

**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 \_\_\_\_\_  
 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 (at beginning of policy period)	
		Effective Date	Expiration Date		
90-KK-5536-8 L	Comprehensive	11/17/2012	11/17/2013	BODILY INJURY AND PROPERTY DAMAGE	
	Business Liability.				
This insurance includes:				Each Occurrence	\$ 1,000,000.00
<input type="checkbox"/> Products - Completed Operations				General Aggregate	\$ 2,000,000.00
<input type="checkbox"/> Contractual Liability				Product - Completed Operations Aggregate	\$ 2,000,000.00
<input type="checkbox"/> Personal Injury					
<input type="checkbox"/> Advertising Injury					
Policy Number	EXCESS LIABILITY	Policy Period		BODILY INJURY AND PROPERTY DAMAGE (Combined Single Limit)	
	<input type="checkbox"/> Umbrella	Effective Date	Expiration Date	Each Occurrence	\$
	<input type="checkbox"/> Other			Aggregate	\$
Policy Number	Type of Insurance	Policy Period		Part I - Workers Compensation - Statutory	
	Workers' Compensation and Employers Liability	Effective Date	Expiration Date	Part II - Employers Liability	
				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		

**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

**ADDITIONAL INSURED:**

**COUNTY OF HIDALGO  
 100 E CANO ST  
 EDINBURG, TX 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 \_\_\_\_\_ 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.

*[Signature]*  
 Signature of Authorized Representative  
**AGENT** **11/05/12**  
 Title Date  
**SAM SALDIVAR**  
 Agent Name  
 Telephone Number **(956) 383-4312**

Agent's Code Stamp  
 Agent Code **53/8259**  
 AFO Code **F116**