



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 78639**
 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 Business Liability	11/17/2012	11/17/2013	BODILY INJURY AND PROPERTY DAMAGE
	This insurance includes: <ul style="list-style-type: none"> <input type="checkbox"/> Products - Completed Operations <input type="checkbox"/> Contractual Liability <input type="checkbox"/> Personal Injury <input type="checkbox"/> Advertising Injury 			Each Occurrence \$ 1,000,000.00 General Aggregate \$ 2,000,000.00 Product - Completed Operations Aggregate \$ 2,000,000.00
Policy Number	EXCESS LIABILITY	Effective Date	Expiration Date	BODILY INJURY AND PROPERTY DAMAGE (Combined Single Limit)
	<input type="checkbox"/> Umbrella <input type="checkbox"/> Other			Each Occurrence \$ Aggregate \$
Policy Number	Type of Insurance	Effective Date	Expiration Date	Part I - Workers Compensation - Statutory Part II - Employers Liability
	Workers' Compensation and 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

ADDITIONAL INSURED:

**COUNTY OF HIDALGO
 100 E CANO ST
 EDINBURG, TX 78639**

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.

Sam Saldivar
 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**