



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/03/12

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).

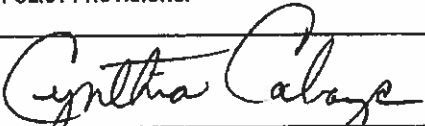
| | | | |
|--|--|---|------------------------------------|
| PRODUCER Shepard Walton King Ins. Group 121 W. Pecan McAllen, TX 78501 Cynthia Cabaza, CIC | 956-682-2841 956-630-4015 | CONTACT NAME: Nancy Olmedo PHONE (A/C, No, Ext): 956-682-2841 E-MAIL ADDRESS: nolmedo@swkins.com | FAX (A/C, No): 956-630-4015 |
| | INSURER(S) AFFORDING COVERAGE | | NAIC # |
| INSURED Guzman & Munoz Engineering and Surveying, Inc. 2020 E Expressway 83 Mercedes, TX 78570 | INSURER A: Assurance Company of America | | 22945 |
| | INSURER B: Texas Mutual Insurance Co. | | |
| | 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 SUBR INSR | 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 | X | X | PAS00521791 | 01/13/12 | 01/13/13 | EACH OCCURRENCE \$ 1,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 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 | UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE | | | PAS00521791 | 01/13/12 | 01/13/13 | COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ |
| | DED <input checked="" type="checkbox"/> RETENTION \$ 0 | | | | | | EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000 |
| B | 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 | X | TSF0001218030 | 11/09/11 | 11/09/12 | <input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Additional insured form CG2010 07/04. Waiver of Transfer form CG2404 05/09. Waiver of our Right to recover from others form WC420304A(1/00)

| | |
|--|---|
| CERTIFICATE HOLDER HIDCOED Hidalgo County 2812 So. Bus Hwy 281 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 Cynthia Cabaza, CIC  |
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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, Scarborough, Ontario
- STATE FARM FLORIDA INSURANCE COMPANY, Winter Haven, Florida
- STATE FARM LLOYDS, Dallas, Texas

insures the following policyholder for the coverages indicated below:

Name of policyholder GUZMAN & MUNOZ ENGINEERING AND SURVEYING, INC.
 Address of policyholder 2020 E. EXPRESSWAY 83
MERCEDES, TX 78570
 Location of operations _____
 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 (at beginning of policy period) |
|--------------------------|--|----------------|-----------------|---|
| | | Effective Date | Expiration Date | |
| This insurance includes: | Comprehensive Business Liability | | | BODILY INJURY AND PROPERTY DAMAGE |
| | <input type="checkbox"/> Products - Completed Operations <input type="checkbox"/> Contractual Liability <input type="checkbox"/> Underground Hazard Coverage <input type="checkbox"/> Personal Injury <input type="checkbox"/> Advertising Injury <input type="checkbox"/> Explosion Hazard Coverage <input type="checkbox"/> Collapse Hazard Coverage <input type="checkbox"/> <input type="checkbox"/> | | | Each Occurrence \$ General Aggregate \$ Products - Completed Operations Aggregate \$ |
| | EXCESS LIABILITY | | | BODILY INJURY AND PROPERTY DAMAGE (Combined Single Limit) |
| | <input type="checkbox"/> Umbrella <input type="checkbox"/> Other | | | Each Occurrence \$ Aggregate \$ |
| | Workers' Compensation and Employers Liability | | | Part 1 STATUTORY Part 2 BODILY INJURY Each Accident \$ Disease Each Employee \$ Disease - Policy Limit \$ |
| POLICY NUMBER | TYPE OF INSURANCE | POLICY PERIOD | | LIMITS OF LIABILITY (at beginning of policy period) |
| | | Effective Date | Expiration Date | |
| 0690360B09-53 | AUTO | 02/09/12 | 08/09/12 | ABI/250/500/100 |

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.
 CERTIFICATE HOLDER LISTED AS ADDITIONAL INSURED

Name and Address of Certificate Holder

HIDALGO COUNTY ATTN: PURCHASING DEPT
 2812 SOUTH BUSINESS HWY 281
 EDINBURG, TX 78539

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

Signature of Authorized Representative [Signature]
 AGENT
 Title _____ Date 02/02/2012

Agent's Code Stamp
Aliborio Saenz Insurance Agency
 AFO Code _____
 200 W. Exp. 83 Suite 020
 San Juan, TX 78589