APPLICABLE, WILL BE DELIVERED WITH POLICY).

### Certificate Holder

Name • HIDALGO COUNTY HEAD  
 & • PO BOX 0117  
 Address • EDINBURG, TX 78540

### Cancellation

Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the certificate holder named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

Authorized Representative

EXHIBIT D

CONFLICT OF INTEREST QUESTIONNAIRE

FORM CIQ

For vendor or other person doing business with local governmental entity

This questionnaire is being filed in accordance with chapter 176 of the Local Government Code by a person doing business with the governmental entity.

By law this questionnaire must be filed with the records administrator of the local government not later than the 7<sup>th</sup> 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.

A person commits an offense if the person violates Section 176.006 Local Government Code. An Offense under this section is a Class C misdemeanor.

OFFICE USE ONLY

Date Received

1 Name of person doing business with local governmental entity.

RBC SERVICES

2  Check this box if you are filling an update to a previously filed questionnaire.

(The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than the 7<sup>th</sup> business day after the date the originally filed questionnaire becomes incomplete or inaccurate.)

3 Name of local government officer with whom filer has employment or business relationship.

N/A

Name of Officer

This section (item 3 including subparts A,B, C & 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.

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?

Yes  No

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 government entity?

Yes  No

C. Is the filer of the 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?  Yes  No

D. Describe each employment or business relationship with the local government officer named in this section.

4 R. C. C. C. C.

Signature of person doing business with the governmental entity

4-27-11

Date