

# **EXHIBIT “A”**

## **Specifications/Requirements**

### **REQUEST FOR BIDS (RFB) PROCUREMENT PACKET**

**EXHIBIT "A"**  
**SPECIFICATIONS/REQUIREMENTS**  
**Hidalgo County Health and Human Services**  
**"ADDITIONAL LABORATORY SERVICES"**  
**BID NO.:2013-040-02-13-CGA**

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Hidalgo County is requesting bidder(s) from firms that can adequately demonstrate that they have the resources, experience and qualifications necessary to provide "**Laboratory Services**" in a timely manner; ensure that such services meet the County Health Department; ensure quality, yet be cost effective.

The following are the minimum requirements and/or specifications that will be acceptable to the Hidalgo County. These requirements and/or specifications must be **equal or better**, including, but not limited to, the following:

**SPECIFICATIONS/REQUIREMENTS, TERMS AND CONDITIONS**

- 1) All costs and expenses associated with the preparation and submission of bids shall be the responsibility of the bidder and no reimbursement for such charges or expenses shall be passed onto Hidalgo County.
- 2) Hidalgo County has the authority to utilize State Contracts from its membership with their existing or new cooperatives whenever it is in the County's best interest to do so.
- 3) All services will be on an "**As Needed Basis**", there are no set quantities to be requested only approximations.
- 4) The initial contract term for this project will be effective upon approval of contract by Commissioner's Court and ending on November 29, 2013, with the County's option to extend for an additional one (1) year term.
- 5) Hidalgo County reserves the right to continue this bid for an additional sixty (60) day grace period, under the same rates, terms and conditions at the end of the contract term for unforeseen delays in award of new bid for the next contract term.
- 6) Insurance requirements for this project to be maintained throughout the contract term (Refer to limits on the EXHIBIT "C" for limits).
- 7) Hidalgo County reserves the right to award to one (1) or multiple vendors whichever is more valuable to the County.
- 8) All bid prices for items shall take into consideration shipping and handling costs and any other items mentioned on specifications as part of the fixed item price.
- 9) Hidalgo County reserves the right to add/delete items as it deems to be in the best interest of the County.
- 10) Specimens will be collected by Hidalgo County Staff.
- 11) Provide at least one (1) accessible lab location to refer patients for collection if specimen cannot be collected by Hidalgo County staff (i.e. Edinburg). Laboratory will be responsible for delivery/processing of such specimens when necessary.
- 12) Electronic Lab results are required.

- 13) All certificates, licenses, etc. for laboratory to operate in the State of Texas are required and copies must be submitted with bid. ***(Including but not limited to Clinical Laboratory Improvement Amendment (CLIA) 1988 certification)***
- 14) All supplies must be provided to Hidalgo County for all required testing and results must be available and provided within 24 hours.
- 15) Lab must schedule and provide pick up services for all specimens from each facility listed below. Hidalgo County reserves the right to add or delete locations as it deems in the best interest of the County.

<b>LOCATIONS/CLINICS</b>	
<b>HIDALGO COUNTY HEALTH &amp; HUMAN SERVICES</b>	
<b>1)</b>	Edinburg Clinic 3105 E Schunior Edinburg, TX 78539 Phone: (956) 318-2040 Supervisor: Lila De Leon, R.N.
<b>2)</b>	Elsa Clinic 708 Edinburg St. Elsa, Texas 78543 Phone: (956)262-1141 Supervisor: Laura Reyes, R.N.
<b>3)</b>	Hidalgo Clinic 702 E. Texano Hidalgo, Texas 78557 Phone: (956)843-7463 Supervisor: Cecilia Lopez, R.N.
<b>4)</b>	McAllen Clinic 300 E. Hackberry McAllen, Texas 785001 Phone: (956)682-6155 Supervisor Norma Garza, R.N.
<b>5)</b>	Mission Clinic 211 N. Schurebach Road Mission. Texas 78572 Phone: (956)585-2461 Supervisor: Victoria Garza, R.N.
<b>6)</b>	Pharr Clinic 300 W. Hall Acres Pharr, Tx. 78577 Phone: (956)787-1531 Supervisor: Lilia Velasco, R.N.
<b>7)</b>	Weslaco Clinic 1901 N. Bridge Weslaco, Texas 78596 Phone: (956)969-8332 Supervisor: Elva Murphy, R.N.
<b>8)</b>	Pulmonary Clinic (South Entrance) 1304 South 25 <sup>th</sup> Ave Edinburg, Texas 78542 Phone: (956)387-0118 Supervisor: Gloria Salinas, R.N., TB Program Manager

## **SERVICES REQUIRED:**

The vendor shall provide qualified and trained personnel and certified licensed facilities for the laboratory services. Laboratory testing services shall; include, but is not limited to the following services:

1. ABO and Rh
2. Affirm (Trich, G. Vaginalis, Candida)
3. Antibody Screen RBC w/Reflex to identification, Titer and Antigen Typing; X# of panels performed; X# of titers performed; X# of antigens performed
4. AFB Smear and Culture w/ Susceptibilities
5. Aspergillosis Immunodiffusion
6. Acute Hepatitis Panel
7. B <sub>12</sub> and Folate.
8. Bacterial Vaginosis/Vaginitis Panel
9. CBC w Diff w/ Platelets
10. CBC w Diff w/o Platelets
11. CD4 Count
12. Chlamydia/GC DNA, SDA Probe/Urine w/confirmation on positives
13. Chlamydia/GC DNA, SDA CX Male/Urethra Probe/Urine/ confirmation on positives
14. Chlamydia/GC (out of vial)
15. Cholesterol Total
16. Complete Metabolic Panel
17. Creatinine
18. 24hr. Creatinine Clearance
19. Culture (& Sensitivity)- Wound
20. Fecal Globin by Immunochemistry (FOB)
21. Ferritin
22. FSH and LH
23. Fungus Culture
24. Fungal CF Panel
25. Glucose Plasma
26. Glucose Serum
27. Glucose Gestational Screen 50 Gram
28. Glucose Tolerance Test (GTT), Gestational 4 specimens 100 grams
29. Group B Strep Colonization Culture/DNA Probe
30. HCG, Beta Subunit, qualitative
31. HCG, Beta Subunit, quantitative
32. Hdl-Cholesterol
33. Hemoglobin A1C w/MBG
34. Hepatitis B Surface Antibody
35. Hepatitis B Surface Antigen with confirmation
36. HIV-1 Antibodies (HIV Antibody, HIV-1/2m EIA w/Reflex)
37. HIV Western Blot, if HIV positive
38. HIV-2 Antibody EIA if Western Blot positive
39. HIV-2 Antibody Western Blot if HIV-2 Antibody EIA if positive
40. H. Pylori (serum)
41. HPV Genotypes 16, 18
42. HPV High Risk
43. HSV ½
44. Lead

45. Lipid Panel
46. Maternal Serum Screen 4 (Quad) (age, hcG, UE3, DIA, ITA)
47. Maternal Serum Screen 5 (Penta)
48. Ova and Parasites
49. Prenatal (OB) Panel Total of 11 tests which include Hept. B, HIV, RPR, & Rubella
50. Prolactin
51. Prothrombin Time (PT)
52. PSA
53. PTT Activated
54. RPR Titer
55. RPR with reflex to titer & confirmatory testing
56. RPR (Monitor) with Reflex to Titer (without confirmations)
57. RPR (DX) Reflex FTA-ABS
58. Rubella Antibodies, IgG
59. Surpath (liquid pap smear)
60. Surpath Pathology if pap smear abnormal
61. Surpath with CT/GC (out of the vial)
62. Testosterone
63. Total Iron and TIBC
64. Triglycerides
65. TSH
66. TSH with Reflex to Free T4
67. Urine, complete
68. Urine Culture (& Sensitivity), Routine
69. Uric Acid

**ADDITIONAL INFORMATION:**

Hidalgo County is requesting that any and all questions, inquiries and clarifications regarding quotes, bids, proposals or statements of qualifications be addressed to Martha L. Salazar. CPPB, Physical: 2802 S. Business Hwy. 281 Postal/Mailing: 2812 S. Business Hwy. 281, New Administration Building, Edinburg, Texas 78539. **TELEPHONE INQUIRIES WILL NOT BE ACCEPTED.**

**ALL WRITTEN INQUIRIES WILL BE ACCEPTED via facsimile (956)292-7612 or via e-mail to: [cris.villarreal@co.hidalgo.tx.us](mailto:cris.villarreal@co.hidalgo.tx.us) by no LATER THAN, Wednesday, February 6, 2013 by 5:00 p.m. Responses to said inquiries will be sent to all applicants via facsimile by no later than Friday, February 8, 2013 by 5:00 p.m. TELEPHONE INQUIRIES WILL NOT BE ACCEPTED.**

**EXHIBIT "B"**

**VENDOR'S BID PAGE**

OPENED  
Witnessed  
*q.h.b*  
*El-Dee*

**EXHIBIT "B"**  
**Bid Page**  
 Hidalgo County Health and Human Services  
 "Additional Laboratory Services"  
 RFB No. 2013-040-020-13-CGA-Exhibit B

Item #	Diagnostic Procedure	Test Description	QUEST Test Code	QUEST Price
1	ABO and RH	ABO Group & Rh Type	7788	\$4.05
2	Affirm (Trich, G. Vaginalis, Candida)	Bacterial Vaginosis/Vaginitis Panel	14577	\$54.00
3	Antibody Screen RFC w/Reflex to identification, Titer and Antigen Typing; X# of panels performed; X# of titers performed; X# of antigens performed	Antibody Screen, RBC with Reflex to Identification, Titer and Antigen Typing - If Antibody Screen is positive, the 3 items (*) below will be performed at an additional charge	795	\$4.10
	REFLEX TO ABOVE ITEM #3	*Anibody Identification (price multiplied by # performed)	5149	\$41.00
	REFLEX TO ABOVE ITEM #3	*Titer (price multiplied by # performed)	36203	\$3.75
	REFLEX TO ABOVE ITEM #3	*Antigen Typing (price multiplied by # performed)	37429	\$15.00
4	AFB Smear and Culture w/Susceptibilities	AFB Primary Susc Mic	1138	\$50.00
5	Aspergillosis Immunodiffusion	Aspergillus Antibodies, Immunodifrusion	20341	\$23.00
6	Acute Hepatitis Panel	Hepatitis Panel, Acute with Reflex Confirmation at an addit'l charge* -This panel Includes: Hep A IGM AB, Hep B Core IGM AB, Hep B Surf AG w/Conf, Hep C AB	10306	\$47.00
	REFLEX TO ABOVE ITEM #6	*If Hep B Surface Antigen is positive, then Reflex Confirmation will be performed at addit'l charge	36204	\$11.00
7	B12 and Folate	Vit B12 and Folate Panel, Serum	7065	\$15.00
8	Bacterial Vaginosis/Vaginitis Panel	Bacterial Vaginosis/Vaginitis Panel	14577	\$54.00
9	CBC w Diff w/Platelets	CBC(incl. Differential and Platelets)	6399	\$2.75
10	CBC w Diff w/o Platelets	N/A, but we do offer the one listed below**	N/A	N/A

OPENED

9.40

2-20-13

Witnessed

Jg

		**CBC (H/H, RBC, Indices, WBC, Plt) which incl. WBC, RBC, Hemoglobin, Hematocrit, MCV, MCH, MCHC, RDW, & Platelet Count	1759	\$2.70
11	CD4 Count	CD4 Count is only found in Lymph Subsets, smallest Subset that includes CD4 Count is noted below***	N/A	N/A
	Substitute for Item #11	***Lymphocyte Subset Panel 5 - Includes Absolute Lymphocytes, Percentage CD4 & Absolute CD4	8360	\$31.00
12	Chlamydia/GC DNA Probe, SDA Probe/Urine w/confirmation on positives	Chlamydia Trachomatis/Neisseria gonorrhoeae DNA, SDA (Urine/Endocervical/Urethra I/Vaginal Swab)	17305	\$35.00
13	Chlamydia/GC DNA, SDA CX Male/Urethra Probe w/confirmation on positives	Chlamydia Trachomatis/Neisseria gonorrhoeae DNA, SDA (Urine/Endocervical/Urethra I/Vaginal Swab)	17305	\$35.00
14	Chlamydia/GC out of vial	Offered in 2 test codes listed below*	N/A	N/A
	Substitute for Item #14	*Chlamydia trachomatis DNA, SDA, Pap vial	17615	\$17.50
	Substitute for Item #14	*Neisseria gonorrhoeae, DNA, SDA, Pap Vial	17617	\$17.50
15	Cholesterol Total	Cholesterol, Total	334	\$1.80
16	Complete Metabolic Panel	Comprehensive Metabolic Panel	10231	\$2.95
17	Creatinine	Creatinine	375	\$1.72
18	24hr. Creatinine Clearance	Creatinine Clearance	7943	\$10.20
19	Culture (& Sensitivity)-Wound	Culture, Aerobic Bacteria (for superficial wounds, abscess, aspirates, animal bites) - Reflexes are at an additional charge to isolate and identify)	4550	\$15.00
	REFLEX to Item #19	Susc-1	1AC1	\$6.73
	REFLEX to Item #19	Org ID 1	1AE	\$12.50
	REFLEX to Item #19	Org ID 2	2AC	\$22.90
	REFLEX to Item #19	Susc-2	1AE2	\$24.50
	REFLEX to Item #19	Org ID 2	2AE	\$22.90
	REFLEX to Item #19	Susc-1	1AE1	\$10.22

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2-20-13

Witnessed



20	Fecal Globin by Immunochemistry (FOB)	Fecal Globin by Immunochemistry (InSure)	11290	\$15.50
21	Ferritin	Ferritin	457	\$6.25
22	FSH and LH	FSH and LH, Serum	7137	\$15.80
23	Fungus Culture	Culture, Fungus (Skin/Hair/Nails)	39515	\$22.00
24	Fungal CF Panel	Fungal Disease Panel	15965	\$130.00
25	Glucose Plasma	Glucose, Plasma	484	\$4.40
26	Glucose Serum	Glucose, Serum	483	\$1.72
27	Glucose Gestational Screen 50 gram	Glucose, Gestational Screen (50g)	8477	\$4.40
28	Glucose Tolerance Test (GTT), Gestational 4 specimens 100 gram	Glucose Tolerance Test, Gestational, 4 specimens (100g)	6745	\$17.60
29	Group B Strep Colonization Culture/DNA Probe	Streptococcus Group B with DNA Probe Culture - for prenatal cultures	14547	\$42.00
30	HCG, Beta Subunit, qualitative	Streptococcus Group B Culture - for prepartum or non pregnant hCG, Total, Qualitative	5617 8435	\$7.25 \$8.00
31	HCG, Beta Subunit, quantitative	hCG, Total, Quantitative	8396	\$8.00
32	Hdl-Cholesterol	HDL Cholesterol	608	\$1.80
33	Hemoglobin A1C w/MBG	Hemoglobin A1C w/MPG	8181	\$5.25
34	Hepatitis B Surface Antibody	Hepatitis B Surface Antibody, Qualitative	499	\$6.25
35	Hepatitis B Surface Antigen with confirmation	Hepatitis B Surface Antigen with Reflex Confirmation	498	\$6.00
36	REFLEX to Item #35 HIV-1 Antibodies (HIV Antibody, HIV-1/2m EIA w/Reflex)	HBS Ag Confirmation HIV Antibody, HIV 1/2, EIA with Reflexes	36204 19728	\$11.00 \$10.00
37	HIV Western Blot, if HIV positive	HIV Antibody, HIV-1, Western Blot (Reflex to Item#36)	5233	\$45.00
38	HIV-2 Antibody EIA if Western Blot positive	HIV-2 AB EIA (Reflex to Item #36)	37363	\$18.00
39	HIV-2 Antibody Western Blot if HIV-2 Antibody EIA is positive	HIV-2 Antibody Immunoblot (Reflex if Item#36)	34313	\$20.00
40	H. Pylori (serum)	Helicobacter Pylori AB (IgG), Quantitative - Serum	29408	\$18.00
41	HPV Genotypes 16, 18	HPV Genotypes 16, 18 (Surepath container)	19865	\$19.00
42	HPV High Risk	HPV DNA High Risk, (Surepath container)	31532	\$30.50
43	HSV 1/2	Herpes Simplex Virus 1/2 (IgG) Type Specific Antibodies	6447	\$21.50
44	Lead	Lead, Blood	599	\$9.50

OPENED

Q140  
3-20-03

Witnessed

45	Lipid Panel	Lipid Panel (incl. Cholesterol Total, HDL Cholesterol & Triglycerides)	7600	\$5.40
46	Maternal Serum Screen 4 (Quad) (age, hcG, UE3, DIA, ITA)	Quad Screen	30294	\$35.00
47	Maternal Serum Screen 5 (Penta)	Penta Screen	15934	\$99.00
48	Ova and Parasites	Ova and Parasites, Stool, Cononcentrate & Permanent Smear	681	\$11.25
49	Prenatal (OB) Panel Total of 11 tests which include Hept. B, HIV, RPR, & Rubella	QUEST OB PANEL Includes: CBC, AB Screen, RBC, ABO Group, RH Type, RPR, Hep B Ag. & Rubella. QUEST Obstetric Panel does Not include HIV, so added in separate line item below**	20210	\$26.00
	ADD-On to ITEM #49	EIA with Reflexes - Additional Charges apply if reflexes are run	19728	\$10.00
50	Prolactin	Prolactin	746	\$8.50
51	Prothrombin Time (PT)	Prothrombin Time with INR	8847	\$4.85
52	PSA	PSA, Total	5363	\$8.50
53	PTT Activated	PTT, Activated	763	\$4.50
54	RPR Titer	RPR Titer	36203	\$3.75
55	RPR with reflex to titer & confirmatory testing	RPR (Monitor) with Reflex to Titer	36126	\$4.10
56	RPR (Monitor) with Reflex to Titer (without confirmations)	RPR (Diagnosis) with Reflex to Titer and Confirmatory Testing^^	799	\$4.10
57	RPR (DX) Reflex FTA-ABS	RPR (Diagnosis) with Reflex to Titer and Confirmatory Testing^^	36126	\$4.10
	REFLEX to Item #55, #56, #57	^^Reflex to Titer	36203	\$3.75
	REFLEX to Item #55, #56, #57	^^Reflex Confirmation	4112	\$10.00
58	Rubella Antibodies, IgG	Rubella IGG AB	23030	\$5.00
59	Surpath (liquid pap smear)	Surepath Pap	14471 or PMS1	\$24.50
60	Surpath Pathology if pap smear abnormal	Path Review	RLB1 or PRL1 or PRV1	\$10.50
61	Surepath with CT/GC (out of the vial)	Surepath Pap and CT/NG	17257	\$59.50
62	Testosterone	Testosterone, Total, LC/MS/MS	15983	\$19.50

Quest Diagnostics Incorporated

	Additional Offerring to Item #62	Testosterone, Total,		
63	Total Iron and TIBC	MALES	873	\$19.31
64	Triglycerides	Iron, Total & IBC	7573	\$4.85
65	TSH	Triglycerides	896	\$1.80
		TSH	899	\$5.20
		TSH with Reflex to Free T4* Reflex run when TSH result exceeds age/gender specific reference range	36127	\$5.20
66	TSH with Reflex to Free T4	*Reflex to Free T4	866	\$4.60
67	Urine, complete	Urinalysis, Complete	5463	\$5.50
		Culture, Urine, Routine (Reflexes run at additional charge to isolate and identify)	395	\$8.00
68	Urine Culture (& Sensitivity), Routine	Presumptive ID	UR1P	\$11.47
	REFLEX for Item #68	Org ID 1	1UR	\$11.47
	REFLEX for Item #68	Susc-1	1UR1	\$12.25
69	Uric Acid	Uric Acid	905	\$2.20
	The following services are quoted should there be a need for STAT services			
		Stat Assay 1	3820	\$10.00
		Stat Assay 2	3821	\$20.00
		Stat Assay 3	3822	\$10.00

**OPENED**

9:40

2-20-13

**Witnessed**



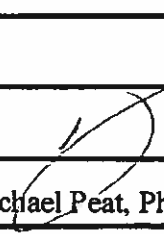
**EXHIBIT "B"**

**Bid Page**

**HIDALGO COUNTY HEALTH AND HUMAN SERVICES  
"ADDITIONAL LABORATORY SERVICES"**

**BIDDER'S INFORMATION:**

I/We the undersigned hereby certify that I/We am/are a duly authorized official of the company and have the authority to sign on behalf of the company and assure that all statements made in the bid are true. I/We agree to furnish and deliver the specified items/services at the prices stated herein, and have read, understand, and agree to the terms and conditions contained herein and on all of the attachments.

BIDDER/COMPANY NAME: Quest Diagnostics Clinical Laboratory, Inc.  
ADDRESS: 4770 Regent Blvd.  
CITY/STATE/ZIP CODE: Irving, TX 75063  
PHONE & FAX NO'S: 972-916-3200/972-692-7843  
CELLULAR NO: \_\_\_\_\_  
E-MAIL ADDRESS: \_\_\_\_\_  
AUTHORIZED SIGNATURE:   
PRINTED NAME: Michael Peat, Ph.D  
TITLE: Managing Director

**OPENED**  
9:40  
2-20-13  
**Witnessed**

(NIGP Commodity Codes: 948-55-50-Medical Services; Physical Examination;  
948-55-83-Tests, Clinical Laboratory, Non-Drug Screenings;  
948-55-84-Tests, Clinical Laboratory, Drug Screenings)

**EXHIBIT “C”**

**INSURANCE REQUIREMENTS**



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
01/17/2013

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).

<b>PRODUCER</b> MARSH & MCLENNAN COMPANIES 1166 AVENUE OF THE AMERICAS NEW YORK, NY 10036		<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL: ADDRESS:	
37986 -MAIN-ALL-12-13      Inct      Adres      Rtrnd		<b>INSURER(S) AFFORDING COVERAGE</b> NAIC #	
<b>INSURED</b> QUEST DIAGNOSTICS INCORPORATED 3 GIRALDA FARMS MADISON, NJ 07940		INSURER A : Travelers Prop. Casualty Co. Of America      25674 INSURER B : The Travelers Indemnity Company      25658 INSURER C : Illinois Union Insurance Co      27960 INSURER D : The Charter Oak Fire Insurance Company      25615 INSURER E : INSURER F :	

**COVERAGES**      **CERTIFICATE NUMBER:** NYC-005373714-27      **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	ADDITIONAL SUBROGATION WAIVED	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPI/OP AGG \$ \$
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		TC2JCAP-266T3603-TIL-12	12/31/2012	12/31/2013	COMBINED SINGLE LIMIT (Ea accident) \$ 3,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 2,000,000		XFL G21820611 005 GL-Self Insured Retention	12/31/2012	12/31/2013	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	TC2JUB-266T3523-12 (AOS)	12/31/2012	12/31/2013	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
B			TRKUB-266T3535-12 (AZ,MA,WI)	12/31/2012	12/31/2013	E.L. EACH ACCIDENT \$ 2,000,000
A			TC2JUB-1003A044-12 (CA)	12/31/2012	12/31/2013	E.L. DISEASE - EA EMPLOYEE \$ 2,000,000
D			TC2OUB-1008A25A-12 (NV)	12/31/2012	12/31/2013	E.L. DISEASE - POLICY LIMIT \$ 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
{Professional Liability / Claims Made - Self Insured Retention - \$10,000,000 - 12/31/12 - 12/31/13}

HIDALGO COUNTY, IS INCLUDED AS ADDITIONAL INSURED WHERE REQUIRED BY CONTRACT.

### CERTIFICATE HOLDER

### CANCELLATION

HIDALGO COUNTY  
 ATTN: ROCIO VILLARREAL  
 2012 SOUTH BUSINESS HWY 281  
 EDINBURG, TX 78539

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  
 of Marsh USA Inc.

Maria Nicholson

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