

Edinburg Chamber of Commerce

602 W. University Dr./P.O. Box 85
Edinburg, TX 78540
Phone: 956-383-4974
Fax: 956-383-6942



Fax Transmittal Form

To **Name:** Monica Bodillo **From:** Letty Gonzalez
Organization Name/Dept: _____
Phone number: _____ **Phone:** 956-383-4974
Fax number: _____ **Fax:** 956-383-6942

Urgent **Date sent:** _____
For Review **Time sent:** _____
Please Comment **Number of pages including cover page:** 2
Please Reply

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Message:

Thank you Monica. I will be at meeting if everything goes o.k. :-)

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: <ul style="list-style-type: none"> <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"/> Medical 			Each Occurrence	\$ 1,000,000.00	General Aggregate
Policy Number	EXCESS LIABILITY	Effective Date	Expiration Date	BODILY INJURY AND PROPERTY DAMAGE (Combined Single Limit)		
	<input type="checkbox"/> Umbrella			Each Occurrence	\$	
	<input type="checkbox"/> Other			Aggregate	\$	
Policy Number	Type of Insurance	Effective Date	Expiration Date	Part I - Workers Compensation - Statutory		
	Workers' Compensation and Employers Liability			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 Ota
 Signature of Authorized Representative

Agent/LSA5 10/21/11
 Title Date

Sam Saldivar

Agent Name

Telephone Number (956) 383-4312

Agent's Code Stamp

Agent Code S. Saldivar 63-8269
 AFO Code RGV F116