



FAX TRANSMISSION

McGRIFF, SEIBELS & WILLIAMS, INC.

PUBLIC ENTITY DIVISION

404 E. RAMSEY RD., #108 SAN ANTONIO, TX 78216

PHONE - 210/695-8582 FAX - 210/695-8583 E-MAIL - SSHOEMAKE@MCGRIFF.COM

Date: November 9, 2011

Page(s): Four (4)

To: Yvette S. Islas, Buyer III
Hidalgo County Purchasing Dept.

Fax #: 956-318-2629

From: Susan Shoemake

Re: Excess Workers' Compensation Insurance -- Extension
RFP: 2010-267-10-27-OTM

" The information contained in this FAX is confidential and/or privileged. This FAX is intended to be reviewed initially by only the individual named above. If the reader of this TRANSMITTAL PAGE is not the intended recipient or a representative of the intended recipient, you are hereby notified that any review, dissemination or copying of this FAX or the information contained herein is prohibited. If you have received this FAX in error, please immediately notify the sender by telephone and return this FAX to the sender at the above address. Thank you "

The recipient of this facsimile is entitled to request that the sender not send future unsolicited facsimile advertisements. The request must be returned by facsimile to the sender. Failure to comply with the request within 30 day is unlawful.

By checking this box, recipient requests not to receive future unsolicited facsimile advertisements.

Please find enclosed the signed Extension along with the requested Certificates of Insurance. We appreciate the opportunity to continue servicing your insurance needs!

Thank-you!

McGriff, Seibels & Williams, Inc.

Susan Shoemake, CPCU, ARM

Senior Account Manager

Encl(s)



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

November 03, 2011

McGriff, Seibles & Williams of Texas Inc.
Attn: Mr. Johnny Fontenot
5080 Spectrum Drive, Suite 900E
Addison, Texas 75001

Re: P-10-267-11-30
Hidalgo County-Excess Workers' Compensation Insurance
(RFP No: 2010-267-10-27-OTM)

Dear Sir:

Hidalgo County Purchasing Department will be requesting Commissioners' Court to consider the County's option to exercise an extension as provided in the current contract (under the same rates, terms and conditions). Please acknowledge receipt of this notice of placement on the Commissioners' Court meeting 11/22/11 for discussion, consideration and action, by signing below and returning to the Purchasing Department, by no later than 11:00 am Thursday, November 10, 2011 via facsimile to (956) 956-292-7612 or email to: yvette.islas@co.hidalgo.tx.us so as to meet the agenda request form deadlines.

By: _____

Date: 11-3-11

Additionally, we are requesting your company provide an updated certificate of insurance as required through Hidalgo County's Request for Bid, Quote, Proposal, or Statement of Qualification.

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,

Yvette S. Islas,
Buyer III
Hidalgo County Purchasing Department



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/8/2011

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 BB&T Insurance Services, Inc. Risk Management Department PO Box 5318 Asheville NC 28813	CONTACT NAME: Nila Swink	
	PHONE (A/C, No, Ext): 828-277-3917	FAX (A/C, No): 888-632-4250
	E-MAIL ADDRESS: nswink@bbandt.com	
	PRODUCER CUSTOMER ID #: 01BBTMAIN	
	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED BB&T Corporation and Subsidiaries c/o BB&T Insurance Services Inc. PO Box 5318 Asheville NC 28813	INSURER A: Hartford Fire Insurance Company	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 1934081279

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 <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			22UENHS9258	5/1/2011	5/1/2012	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			22UENHS9259	5/1/2011	5/1/2012	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 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 DEDUCTIBLE RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	22WNMS9256	5/1/2011	5/1/2012	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101. Additional Remarks Schedule. If more space is required)
 McGriff, Seibels & Williams, Inc. is a wholly owned subsidiary of BB&T.

CERTIFICATE HOLDER**CANCELLATION**

Hidalgo County Purchasing Depart. 2812 S Business Hwy 281 New Administration Bldg Edinburg TX 78539-0000	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 <i>Nila S. Swink</i>


© 1988-2009 ACORD CORPORATION. All rights reserved.



PURCHASING DEPARTMENT
County Of Hidalgo

MEMORANDUM

TO: Flora Vasquez,
Employee Benefits Division Director

FROM: Yvette Islas, Buyer 
Hidalgo County Purchasing Department

DATE: November 01, 2011

RE: P-10-267-11-30
Excess Workers Compensation Insurance - Renewals

The agreement for the above listed project gives us the option to renew for an additional two (2) one (1) year terms under the same rates, terms, and conditions.

Please let me know if you recommend renewing for the first one (1) year term.

Please respond via e-mail or memo for record keeping purposes.

Thank you.

From: flora.vazquez
To: "Yvette Islas"
Subject: RE: excess workers comp insurance - renewal
Date: Thursday, November 03, 2011 10:10:43 AM

Good morning Yvette.

If all is in order and no conflict from Comm. Court, I am recommending that we renew as per attached notice.

From: Yvette Islas [mailto:yvette.islas@co.hidalgo.tx.us]
Sent: Tuesday, November 01, 2011 10:27 AM
To: flora.vazquez@co.hidalgo.tx.us
Subject: excess workers comp insurance - renewal

Good morning Flora,

Hope all is well, please see attached.

Yvette S. Islas
Hidalgo County Purchasing Department
2812 S. Business Highway 281
Edinburg, Texas 78539
956-318-2626