



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/19/2011

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 Alamo Insurance Group 3201 Cherry Ridge Drive Suite D405 San Antonio TX 78230	CONTACT NAME: Emily Rodriguez PHONE (A/C, No. Ext): (210) 930-6665 E-MAIL ADDRESS: Erodriquez@alamoinsgrp.com	FAX (A/C, No.): (210) 930-1838
	INSURER(S) AFFORDING COVERAGE	
INSURED Godinez Communications 300 S. 8th Street McAllen TX 78501	INSURER A: The United States Liability Ins	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 2011/2012E & MASTER **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.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Professional Liability			SP1022568	8/18/2011	8/18/2012	\$1,000,000/\$1,000,000 Limit \$1,000 Deductible

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Certificateholder is hereby named as additional insured on professional liability as their interest may appear.

CERTIFICATE HOLDER Hidalgo County Attn: Evangelina Garcia 100 E. Cano 2nd 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 John McMahan/EMILY <i>Pat M. Maha</i>

Professional Liability Insurance Services, Inc.

2914 Cherokee Street, Suite A-1, Kennesaw, GA 30144

Phone 770 427 9577 Fax: 770 427 5218

800 713 9473 (Atlanta) 800 761 7547 (National)

<http://www.pliswholesale.com> E-mail info@pliswholesale.com

BINDER

Date: 8/19/2011

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(including cover)

Commission 15 %

To: Tommy Martin

Attn:

From: Betty Thompson

Regarding: **Godinez Communications**

Policy Period: From **8/18/2011** To **8/18/2012**

Thank you for your order to bind. We appreciate your business! We have bound the below coverage with **United States Liability Insurance Company** as policy number **SP 1022568**.

Specified Professions Errors & Omissions Liability

Limits	Deductible
\$1,000,000/\$1,000,000	\$1,000

Retroactive Date: 8/18/2011

Endorsements

CONSA Application
SP-210 (07-09) Retroactive Date Endt
SP-216 (07-09) Related Parties Excl. Endt
SP-224 (07-09) Additional Insured Endt

SP-GA (05-10) Georgia State Amendatory Endorsement
SP (07-09) Specified Professions Professional Liability
SP Jacket (09-10) Specified Professions Professional Liability

Policy To Follow Shortly

The United States Liability Insurance Group Rated A++ (Superior) by A.M. Best.