



# Certificate of Coverage

<b>TML-IRP Contract Number:</b> 9460	<b>Company Affording Coverage:</b> Texas Municipal League Intergovernmental Risk Pool PO Box 149194 Austin, TX 78714-9194 (512) 491-2300 or (800) 537-6655 Fax: (512) 491-2404
<b>Member:</b> Edinburg Ms Kathy Jo Almendarez HR Director PO Box 1079 Edinburg, Texas 78540-1079	

**Certificate Holder:**

County of Hidalgo  
2818 S Business Hwy 281  
Edinburg, Texas 78539

This is to certify that the coverages listed below have been provided to the member and are in effect at this time. Notwithstanding any requirements, terms, or conditions of any other contract or agreement with respect to which this certificate may be issued or may pertain, the coverage afforded by the Texas Municipal League Intergovernmental Risk Pool (TML-IRP) described herein is subject only to the terms, exclusions and additions of TML-IRP's coverage contracts between TML-IRP and its member(s). Coverage is continuous until canceled.

<b>General Liability</b> Effective Date: 10/1/2012 Anniversary Date: 10/1/2013 Limits of Liability (Each Occurrence): \$2,000,000 Sudden Events Involving Pollution (Each Occurrence): \$2,000,000 Annual Aggregate: \$4,000,000 Deductible per Occurrence: \$5,000 <b>Law Enforcement Liability</b> Effective Date: _____ Anniversary Date: _____ Limits of Liability (Each Occurrence): _____ Annual Aggregate: _____ Deductible per Occurrence: _____ <b>Errors and Omissions Liability</b> Effective Date: _____ Anniversary Date: _____ Limits of Liability (Each Wrongful Act): _____ Annual Aggregate: _____ Deductible per Occurrence: _____ <b>Auto Liability</b> Effective Date: _____ Anniversary Date: _____ Limits of Liability (Each Occurrence): _____ Deductible per Occurrence: _____ <b>Auto Physical Damage</b> Effective Date: _____ Anniversary Date: _____ Limits of Liability: _____ Collision Deductible: _____ Comprehensive Deductible: _____ Loss Payee: <table style="display: inline-table; border: none;"><tr><td style="width: 50px; text-align: center;">Yes</td><td style="width: 50px; text-align: center;">No</td></tr></table>	Yes	No	<b>Real &amp; Personal Property</b> Effective Date: _____ Anniversary Date: _____ Limits of Coverage: _____ Deductible per Occurrence: _____ <b>Mobile Equipment</b> Effective Date: _____ Anniversary Date: _____ Limits of Coverage: _____ Deductible per Occurrence: _____ <b>Boiler &amp; Machinery - Broad Form</b> Effective Date: _____ Anniversary Date: _____ Per Accident Limit: _____ Deductible per Occurrence: _____ <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"></td> <td style="width: 20%; text-align: center;">Yes</td> <td style="width: 20%; text-align: center;">No</td> </tr> <tr> <td style="text-align: right;">Mortgagee</td> <td style="border: 1px solid black; width: 20px;"></td> <td style="border: 1px solid black; width: 20px;"></td> </tr> <tr> <td style="text-align: right;">Loss Payee</td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;"></td> </tr> <tr> <td style="text-align: right;">Loan Number:</td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;"></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 60%;">Year/Make/Model</th> <th style="width: 20%;">VIN</th> <th style="width: 20%;">Value</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>		Yes	No	Mortgagee			Loss Payee			Loan Number:			Year/Make/Model	VIN	Value																														
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**DESCRIPTION:**  
Confirmation of coverage for use of Town Square Parking Lot for EPARD and All-American City 10-K Run/Walk. General Liability Coverage is primary.

*Cancellation:* Should any of the above described coverages be canceled before the anniversary date thereof, TML-IRP will endeavor to mail 30 days written notice to the above named certificate holder, but failure to mail such notice shall impose no obligation or liability of any kind upon TML-IRP.

**Authorized Representative** Winda Stanso **Date Issued** 10/12/2012

X102  
10/15/08