



December 29, 2011


Hidalgo County Safety Division
Attn: Aida Alvarez
P.O. Box 1356
Edinburg, Texas 78540

RE: Name: Jose Salas
Claim No.: 10283246
Date of Loss: 04/04/2010

Dear Aida

Please find enclosed the reimbursement check from Travelers Insurance.
Please call me if any questions.

Sincerely,



David Guerrero
Sr. Examiner
(210) 404-0400 Ext. 2914

P.O. Box 5228 • Janesville, WI 53547-5228
Tel: (210) 404-0400 Fax: (210) 404-0429

THE TRAVELERS - SAN ANTONIO CL CLAI
P.O. BOX 65100
SAN ANTONIO TX 78265

896D 79473169

SA02973

TRAVELERS 

DATE: 12/19/11
LOSS DATE: 04/04/10
FILE NUMBER: 234 LR EJN2640 E

TRISTAR RISK MANAGEMENT, ATTN
DAVID GUERRERO
70 N.E. LOOP 410, SUITE 8
SAN ANTONIO TX 78216

CLAIMANT:
JOSE SALAS

ACCOUNT NAME:
HIDALGO COUNTY, TEXAS, ETAL

ST. PAUL FIRE AND MARINE

EXPLANATION OF PAYMENT

PROFESSIONAL LIABILITY \$34946.07
TOTAL PAID \$34946.07

REIMBURSEMENT FOR AMOUNTS PAID OVER SIR
REIMBURSEMENT FOR AMO UNTS PAID OVER SIR


FOR ADDITIONAL INFORMATION, CONTACT: NICOLYN HARRIS AT (210)525-3650

353002988
DETACH CHECK

UNSUM 12/19/11
DETACH CHECK

THIS DOCUMENT HAS A RED BACKGROUND - BORDER CONTAINS MICRO PRINTING AND AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

Citibank, N.A.
One Penns Way
New Castle DE 19720

TRAVELERS 
P.O. BOX 65100
SAN ANTONIO TX 78265
(210)525-3650

896D 79473169

62-20
311

DATE 12/19/11 ACCOUNT NUMBER J99 FILE NUMBER 234 LR EJN2640 E

VOID IF NOT PRESENTED WITHIN ONE YEAR AFTER DATE OF ISSUE

THIRTY FOUR THOUSAND NINE HUNDRED FORTY SIX AND 07/100

PAY: \$***34,946.07

PAY TO THE ORDER OF HIDALGO COUNTY
100 N. CLOSNER
EDINBURG TX 78539

Maria Olivo
AUTHORIZED SIGNATURE

005981
SA02973

⑈ 79473169 ⑈

⑈ 031100209⑈

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