

Dawn Sloman

From: Donna Wells
Sent: Thursday, April 25, 2013 1:44 PM
To: Dawn
Subject: FW: Hidalgo County COI Request 4-25-13
Attachments: Expired Ins Certificat-Clifford Power Systems Inc-HCSO.PDF

Importance: High

Hi Dawn,
Please see attached COI request.
Thanks, Donna

From: Jesse Chestnut [mailto:jchestnut@cliffordpower.com]
Sent: Thursday, April 25, 2013 1:28 PM
To: COI
Subject: Hidalgo County COI Request 4-25-13
Importance: High

Please see the attached COI for Hidalgo County. Please send the new COI to Leticia.saenz@co.hidalgo.tx.us

We need to get them the new one ASAP. Thank you.

-best regards-

Jesse Chestnut

Customer Service – PM Renewals

Clifford Power Systems, Inc.

2916 National Drive, Garland, TX 75041

Phone: 972-905-2403 • Fax: 972-905-2499

jchestnut@cliffordpower.com • www.cliffordpower.com

A service company dedicated to power generation, Clifford Power Systems is the preferred leader in the off-utility power generation industry.





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
2/23/2011

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).

PRODUCER MURRAY/WAMBLE & ASSOCIATES INC. 5525 E 51st Street, Suite 310 Tulsa, OK 74135	CONTACT NAME:		
	PHONE (A/C No. Ext.): (918) 388-6633	FAX (A/C No.): (918) 388-6634	
	E-MAIL ADDRESS: kenw@murraywamble.com		
INSURED Clifford Power Systems, Inc. P.O. Box 581807 Tulsa, OK 74158 918.836.0066	INSURER(S) AFFORDING COVERAGE		NAIC#
	INSURER A:	Hartford Fire Insurance Company	19682
	INSURER B:	Hartford Property Casualty Company of America	36161
	INSURER C:	Hartford Accident and Indemnity	22357
	INSURER D:	American Safety	25433
	INSURER E:	Maxum Indemnity Company	26743
	INSURER F:		

COVERAGES CERTIFICATE NUMBER: 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.

LINE LTR	TYPE OF INSURANCE	AMOUNT	EDEN	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			57UENOH0142	3/1/11	3/1/12	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			57UENOH0143	3/1/11	3/1/12	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	Umbrella Cov Form QK08500251						
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> OCCUR CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTIONS 10,000			Umbrella Cov Form QK08500251	1/1/11	3/1/12	EACH OCCURRENCE \$10,000,000 AGGREGATE \$10,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/DISCUITIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	57WBOH0141	3/1/11	3/1/12	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
	Employee Dishonesty 104840375 8/14/10 8/14/11 \$1,000,000						
D	Pollution Liability			CPL0163181004	5/4/10	5/4/11	\$5,000,000 ea occ/agg
E	Professional Liability			PPP6012204	3/1/11	3/1/12	\$1M / \$1M

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101. Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER Hidalgo County 2802 S. Business Hwy 281 Edinburg, TX 78539 Attn: Elena Gomez elena.gomez@co.hidalgo.tx.us	CANCELLATION 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: <i>Elena Gomez</i>
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