



CERTIFICATE OF LIABILITY INSURANCE

OP ID: NO

DATE (MM/DD/YYYY)

01/06/11

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Shepard Wilton King Ins. Group 801 N. Main P. O. Box 1630 McAllen, TX 78505-1630 Cynthia Cubaza, CIC	956-682-2841 356-630-4015	CONTACT NAME: PHONE: FAX: E-MAIL: ADDRESS: PRODUCER: CUSTOMER ID #: GUZMA-3	INSURER(S) AFFORDING COVERAGE INSURER A: Assurance Company of America INSURER B: Texas Mutual Insurance Co. INSURER C: INSURER D: INSURER E:	NAIC # 22945
INSURED Guzman & Munoz Engineering and Surveying, Inc. 2020 E Expressway 83 Mercedes, TX 78570				

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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.

PKG. #	TYPE OF INSURANCE	ADDITIONAL SUBR. NO. OR CVD	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXP. DATE (MM/DD/YYYY)	COVERAGES	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/>		PAS00521791	01/13/11	01/13/12	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Per occurrence) MED EXP (Per occurrence) PERSONAL & ADJ LIABILITY GENERAL AGGREGATE PRODUCTS (Per occurrence)	1,000,000 1,000,000 10,000 1,000,000 2,000,000 2,000,000
	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS <input type="checkbox"/> RENTED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED/OPERATED					COMBINED SINGLE LIMIT (Per occurrence) BODILY INJURY (Per person) BODILY INJURY (Per occurrence) PROPERTY DAMAGE (Per occurrence)	
A	<input checked="" type="checkbox"/> UMBRELLA LIAB. <input checked="" type="checkbox"/> EXCESS LIAB. <input type="checkbox"/> RETENTION \$ 0	<input checked="" type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCURS MADE	PAS00521791	01/13/11	01/13/12	EACH OCCURRENCE AGGREGATE	4,000,000 4,000,000
B	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY EMPLOYER/PARTNER/BENEFITARY OF POLICY MEMBER EXCEPT (Mandatory in TX) <input type="checkbox"/> ALL EMPLOYERS <input type="checkbox"/> ALL EMPLOYERS OF CONTRACTORS	<input type="checkbox"/> Y/N <input type="checkbox"/> N/A	TSF0001218030	11/09/10	11/09/11	<input checked="" type="checkbox"/> ALL STATE/LOCAL LIMITS <input type="checkbox"/> ALL EMPLOYERS <input type="checkbox"/> ALL DISEASE - ALL EMPLOYERS <input type="checkbox"/> ALL DISEASE - CONTRACTORS	500,000 500,000 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101. Additional Remarks Schedule if more space is required)

CERTIFICATE HOLDER URBANED Urban County Program County of Hidalgo 100 E. Cano, 5th Floor Edinburg, TX 78539	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/15/2011

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER		CONTACT NAME Jennifer Smith	
Siegaler Insurance Agency		PHONE (A.C. No. Exp.) (979) 542-3449	FAX (A.C. No.) (979) 542-3469
172 West Austin Street		EMAIL ADDRESS jsmith@siegalers.com	
Giddings TX 78942-3294		PRODUCER CUSTOMER ID 00003533	
INSURED		INSURER(S) AFFORDING COVERAGE	
Guzman & Munoz Engineering & Surveying, Inc		INSURER A Travelers Casualty & Surety	
P O Box 2191		INSURER B	
Marlingen TX 78550		INSURER C	
		INSURER D	
		INSURER E	
		INSURER F	

COVERAGES CERTIFICATE NUMBER CL1122301959 REVISION NUMBER:

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.

TYPE OF INSURANCE	ADDL. SUBR. (Y/N)	POLICY NUMBER	POLICY EFF. (MM/DD/YYYY)	POLICY EXP. (MM/DD/YYYY)	LIMITS
GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>					BODILY ACCIDENT & DAMAGE TO RENTED EQUIPMENT (Business Premises) MED EXP (any one person) PERSONAL & ADVERTISING GENERAL AGGREGATE PRODUCTS - COMPLETED OPERATIONS
AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS NON-OWNED AUTOS HIREN AUTOS NON-OWNED HIREN					COMBINED SINGLE LIMIT (Equipment) BODILY INJURY (Third Person) BODILY INJURY (Third Person) PROPERTY DAMAGE (Third Person)
UMBRELLA LIAB EXCESS LIAB MEDICINE RETENTION \$	OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/>				EXCESS BODILY ACCIDENT & DAMAGE AGGREGATE MEDICAL EXPENSE RETENTION
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY EMPLOYED PARTNER/EMPLOYEE EMPLOYER EMPLOYED (Mandatory in TX) TYPE DESCRIBED BELOW OR SPECIAL OF OTHERS below	Y/N <input type="checkbox"/> N/A <input type="checkbox"/>				NO STAT. LIMITS EACH ACCIDENT PER EMPLOYEE PER EMPLOYEE
A Professional Liability		105414411	3/8/2011	3/3/2018	Annual Aggregate \$2,000,000 Per Occurrence \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER

Urban County Program
100 East Cano
5th Floor
Saginaw, TX 78539

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

J. T. Siegaler/TX *J. T. Siegaler*

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, Scarborough, Ontario
- STATE FARM FLORIDA INSURANCE COMPANY, Winter Haven, Florida
- STATE FARM LLOYDS, Dallas, Texas

insures the following policyholder for the coverages indicated below:

Name of policyholder: GUZMAN & MINOZ ENGINEERING AND SURVEYING
 Address of policyholder: 1009 E. EXPRESSWAY 84
EDINBURG, TEXAS 79530
 Location of operations: ELU GRANDE VALLEY
 Description of operations: ENGINEERING

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	
This insurance includes:	Comprehensive Business Liability			BODILY INJURY AND PROPERTY DAMAGE
	<input type="checkbox"/> Products - Completed Operations <input type="checkbox"/> Contractual Liability <input type="checkbox"/> Underground Hazard Coverage <input type="checkbox"/> Personal Injury <input type="checkbox"/> Advertising Injury <input type="checkbox"/> Explosion Hazard Coverage <input type="checkbox"/> Collapse Hazard Coverage <input type="checkbox"/> <input type="checkbox"/>			Each Occurrence \$ General Aggregate \$ Products - Completed Operations Aggregate \$
	EXCESS LIABILITY			BODILY INJURY AND PROPERTY DAMAGE (Combined Single Limit)
	<input type="checkbox"/> Umbrella <input type="checkbox"/> Other			Each Occurrence \$ Aggregate \$
	Workers' Compensation and Employers Liability			Part 1 STATUTORY Part 2 BODILY INJURY 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	
669-0360-800-430	AUTO LIABILITY	01/09/2011	02/09/2012	250/500/100

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 Certificate Holder

URBAN COUNTY PROGRAM
 COUNTY OF HEDALCO
 100 E. GARD, 5TH FLOOR
 EDINBURG, TEXAS 79530

If any of the described policies are canceled before its expiration date, State Farm will try to mail a written notice to the certificate holder 30 days before cancellation. If however, we fail to mail such notice, no obligation or liability will be imposed on State Farm or its agents or representatives.

Signature of Authorized Representative: ARISTO GONZALEZ GARCIA 04/16/2011
 Title: OWNER
 Agent's Code Stamp: _____

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