

To: Monica Bodello

From: Betty Bonifacio, President
Edinburg Chamber of Commerce
(956) 383-4974

Subject: Request Letter

Pays: 4



P.O. Box 85 / 602 W. University
Edinburg, TX 78540
(956) 383-4974

October 21, 2011

Honorable Judge Ramon Garcia
Hidalgo County Courthouse
100 E. Cano
Edinburg, TX 78539

Dear Judge Garcia:

On behalf of the Edinburg Chamber of Commerce, I would like to request permission to use the county square for the Night of Lights Parade on Saturday, December 3rd at 6:30 p.m. The participants will start lining up at 4:45 p.m. The parade is scheduled to begin at the county square and travel West on University ending at the Edinburg Professional Baseball Stadium.

Thank you in advance for your cooperation and for your continued support throughout the years. I am also attaching the certificate of liability insurance. If you have any questions, please call me at 383-4974.

Sincerely,

A handwritten signature in black ink that reads "Letty Gonzalez". The signature is written in a cursive, flowing style.

Letty Gonzalez
President

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, Aurora, Ontario
- State Farm Florida Insurance Company, Winter Haven, Florida
- State Farm Lloyds, Dallas, Texas

insures the following policyholder for the coverages indicated below:

Policyholder **Edinburg Chamber Of Commerce**
 Address of policyholder **P.O. Box 85, Edinburg TX 78540**
 Location of operations **602 W University, Edinburg TX 78539**
 Description of operations _____

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	
		Effective Date	Expiration Date	(at beginning of policy period)	
90-KK-5536-8 L	Comprehensive Business Liability	11/17/10	11/17/11	BODILY INJURY AND PROPERTY DAMAGE	
This insurance includes:		<input checked="" type="checkbox"/> Products - Completed Operations <input checked="" type="checkbox"/> Contractual Liability <input checked="" type="checkbox"/> Personal Injury <input checked="" type="checkbox"/> Advertising Injury <input checked="" type="checkbox"/> Medial <input type="checkbox"/> _____ <input type="checkbox"/> _____		Each Occurrence	\$ 1,000,000.00
				General Aggregate	\$ 2,000,000.00
				Product - Completed Operations Aggregate	\$ 2,000,000.00
Policy Number	EXCESS LIABILITY	Effective Date	Expiration Date	BODILY INJURY AND PROPERTY DAMAGE (Combined Single Limit)	
	<input type="checkbox"/> Umbrella <input type="checkbox"/> Other			Each Occurrence	\$
				Aggregate	\$
Policy Number	Workers' Compensation and Employers Liability	Effective Date	Expiration Date	Part I - Workers Compensation - Statutory Part II - Employers Liability	
				Each Accident	\$
				Disease - Each Employee	\$
				Disease - Policy Limit	\$
Policy Number	Type of Insurance	Effective Date	Expiration Date	Limits of Liability (at beginning of policy period)	

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 Certification Holder

County of Hidalgo
 100 E. Cano St.
 Edinburg, Texas 78539

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

Sam Saldivar by Veronica Ortiz
 Signature of Authorized Representative

Agent/LSA6 **10/21/11**
 Title Date

Sam Saldivar
 Agent Name

Telephone Number **(956) 383-4312**

Agent's Code Stamp	S. Saldivar	63-8269
Agent Code	RGV	F116
AFO Code		106399.10 08-25-2009

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, Aurora, Ontario
- State Farm Florida Insurance Company, Winter Haven, Florida
- State Farm Lloyds, Dallas, Texas

insures the following policyholder for the coverages indicated below:

Policyholder **Edinburg Chamber Of Commerce**
 Address of policyholder **P.O. Box 85, Edinburg TX 78540**
 Location of operations **602 W University, Edinburg TX 78539**
 Description of operations _____

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	
		Effective Date	Expiration Date	(at beginning of policy period)	
90-KK-6636-B L	Comprehensive Business Liability	11/17/11	11/17/12	BODILY INJURY AND PROPERTY DAMAGE	
	This insurance includes:			Each Occurrence	\$ 1,000,000.00
	<input checked="" type="checkbox"/> Products - Completed Operations			General Aggregate	\$ 2,000,000.00
	<input checked="" type="checkbox"/> Contractual Liability			Product - Completed Operations Aggregate	\$ 2,000,000.00
	<input checked="" type="checkbox"/> Personal Injury				
	<input checked="" type="checkbox"/> Advertising Injury				
	<input checked="" type="checkbox"/> Medical				
	<input type="checkbox"/> _____				
	<input type="checkbox"/> _____				
Policy Number	EXCESS LIABILITY	Policy Period		BODILY INJURY AND PROPERTY DAMAGE	
	<input type="checkbox"/> Umbrella	Effective Date	Expiration Date	(Combined Single Limit)	
	<input type="checkbox"/> Other			Each Occurrence	\$
				Aggregate	\$
Policy Number	Workers' Compensation and Employers Liability	Policy Period		Part I - Workers Compensation - Statutory	
		Effective Date	Expiration Date	Part II - Employers Liability	
				Each Accident	\$
				Disease - Each Employee	\$
				Disease - Policy Limit	\$
Policy Number	Type of Insurance	Policy Period		Limits of Liability	
		Effective Date	Expiration Date	(at beginning of policy period)	

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 Certification Holder

County of Hidalgo
 100 E. Cano St.
 Edinburg, Texas 78539

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

Sam Saldivar by Veronica Ochoa
 Signature of Authorized Representative

Agent/LSA# _____ **10/21/11**
 Title _____ Date

Sam Saldivar
 Agent Name
 Telephone Number **(956) 383-4312**

Agent's Code Stamp
 Agent Code **S. Saldivar** **53-8269**
 AFO Code **RGV** **F116**
 106399.10 08-28-2008