



Hidalgo County Purchasing Department
2812 S. Business Highway 281
New Administration Building
Edinburg, Texas 78539
(956) 318-2626 / Fax: (956) 318-2629

October 19, 2011

Breath Test Services

~~Attn: Mary Ann Peralez~~

Via Email: maryannp@rgvbts.com

4309 N. 10th Street, Ste. F4
McAllen, Texas 78504

Re: **Sixty Day Extension** To Extended Contract #E-10-404-12-07-Administer and Supervise Alcohol Services-Hidalgo County (*Original Contract C-08-447-01-06*)

Dear Ms. Peralez:

Commissioners' Court will take applicable action (Tuesday, November 1, 2011) in connection with the Hidalgo County's option to exercise the sixty (60) day grace period for the current contract in place while procurement process is completed and processed, *at the same rate, term and conditions.*

Please acknowledge receipt of this notice of placement on the Commissioners' Court meeting of Tuesday, November 1, 2011 for discussion, consideration and action, by signing below and returning to the Purchasing Department, on or before 11:00 a.m., Wednesday, October 26, 2011 and or sooner, via facsimile to (956) 956-318-2629 or email to: evangelina.garcia@co.hidalgo.tx.us so as to meet the agenda request form deadlines.

By:

Mary Ann Peralez

Date:

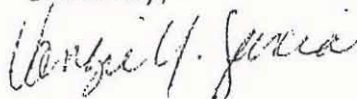
10-24-11

~~Additionally, please provide an updated certificate of insurance as required through Hidalgo County's Request for (Bid, Quote, Proposal, Statement of Qualification).~~

Our records show that your auto insurance is expired and needs to be updated, please forward in order to be in compliance.

Should you have any questions or require additional information, please do not hesitate to contact me at (956) 318-2626. Your cooperation in this matter is greatly appreciated and we hope your company continues its business relationship with Hidalgo County.

Sincerely,



Vangie Y. Garcia, Contract's Manager
Hidalgo County Purchasing Department

Customer name: RICARDO PERALEZ
MARY ANN PERALEZ
 Address: 1405 BETTY DR
 MISSION, TX 78572-4369
 Policy: 135 4198-E23-53B-001
 Status: BAL DUE NOTC SENT-REN
 INCLUDED

Company: SF Mutual
 Servicing Agent: JAMES NEWMAN
Eff date: 11-23-2011 to 05-23-2012
 Description: 2011 HONDA PILOT SPORT WG
 VIN: 5FNYF3H63BB055686
 SFPP #: POLICY NOT ON SFPP

Coverage Details

The premium amounts shown reflect a six-month policy term.

Code	Description	Amount
A	Liability	
	Bodily Injury Liability	129.68
	Limits of Liability-Coverage A	
	Each Person, Each Accident	
	\$300,000 \$300,000	
	Property Damage Liability	81.63
	Limits of Liability-Coverage A	
	Each Accident	
	\$500,000	
B2	Personal Injury Protection	52.21
	Limit of Liability-Coverage B2	
	Each Person \$10,000	
D1-500	Coverage for Damage to Your Auto	105.26
	Other Than Collision	
	\$500 Deductible	
D2-500	\$500 Deductible Collision	102.18
H40	Towing and Labor Costs (\$40 Per Disablement)	0.68
R35	Rental Reimbursement	22.14
	Limits of Liability	
	Any One Day Any One Period	
	\$35 \$1,050	
C	Uninsured/Underinsured Motorists	38.38
	Limits of Liability-C-Bodily Injury	
	Each Person, Each Accident	
	\$300,000 \$300,000	
Total:		532.16

Vehicle Details

Year: 2011
 Make: HONDA
 Model: PILOT
 Body Style: SPORT WG
 VIN: 5FNYF3H63BB055686

MSRP base: 0.00
MSRP additional equip: 0.00

Odometer Information

Odometer reading: 10
Odometer date: 08-2011

Additional Interests

Lienholders

AMERICAN HONDA FINANCE CORP
PO BOX 168008
IRVING TX 75016-8008

Additional Insured/Lessors

HIDALGO COUNTY PURCHASING DEPT
2812 S BUS HWY
EDINBURG TX 78539

Insurance Certificates

NONE

The information on this document is presented for general informational purposes only and is not intended to serve as a declaration page or policy.

State Farm Mutual Automobile Insurance Company, Bloomington, Illinois



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/7/2011

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 Ward Insurance Group 1801 Precinct Line Rd. Suite B Hurst, TX 76054 (817) 605-0065	CONTACT NAME: PHONE (A/C, No, Ext): 817-605-0065		FAX (A/C, No): 817-605-0084
	E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: 135851		
INSURED Mary Ann Peralez DBA Breath Test Services 4311 N. 10th St. Suite C MCALLEN, TX 78504	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: TEXAS ALL RISK INS. CO.		
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		

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.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY			PAC6817418	01/09/11	01/09/12	EACH OCCURRENCE	\$ 100,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY	\$ 100,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE	\$ 100,000
							PRODUCTS - COMP/OP AGG	\$ 100,000
								\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS							\$
	<input type="checkbox"/> NON-OWNED AUTOS							\$
								\$
	UMBRELLA LIAB						EACH OCCURRENCE	\$
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE	\$
	<input type="checkbox"/> DEDUCTIBLE							\$
	<input type="checkbox"/> RETENTION \$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS	OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N					E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
E	Professional Liability			330108084495A	01/09/11	01/09/11	\$1,000,000	

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

CERTIFICATE HOLDER**CANCELLATION**

Hidalgo County	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 Tom Ward

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