



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/05/2013

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).

PRODUCER Phone: (512) 329-5959 Fax: (512) 329-9189
COMMUNITY HEALTH INSURANCE AGENCY, INC.
5900 SOUTHWEST PARKWAY, BUILDING 3
AUSTIN TX 78735

CONTACT NAME:	Sandra K Thompson	
PHONE (A/C, No, Ext):	(512) 329-5959	FAX (A/C, No): (512) 329-9189
E-MAIL ADDRESS:	sthompson@tachc.org	
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A :	ProAssurance Indemnity Co., Inc.	
INSURER B :		
INSURER C :		
INSURER D :		
INSURER E :		
INSURER F :		

Agency Lic#: 19661

INSURED
NUESTRA CLINICA DEL VALLE
P.O. BOX 1689
PHARR TX 78577

COVERAGES

CERTIFICATE NUMBER: 393

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	ADD'L INSR.	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	GENERAL LIABILITY						EACH OCCURRENCE	\$
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						MED. EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
							GENERAL AGGREGATE	\$
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC							\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (per accident)	\$
								\$
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR					EACH OCCURRENCE	\$
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE	\$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH ER	\$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y/N	N/A				E.L. EACH ACCIDENT	\$
							E.L. DISEASE-EA EMPLOYEE	\$
							E.L. DISEASE-POLICY LIMIT	\$
A	Professional Liability			MP81837	06/30/12	06/30/13	\$500,000	Each Incident

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

CERTIFICATE HOLDER

CANCELLATION

Ambrosio Tovar, Procurement Director
Hidalgo County Headstart Program
1901 W. State Hwy. 107
McAllen TX 78504

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

Attention:

Client#: 11518

NUESCLI

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/05/2013

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PRODUCER: Willis of Texas, Inc. 1400 N McColl Rd Suite 105 P O Drawer 3785 McAllen, TX 78502
CONTACT NAME: Martha Guerrero
PHONE (A/C, No, Ext): 956 682-9423
FAX (A/C, No): 956 687-1286
E-MAIL ADDRESS: martha.guerrero@willis.com
INSURER(S) AFFORDING COVERAGE: INSURER A: Travelers Lloyds Insurance Comp NAIC # 39357
INSURER B: Texas Mutual Insurance Company 22945

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL SUBR INSR, WVD, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Includes sections for General Liability, Automobile Liability, Umbrella Liab, and Workers Compensation.

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

CERTIFICATE HOLDER: Hidalgo County Headstart Program, Ambrosio Tovar, Procurement Di, 1901 W State Hwy 107, McAllen, TX 78504
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: Brian E Lewis

F/

ITEM THREE. SCHEDULE OF COVERED AUTOS YOU OWN
(SEE SEPARATE PAGE EXPLAINING CERTAIN ENTRIES OR ABSENCE THEREOF)

POLICY NUMBER: BA-1614N255-13-SEL

INSURED'S NAME: NUESTRA CLINICA DEL VALLE

CA TO 02 11 06

COVERED AUTO NO	GARAGING CITY & STATE	ZIP CODE	COUNTY TOWN CODE	TERR ZONE CODE	ISO/STAT CODE	USE CLASS GVW/GCW OR SEAT CAPACITY
1	SAN JUAN	TX 78589	0215	057	01499	10000
2	SAN JUAN	TX 78589	0215	057	01499	10000
3	SAN JUAN	TX 78589	0215	057	22499	20000
4	SAN JUAN	TX 78589	0215	057	01499	10000
5	SAN JUAN	TX 78589	0215	057	03499	10000

COVERED AUTO NO	YEAR	MAKE/MODEL	VEHICLE ID NO (VIN)	COST NEW	LIMIT OF LIAB	AGE GROUP
1	2000	CHEVR SILVE	1GCEC14WXYE301102	15355	ACV	X
2	2004	CHEVR EXPRE	1GAHG35U741242501	28345	ACV	E
3	2007	CHEVR	4XB84B1U07J802700	29822	ACV	B
4	2000	FORD ECONO	1FDRE1428YHB79519	20190	ACV	X
5	2000	CHEVR EXPRE	1GCHG35R3Y1168308	21760	ACV	X

BASIC PIP: DEDUCTIBLE AMOUNT APPLIES TO	COVERED AUTO 1	COVERED AUTO 2	COVERED AUTO 3	COVERED AUTO 4	COVERED AUTO 5
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DEDUCTIBLES: COMPREHENSIVE	500	500	500	500	500
COLLISION	500	500	500	500	500

PREMIUMS:	COVERED AUTO 1	COVERED AUTO 2	COVERED AUTO 3	COVERED AUTO 4	COVERED AUTO 5
LIABILITY	609	979	932	913	719
BASIC PIP	11	11	11	11	11
COMPREHENSIVE	104	171	177	104	123
COLLISION	61	122	127	71	76
TOTAL	785	1283	1247	1099	929

TOTAL UNINSURED AND UNDERINSURED MOTORISTS PREMIUM: 630

* APPLICABLE TO COMPREHENSIVE AND SPECIFIED CAUSES OF LOSS COVERAGE
**APPLICABLE TO COMPREHENSIVE, SPECIFIED CAUSES AND COLLISION COVERAGES

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One Tower Square, Hartford, Connecticut 06183

ITEM THREE. SCHEDULE OF COVERED AUTOS YOU OWN (SEE SEPARATE PAGE EXPLAINING CERTAIN ENTRIES OR ABSENCE THEREOF)

POLICY NUMBER: BA-1614N255-13-SEL

INSURED'S NAME: NUESTRA CLINICA DEL VALLE CA TO 02 11 06

COVERED AUTO NO	GARAGING CITY & STATE	ZIP CODE	COUNTY TOWN CODE	TERR ZONE CODE	ISO/STAT CODE	USE CLASS GVW/GCW OR SEAT CAPACITY
6	SAN JUAN	TX 78589	0215	057	03499	10000

COVERED AUTO NO	YEAR	MAKE/MODEL	VEHICLE ID NO (VIN)	COST NEW	LIMIT OF LIAB ACV	AGE GROUP
6	2009	CHEVR EXPRE	1GCGG29C291181015	26400		5

	COVERED AUTO 6	COVERED AUTO	COVERED AUTO	COVERED AUTO	COVERED AUTO
BASIC PIP:					
DEDUCTIBLE AMOUNT APPLIES TO					
DEDUCTIBLES:					
COMPREHENSIVE		500			
COLLISION		500			
PREMIUMS:					
LIABILITY		1052			
BASIC PIP		11			
COMPREHENSIVE		221			
COLLISION		179			
TOTAL		1463			

* APPLICABLE TO COMPREHENSIVE AND SPECIFIED CAUSES OF LOSS COVERAGE
**APPLICABLE TO COMPREHENSIVE, SPECIFIED CAUSES AND COLLISION COVERAGES





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/06/2013

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PRODUCER Arthur J. Gallagher Risk Management Services, Inc. 12621 Featherwood Dr., Suite 300 Houston, TX 77034	CONTACT NAME:	
	PHONE (A/C, NO, EXT):	FAX (A/C, No):
	E-MAIL ADDRESS:	
INSURER(S) AFFORDING COVERAGE		NAIC #
COMPANY A: Medicus Insurance Company		12754
INSURED Dr. Bose Industrial & Family Medicine, PLLC DBA: Industrial Health Works Ste. 9 801 E. Nolana Avenue McAllen, TX 78504-6113	COMPANY B:	
	COMPANY C:	
	COMPANY D:	
	COMPANY E:	
	COMPANY F:	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>			N/A	N/A	N/A	EACH OCCURRENCE \$ N/A DAMAGE TO RENTED PREMISES (Ea occurrence) \$ N/A MED EXP (Any one person) \$ N/A PERSONAL & ADV INJURY \$ N/A GENERAL AGGREGATE \$ N/A PRODUCTS - COMP/OP AGG \$ N/A
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO: <input type="checkbox"/> JECT <input type="checkbox"/> LOC <input type="checkbox"/>						\$ N/A
	AUTOMOBILE LIABILITY ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/>			N/A	N/A	N/A	COMBINED SINGLE LIMIT (Ea accident) \$ N/A BODILY INJURY (Per person) \$ N/A BODILY INJURY (Per accident) \$ N/A PROPERTY DAMAGE (Per accident) \$ N/A
	UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			N/A	N/A	N/A	EACH OCCURRENCE \$ N/A AGGREGATE \$ N/A
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	N/A	N/A	N/A	WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> \$ N/A E.L. EACH ACCIDENT \$ N/A E.L. DISEASE - EA EMPLOYEE \$ N/A E.L. DISEASE - POLICY LIMIT \$ N/A
A	OTHER Medical Prof. Liability Retro Date: 01/15/2007			TX4M0000120.001-3	01/15/2013	01/15/2014	Each Med. Incident: Shared Primary Aggregate Limit: N/A

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

CERTIFICATE HOLDER HIDALGO COUNTY HEAD START PROGRAM 1901 WEST STATE HIGHWAY 107 MCALLEN, TX 78504	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

DR. BOSE INDUSTRIAL & FAMILY MEDICINE,
PLLC

Proposal of Insurance For:

Medical Professional Liability

Named Insured: Dr. Bose Industrial & Family Medicine, PLLC
Ste. 9
801 E. Nolana Avenue
McAllen, TX 78504-6113

Carrier: Medicus Insurance Company
(AM Best "Rating"- A, Financial Category- X)

Type of Coverage: Medical Professional Liability - Claims Made

Coverage will be provided for medical professional services as defined by the policy which occur after the retroactive date of the policy and prior to the expiration date of the policy which are reported during the policy period or any applicable extended reporting period.

Specialty: Entity

Policy Period: Effective from 12:01 a.m., 01/15/2013 to 12:01 a.m., 01/15/2014 standard time at the address of the named insured.

Retroactive Date: 01/15/2007

Producer: Arthur J. Gallagher Risk Management Services, Inc., Healthcare Niche

AJGRMS License Number: 17533

Purchasing Group: N/A

Limit of liability: Shared Primary Per Medical Incident/Claim
N/A Annual Aggregate

Medical Board Defense:
\$25,000 Per Claim Limit of Liability
\$25,000 Annual Aggregate Limit of Liability

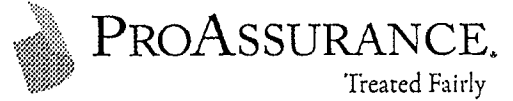
Medicus Advantage Gold:
\$100,000 Limit - Network Security and Privacy Insurance
\$100,000 Limit - Regulatory Proceeding Insurance
\$100,000 Limit - Patient Notification and Credit Monitoring Costs Insurance
\$100,000 Limit - Data Recovery Costs Insurance
\$100,000 Aggregate Limit for all Coverage's Medicus Advantage Gold

Deductible: NIL

Defense Cost Outside Limits

EXTENDED REPORTING PERIOD (ERE) OPTION DETAILS

To see details regarding your Extended Reporting Options (Tail) please see the attached policy form.



Certificate of Insurance

Ashley Pediatric Day & Night Clinic
801 E. Nolana
Suite 13-A
McAllen, TX 78504

ProAssurance Companies
100 Brookwood Place, Suite 300
Birmingham, Al 35209
Office 877-274-7007
Fax 205-868-4073
credentialing@proassurance.com
www.proassurance.com

THIS IS TO CERTIFY THAT as of this date, the following described insurance is in existence with ProAssurance Indemnity Company, Inc. The COMPANY will not assume any responsibility to advise third parties, including the holder of this certificate, of any changes in this insurance POLICY or the expiration or cancellation of this POLICY.

Insured: Sarojini G. Bose, M.D.
801 E. Nolana
Suite 13-A
McAllen, TX 78504

Policy Number: MP82882
Policy Period: 7/14/2013 to 7/14/2014
Coverage: Claims-made with Retro Date
Professional Liability - \$200,000 per incident
Primary Limits: \$600,000 aggregate
Retroactive Date: 12/1/2002

This Certificate of Insurance is for informational purposes only and does not amend, extend, or alter the coverage provided by the above-described policy. This Certificate depicts only primary coverage limits. The insured may carry additional or excess coverage not reflected herein. If you have questions about the information contained on this form please contact our underwriting department at the number listed above.

Certified today, July 16, 2013



TEXAS CERTIFICATE OF INSURANCE

This certificate is issued for informational purposes only. It certifies that the policies listed in this document have been issued to the Named Insured. It does not grant any rights to any party nor can it be used, in any way, to modify coverage provided by such policies. Alteration of this certificate does not change the terms, exclusions or conditions of such policies. Coverage is subject to the provisions of the policies, including any exclusions or conditions, regardless of the provisions of any other contract, such as between the certificate holder and the Named Insured. The limits shown below are the limits provided at the policy inception. Subsequent paid claims may reduce these limits.

Certificate Holder: HIDALGO COUNTY HEAD START 1 HIDALGO, TX 78577	Named Insured: MOHAMMAD H MIRMOHAMMADI 801 E NOLANA ST MCALLEN TX 78504
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Automobile Liability			
Insurer Name: Allstate County Mutual Insurance Company			
Policy Number: 648598726			
<input type="checkbox"/> 1 – Any Auto	<input type="checkbox"/> 2 – Owned Autos Only	<input type="checkbox"/> 3 – Owned Priv. Pass. Autos Only	
<input type="checkbox"/> 4 – Owned Autos Other Than Priv. Pass. Autos Only	<input type="checkbox"/> 5 – Owned Autos Subject to No Fault	<input type="checkbox"/> 6 – Owned Autos Subject to a Compulsory UM Law	
<input checked="" type="checkbox"/> 7 – Specifically Described Autos	<input type="checkbox"/> 8 – Hired Autos Only	<input type="checkbox"/> 9 – Non-owned Autos Only	
Policy Effective Date: 04-14-2013		Policy Expiration Date: 04-14-2014	
Limits Of Insurance:	\$ 500,000	Combined Single Limit (each accident)	
	BI Per Person	BI Per Accident	PD Per Accident
Description of Operations/Locations/Vehicles/Endorsements/Special Provisions			
CERTIFICATE OF INSURANCE HOLDER			
Interested Party Type: CERTIFICATE HOLDER			
THIS CERTIFICATE DOES NOT GRANT ANY COVERAGE OR RIGHTS TO THE CERTIFICATE HOLDER. IF THIS CERTIFICATE INDICATES THAT THE CERTIFICATE HOLDER IS AN ADDITIONAL INSURED, THE POLICY(IES) MUST EITHER BE ENDORSED OR CONTAIN SPECIFIC LANGUAGE PROVIDING THE CERTIFICATE HOLDER WITH ADDITIONAL INSURED STATUS. THE CERTIFICATE HOLDER IS AN ADDITIONAL INSURED ONLY TO THE EXTENT INDICATED IN SUCH POLICY LANGUAGE OR ENDORSEMENT.			

Producer: ABELARDO MEDA	
Authorized Representative:	
	Date:

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DATE (MM/DD/YYYY)
1/3/2013

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PRODUCER
Wallace Specialty Insurance Group LLC
508 Twilight Trail
Suite 203
Richardson TX 75080

CONTACT NAME: Holly Black
PHONE (A/C No. Ext): (972) 663-5190 FAX (A/C No): (972) 663-5005
E-MAIL ADDRESS: service@wallacesig.com

INSURED
Mohammad Mirmohammadi, DMD
801 East Nolana
Suite 21
McAllen TX 78504

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A:	Fortress Insurance Company	
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

COVERAGES CERTIFICATE NUMBER: CL131305783 REVISION NUMBER:

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	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						EACH OCCURRENCE	\$
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
							GENERAL AGGREGATE	\$
							PRODUCTS - COMP/OP AGG	\$
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC							\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						WC STATUTORY LIMITS	OTHER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
A	Professional Liability Claims Made Form			36872	2/1/2013	2/1/2014	Per Patient:	\$500,000
							Total Limit:	\$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Retro Date: 02/01/1996

CERTIFICATE HOLDER	CANCELLATION
For information only	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 Kyle Wallace/CLO

33 (Policy Provisions: WC 00 00 00 B)

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DE INFORMATION PAGE

WE WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY

INSURER: HARTFORD INSURANCE COMPANY OF THE MIDWEST
ONE HARTFORD PLAZA, HARTFORD, CONNECTICUT 06155

NCCI Company Number: 20605
Company Code: G



POLICY NUMBER: 01 WBC DE6133
Previous Policy Number: 01 WBC DE6133

Suffix
LARS RENEWAL
02

HOUSING CODE: DW

1. Named Insured and Mailing Address: NOLANA FAMILY DENTAL INC.
(No., Street, Town, State, Zip Code)

FEIN Number: 637305478
801 E NOLANA ST
MC ALLEN, TX 78504

State Identification Number(s):
UIN:

The Named Insured is: CORPORATION
Business of Named Insured: FAMILY DENTIST OFFICE, CLINIC
Other workplaces not shown above: 801 E NOLANA ST
MC ALLEN TX 78504

2. Policy Period: From 04/14/13 To 04/14/14
12:01 a.m., Standard time at the insured's mailing address.

Producer's Name: NORTHEAST BROKERAGE AGENCIES/PHS

301 WOODS PARK DRIVE
CLINTON, NY 13323
Producer's Code: 214726

Issuing Office: THE HARTFORD
301 WOODS PARK DRIVE
CLINTON NY 13323
(866) 467-8730

Total Estimated Annual Premium: \$377
Deposit Premium: 3
Policy Minimum Premium: \$192 TX

Audit Period: ANNUAL

Installment Term:

The policy is not binding unless countersigned by our authorized representative.

Countersigned by *Kristine R. Gas*

Authorized Representative

03/02/13
Date

Affidavit & Indemnity Agreement

Date: 4/22/2013

Affiant: Anita Sandoval

Affiant on oath swears that the following statements are true and are within the personal knowledge of Affiant.

Affiant: Anita Sandoval states (s)he is a sole proprietor doing business as Professional Counseling As a Licensed Professional with Hidalgo County Head Start Program under RFQ-2013-002-04-12 dated April 12, 2013. Affiant will provide services for Hidalgo County Head Start Program under a Hidalgo County Head Start Program Mental Health Services contract.

Affiant further states that she has not employees and does not anticipate employing any during the term of this contract. In the event Affiant does employ any staff during the contract, Affiant shall immediately notify Hidalgo County Head Start Program and obtain the Workers Compensation required by law. Affiant further acknowledges that failure to do so will result in cancellation of the purchase order.

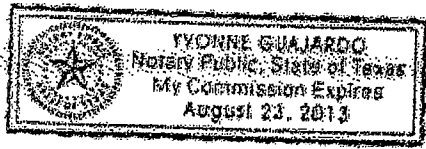
Affiant agrees to indemnify, defend and hold harmless the County of Hidalgo and its agents, employees and elected officials from and against any and all claims, suits, demands and causes of action, of any kind of nature, arising out of or in any way relating to the services performed by Affiant.

Further Affiant sayeth not.

Anita Sandoval
Anita Sandoval Printed Name of Affiant:

SWORN AND SUBSCRIBED TO under oath before me on 5/2, 2013.

Notary Public, State of Texas County of Hidalgo



Yvonne Guajardo



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/10/2013

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).

PRODUCER DORA A. SANCHEZ PO BOX 1699 PHARR, TX 78577	956-787-8844 956-787-0942	CONTACT NAME: DORA A. SANCHEZ PHONE (A/C No, Ext): 956-787-8844 FAX (A/C, No): 956-787-0942 E-MAIL ADDRESS: DSANCHEZ@TXFB-INS.COM
INSURED ANITA & EDGAR SANDOVAL 2802 E 20TH ST MISSION, TX 78572	INSURER(S) AFFORDING COVERAGE	
	INSURER A : TX FARM BUREAU INS. CO.	NAIC #
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	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.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		POL# 21776281	03/10/2013	03/10/2014	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 500,000 BODILY INJURY (Per accident) \$ 500,000 PROPERTY DAMAGE (Per accident) \$ 500,000 \$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE					EACH OCCURRENCE \$ AGGREGATE \$ \$
	DED RETENTION \$					
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

2007 HONDA CR-V VIN# JHLRE38337C068992
2008 TOYOTA TACOMA 3TMJU62NX8M052295

CERTIFICATE HOLDER HIDALGO COUNTY HEADSTART PROGRAM 1901 W HWY 107 MCALLEN, TX 78504	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>Dora A Sanchez</i> DORA A. SANCHEZ
--	--

Certificate of Insurance (Proof of Coverage) Date Issued: 8/17/2012

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND, OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

Insured Name and Mailing Address*	Program Administrator
Lita Sandoval 2802 E. 20th Street Mission, TX 78572	Administered By: CPH and Associates 711 S. Dearborn, Suite 205 Chicago, IL 60605 P. 312-987-9823 F. 312-987-0902 info@cphins.com
<i>*Additional insured locations are often requested by individual business owners who have more than one office. Your coverage is portable, meaning that you are covered at any location for practice under the occupation(s) listed on your policy.</i>	Underwritten By: Philadelphia Indemnity Insurance Company

Coverage		
Policy #: PHCPE73057	Effective Date: 08/19/12	Expiration Date: 08/19/13

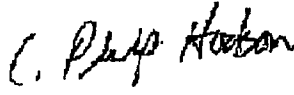
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

Limits of Liability		Coverage Part
EACH OCCURRENCE <i>(Per individual claim)</i>	AGGREGATE <i>(Total amount per policy year)</i>	
\$1,000,000	\$3,000,000	Professional Liability
\$1,000,000	\$3,000,000	Commercial General Liability Includes: General Liability, Fire & Water Legal Liability, and Personal Liability
N/A	N/A	Property Coverage
\$1,000,000	\$3,000,000	Supplemental Liability
Unlimited	Unlimited	Defense Expense Coverage
\$35,000	\$35,000	State Licensing Board Investigation Defense Coverage
\$15,000	\$15,000	Assault Coverage
\$10,000	\$35,000	Deposition Expense Benefit
\$5,000/person	\$50,000	Medical Expense Coverage
\$15,000	\$15,000	First Aid Coverage

Description/Special Provisions:

Certificate Holder

Headstart of Hidalgo County PO Box 0117 Edinburg, Texas 78540	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
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Holder has also been added to the policy as an additional insured:** ___ Yes / <input checked="" type="checkbox"/> No **If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).	Authorized Representative  C. Philip Hodson
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DISCLAIMER: The Certificate of Insurance does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend, or alter the coverage afforded by the policies thereon.



HEALTHCARE PROVIDERS SERVICE ORGANIZATION PURCHASING GROUP

Print Date: 3/11/2013



Certificate of Insurance OCCURENCE POLICY FORM

Producer Branch Prefix Policy Number Policy Period
018098 970 HPG 0427405935 from 10/01/12 to 10/01/13 at 12:01 AM Standard Time

Named Insured and Address: Esmeralda Meave Po Box 1761 Elsa, TX 78543-1761

Program Administered by: Healthcare Providers Service Organization 159 E. County Line Road Hatboro, PA 19040-1218 1-800-982-9491 www.hpsso.com

Medical Specialty: Licensed Professional Counselor

Code: 80723

Insurance is provided by: American Casualty Company of Reading, Pennsylvania 333 S. Wabash Avenue, Chicago, IL 60604

Professional Liability \$1,000,000 each claim \$ 5,000,000 aggregate

Your professional liability limits shown above include the following:

- * Good Samaritan Liability * Malplacement Liability * Personal Injury Liability
* Sexual Misconduct Included in the PL limit shown above subject to \$ 25,000 aggregate sublimit

Coverage Extensions

Table with 4 columns: Extension Name, Amount, Unit, and Aggregate. Includes License Protection, Defendant Expense Benefit, Deposition Representation, Medical Payments, First Aid, Damage to Property of Others, and Information Privacy (HIPAA) Fines and Penalties.

General Liability

General Liability \$1,000,000 each claim / \$1,000,000 aggregate
Fire & Water Legal Liability Included in the GL limit shown above subject to \$250,000 aggregate sublimit
Personal Liability \$1,000,000 aggregate

Total: \$ 473.00

Base Premium \$473.00

Premium reflects Self Employed , Full Time

Policy Forms & Endorsements(Please see attached list for a general description of many common policy forms and endorsements.)

- G-121500-D G-121501-C G-53752-C42 G-145184-A G-147292-A GSL15563
GSL15564 GSL17101 GSL13424 G-123846-C42 GSL3886 GSL3908
G-121504-C G-123828-B

Handwritten signatures of Thomas F. Motamed and John M. Walker

Chairman of the Board

Secretary

Keep this document in a safe place. It and proof of payment are your proof of coverage. There is no coverage in force unless the premium is paid in full. In order to activate your coverage, please remit premium in full by the effective date of this Certificate of Insurance. Master Policy # 188711433

G-141241-B (03/2010)

Coverage Change Date:

Endorsement Change Date:

POLICY FORMS & ENDORSEMENTS

The list below contains general descriptions of the policy forms and endorsements that may or may not apply to your professional liability insurance policy. **Please refer to your Certificate of Insurance for the policy forms & endorsements specific to your state and your policy period.** Coverages, rates and limits may differ or may not be available in all states. All products and services are subject to change without notice.

Think Green –expanded definitions and copies of these policy forms and endorsements are available online at www.hpsa.com/policyforms

COMMON POLICY FORMS & ENDORSEMENTS

<u>FORM #</u>	<u>DESCRIPTION</u>
G-121500-D	Common Policy Conditions
G-121501-C	Occurrence Policy Form
G-53752-C42	Texas Policy Holder Notice
G-145184-A	Policyholder Notice - OFAC Compliance Notice
G-147292-A	Policyholder Notice - Silica, Mold & Asbestos Disclosure
GSL15563	Information Privacy Coverage Endorsement HIPAA Fines, Penalties & Notification Costs
GSL15564	Sexual Misconduct Sublimits of Liability Professional Liability & Sexual Misconduct Exclusion
GSL17101	Exclusion of Specified Activities Reuse of Parenteral Devices and Supplies
GSL13424	Services to Animals
G-123846-C42	Texas Cancellation and Non-Renewal
GSL3886	Coverage & Cap on Losses from Certified Acts Terrorism
GSL3908	Notice - Offer of Terrorism Coverage & Disclosure of Premium

OPTIONAL ENDORSEMENTS

<u>FORM #</u>	<u>DESCRIPTION</u>
G-121504-C	General Liability Form
G-123828-B	Certificate Holder

PLEASE REFER TO YOUR CERTIFICATE OF INSURANCE FOR THE POLICY FORMS & ENDORSEMENTS SPECIFIC TO YOUR STATE AND YOUR POLICY PERIOD.

- For NJ residents: The PLIGA surcharge shown on the Certificate of Insurance is the NJ Property & Liability Insurance Guaranty Association.
- For KY residents: The surcharge shown on the Certificate of Insurance is the KY Firefighters and Law Enforcement Foundation Program Fund and the Local Tax is the KY Local Government Premium Tax.
- For WV residents: The surcharge shown on the Certificate of Insurance is the WV Premium Surcharge.
- For FL residents: The FIGA Assessment shown on the Certificate of Insurance is the FL Insurance Guaranty Association.

Form#: G-141241-B (03/2010)
Master Policy#: 188711433

Named Insured: Esmeralda Meave
Policy#: 0427405935

**HEALTHCARE PROVIDERS
PROFESSIONAL LIABILITY INSURANCE ENDORSEMENT**

Agreement to Provide Notice of Cancellation

In consideration of the premium paid, it is agreed that if the policy to which this endorsement is attached is cancelled before the expiration date, we will endeavor to mail notice to the person or entity named below. However, failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

Person or Entity Name and Address: Hidalgo County Headstart
 PO Box 117
 Edinburg TX 78540
 City, State Zipcode

This endorsement is a part of your policy and takes effect on the effective date of your policy, unless another effective date is shown below. All other provisions of the policy remain unchanged.

<i>Must Be Completed</i>		<i>Complete Only When This Endorsement Is Not Prepared with the Policy Or Is Not to be Effective with the Policy</i>	
ENDT. NO.	POLICY NO.	ISSUED TO	ENDORSEMENT EFFECTIVE DATE
1	427405935	Esmeralda Meave	10/01/12

G-123828-B (07/2001)

DMD 3/11/2013

Affidavit & Indemnity Agreement

Date: 4/23/2013

Affiant: Esmeralda Meave

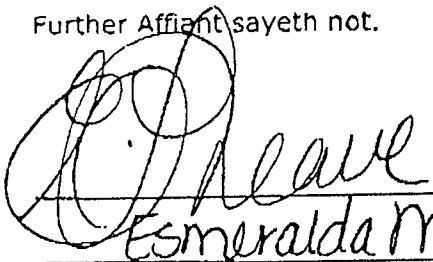
Affiant on oath swears that the following statements are true and are within the personal knowledge of Affiant.

Affiant: Esmeralda Meave states (s)he is a sole proprietor doing business as Professional Counseling As a Licensed Professional with Hidalgo County Head Start Program under RFQ-2013-002-04-12 dated April 12, 2013. Affiant will provide services for Hidalgo County Head Start Program under a Hidalgo County Head Start Program Mental Health Services contract.

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Affiant agrees to indemnity, defend and hold harmless the County of Hidalgo and its agents, employees and elected officials from and against any and all claims, suits, demands and causes of action, of any kind of nature, arising out of or in any way relating to the services performed by Affiant.

Further Affiant sayeth not.

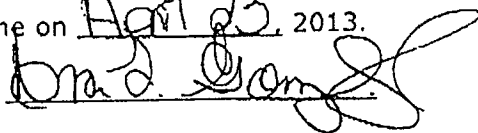


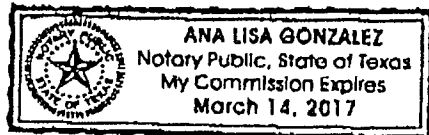
Esmeralda Meave

Printed Name of Affiant:

SWORN AND SUBSCRIBED TO under oath before me on April 23, 2013.

Notary Public, State of Texas







CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/23/2013

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.

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PRODUCER DANIEL REZA 53-8464 1221 S 77 SUNSHINE STRIP HARLINGEN, TEXAS 78550	CONTACT NAME: VELIA TREVINO PHONE: FAX: E-MAIL: velia.trevino.mopn@statefarm.com	PHONE: (956) 425-3278 FAX: (956) 425-1972
	INSURER(S) AFFORDING COVERAGE INSURER A: State Farm Mutual Automobile Insurance Company NAIC # 26178 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
INSURED LUIS ENRIQUE LEAL & ESMERALDA MEAVE 1126 E MILE 15 N WESLACO, TEXAS 78596-1371		

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.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR	YEAR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: 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 - COMPROP AGG \$
X	AUTOMOBILE LIABILITY ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/>			184 5799-C13-53-001	03/13/2013	09/13/2013	COMBINED SINGLE LIMIT (Per accident) \$ BODILY INJURY (Per person) \$ 500,000 BODILY INJURY (Per accident) \$ 500,000 PROPERTY DAMAGE (Per accident) \$ 500,000
	UMBRELLA LAB <input type="checkbox"/> OCCUR EXCESS LAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N		N/A			WC STATUTORY LIMIT \$ OTH CR \$ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
2002 CHEVROLET K1500 PICK UP VIN# 1GCEK19TX2E170567

CERTIFICATE HOLDER HIDALGO COUNTY HEADSTART PO BOX 117 EDINBURG, TX 78540	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
---	--




CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/12/2012

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.

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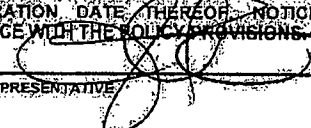
PRODUCER STATE FARM INSURANCE, ROEL VILLANUEVA 702 W EXPRESSWAY 83 SUITE A PHARR TEXAS 78577 (956) 702-4200 	CONTACT NAME: TONY GUZMAN PHONE: (A/C No., Ext): 956-664-1600 FAX: (A/C No.): E-MAIL ADDRESS: ADDRESS:													
	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE:</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: State Farm-Lloyds</td> <td>43419</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE:	NAIC #	INSURER A: State Farm-Lloyds	43419	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:
INSURER(S) AFFORDING COVERAGE:	NAIC #													
INSURER A: State Farm-Lloyds	43419													
INSURER B:														
INSURER C:														
INSURER D:														
INSURER E:														
INSURER F:														
INSURED TONY GUZMAN DBA-GUZMAN & ASSOCIATES 210 NOLANA AVE STE B MCALLEN TX 78504-2509														

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.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVO	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE: <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	90-BK-X040-7-L	09/22/2012	09/22/2013	EACH OCCURRENCE \$: 300,000 DAMAGE TO RENTED PREMISES (Ea. occurrence) \$: 300,000 MED' EXP (Any one person) \$: 5,000 PERSONAL & ADV INJURY \$: 300,000 GENERAL AGGREGATE \$: 600,000 PRODUCTS - COMP/OP AGG \$: 800,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	<input type="checkbox"/>	<input type="checkbox"/>				COMBINED SINGLE LIMIT (Ea. accident) \$: BODILY INJURY (Per person) \$: BODILY INJURY (Per accident) \$: PROPERTY DAMAGE (Per accident) \$:
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB OCCUR CLAIMS MADE DED RETENTION \$	<input type="checkbox"/>	<input type="checkbox"/>				EACH OCCURRENCE \$: AGGREGATE \$:
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICE MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below.	<input type="checkbox"/>	<input type="checkbox"/>				NO STATUTORY LIMITS <input type="checkbox"/> OTHER <input type="checkbox"/> EIL EACH ACCIDENT \$: EIL DISEASE - EA EMPLOYEE \$: EIL DISEASE - POLICY LIMIT \$:

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

CERTIFICATE HOLDER: HIDALGO COUNTY HEADSTART 1091 West State Highway 107 McAllen, TX 78504	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: 
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/12/2013

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).

PRODUCER STATE FARM INSURANCE, ROEL VILLANUEVA 702 W EXPRESSWAY 83 SUITE A PHARR TEXAS 78577 (956) 702-4200 	CONTACT NAME: TONY GUZMAN PHONE (A/C, No, Ext): 956-664-1600 FAX (A/C, No): E-MAIL ADDRESS:																				
	<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A:</td> <td></td> <td></td> </tr> <tr> <td>INSURER B:</td> <td>State Farm Mutual Automobile Insurance Company</td> <td>25179</td> </tr> <tr> <td>INSURER C:</td> <td></td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:			INSURER B:	State Farm Mutual Automobile Insurance Company	25179	INSURER C:			INSURER D:			INSURER E:			INSURER F:	
INSURER(S) AFFORDING COVERAGE		NAIC #																			
INSURER A:																					
INSURER B:	State Farm Mutual Automobile Insurance Company	25179																			
INSURER C:																					
INSURER D:																					
INSURER E:																					
INSURER F:																					
INSURED TONY GUZMAN DBA GUZMAN & ASSOCIATES 210 NOLANA AVE STE B MCALLEN TX 78504-2509																					

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

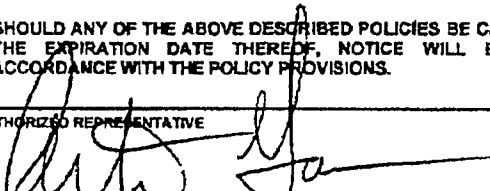
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR LYND	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <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"/> PRO-JECT <input type="checkbox"/> LOC					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRE AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	Y N	159 6224-F17-53 -001	12/7/2012	06/17/2013	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 500,000 BODILY INJURY (Per accident) \$ 500,000 PROPERTY DAMAGE (Per accident) \$ 300,000 \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/ MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A				WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

04 LINCOLN NAVIGATOR VIN.# 5LMFU27R34LJ01450
 TONY GUZMAN DBA GUZMAN & ASSOCIATES

LOCATION:
 210 NOLANA AVE STE B
 MCALLEN TX 78504-2509

CERTIFICATE HOLDER HIDALGO COUNTY HEADSTART 1091 West State Highway 107 McAllen, TX 78504	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 
---	--



HEALTHCARE PROVIDERS SERVICE
ORGANIZATION PURCHASING GROUP



Certificate of Insurance

OCCURRENCE POLICY FORM

PRODUCER	BRANCH	PREFIX	POLICY NUMBER	Policy Period:
018098	970	HPG	0273927341-8	From 08/08/12 to 08/08/13 at 12:01 AM Standard Time

Named Insured
 Tony Guzman
 210 W Nolana Ave Ste B
 McAllen, TX 78504-2509

(Member Since 8-8-04)

Program Administered by:
 Healthcare Providers Service Organization
 159 E. County Line Road
 Hatboro, PA 19040-1218
 1-800-982-9491
 www.hpso.com

Medical Specialty Licensed Professional Counselor
Code 80723

Insurance is provided by:
 American Casualty Company of Reading, Pennsylvania
 333 South Wabash Avenue Chicago, Illinois 60604

Professional Liability \$1,000,000 each claim \$3,000,000 aggregate
 Your professional liability limits shown above include the following:
 • Good Samaritan Liability • Malplacement Liability • Personal Injury Liability
 • Sexual Misconduct included in the PL Limit shown above subject to \$25,000 aggregate sublimit

Coverage Extensions

License Protection	\$ 25,000 per proceeding	\$ 25,000 aggregate
Defendant Expense Benefit	\$ 1,000 per day limit	\$ 25,000 aggregate
Deposition Representation	\$ 10,000 per deposition	\$ 10,000 aggregate
Medical Payments	\$ 25,000 per person	\$ 100,000 aggregate
First Aid	\$ 10,000 per incident	\$ 10,000 aggregate
Damage to Property of Others	\$ 10,000 per incident	\$ 10,000 aggregate
Information Privacy (HIPAA) Fines & Penalties	\$ 25,000 per incident	\$ 25,000 aggregate

Workplace Liability

Workplace Liability	Included in Professional Liability Limit shown above
Fire and Water Legal Liability	Included in the PL limit above subject to \$150,000 aggregate sublimit
Personal Liability	\$1,000,000 aggregate

Total: \$317.00
 Premium reflects self-employed, full-time rate.

Policy Forms & Endorsements (Please see attached list for a general description of many common policy forms and endorsements.)
 G-121500-D G-121501-C G-121503-C G-145184-A G-147292-A GSL3886 GSL3908 GSL13424
 GSL15563 GSL15564 GSL17101 G-123846-C42 G-53752-C42

Thomas F. Molander
 Chairman of the Board

John M. Walker
 Secretary

Keep this Certificate of Insurance in a safe place. This Certificate of Insurance and proof of payment are your proof of coverage. There is no coverage in force unless the premium is paid in full. In order to activate your coverage, please remit premium in full by the effective date of this Certificate of Insurance.

Form #: G-141241-B (3/2010) Master Policy: 188711433



Guzman & Associates

Confidential Counseling / Consejos con Confianza

210 Nolana, Suite B / McAllen, Texas. 78504

Phone: (956) 664-1600 / Fax: (956) 664-1623

Affidavit & Indemnity Agreement

Date: 04-12-2013

Affiant: Mr. Tony Guzman

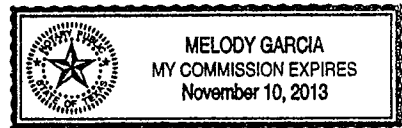
Affiant on oath swears that the following statements are true and are within the personal knowledge of Affiant.

Affiant: Mr. Tony Guzman states he is a sole proprietor doing business as Licensed Professional Counselor and applying to do business with Hidalgo County Head Start Program under RFQ Bid No: 2013-002-04-12 dated 03-01-2013. Affiant will provide services for Hidalgo County Head Start Program under a Hidalgo County Head Start Program Mental Health contract, if approved.

Affiant further states that he has no employees and does not anticipate employing any during the term of the contract. In the event Affiant does employ any staff during the contract, Affiant shall immediately notify Hidalgo County Head Start Program and obtain the Workers Compensation required by law. Affiant further acknowledges that failure to do so will result in cancellation of the purchase order.

Affiant agrees to indemnify, defend and hold harmless the County of Hidalgo and its agents, employees and elected officials from and against any and all claims, suits, demands and causes of action, of any kind of nature, arising out of or in any way relating to the services performed by Affiant.

Further Affiant sayeth not.



T. Guzman M.Ed., LPC-S

Tony Guzman Printed Name of Affiant:

SWORN AND SUBSCRIBED TO under oath before me on April 12, 2013.

Notary Public, State of Texas: Melody Garcia

My Commission expires: 11-10, 20 13.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/13/2013

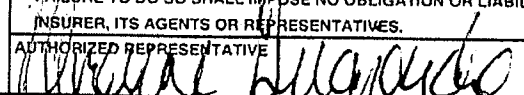
PRODUCER GREENSPPOINT INSURANCE AGENCY 1127 E 9 TH ST MISSION, TX. 78572		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURED LILIA VARELA GENERATIONS GROWING TOGETHER INC. DBA GROWING GENERATIONS 1114 ALTON BLVD ALTON, TX. 78573		INSURERS AFFORDING COVERAGE INSURER A: GMAC INSURER B: TEXAS MUTUAL INSURANCE COMPANY INSURER C: INSURER D: INSURER E:	NAIC #

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
	<input type="checkbox"/>	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> _____ <input type="checkbox"/> _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				EACH OCCURENCE	\$
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
						MED EXP (Any one person)	\$
						PERSONAL & ADV INJURY	\$
						GENERAL AGGREGATE	\$
						PRODUCTS - COMP/OP AGG	\$
							\$
A	<input checked="" type="checkbox"/>	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> _____ <input type="checkbox"/> _____	2002086665	06/01/2013	06/01/2014	COMBINED SINGLE LIMIT (Each Occurrence)	\$1,000,000.00
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/>	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> _____				AUTO ONLY - EA ACCIDENT	\$
						OTHER THAN EA ACC	\$
						AUTO ONLY: AGG	\$
	<input type="checkbox"/>	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$ _____				EACH OCCURENCE	\$
						AGGREGATE	\$
							\$
							\$
B	<input checked="" type="checkbox"/>	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	SBP0001253438 20130604	06/04/13	06/04/2014	<input type="checkbox"/> WC STATUTORY LIMITS <input checked="" type="checkbox"/> OTH-ER	
						E.L. EACH ACCIDENT	\$500,000
						E.L. DISEASE - EA EMPLOYEE	\$500,000
						E.L. DISEASE - POLICY LIMIT	\$500,000
	<input type="checkbox"/>	OTHER					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 AUTO COVERED :2009 FORD FOCUS SES VIN #: 1FAHP33N99W199072

CERTIFICATE HOLDER HIDALGO COUNTY 1901 W. State Hwy. 107 Edinburg, TX. 78539	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE INSURER AFFORDING COVERAGE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE 
--	--

Affidavit & Indemnity Agreement

Date: 5/08/2013

Affiant: Maricela Medrano

Affiant on oath swears that the following statements are true and are within the personal knowledge of Affiant.

Affiant: Maricela Medrano states (s)he is a sole proprietor doing business as Professional Counseling As a Licensed Professional with Hidalgo County Head Start Program under RFQ-2013-002-04-12 dated April 12, 2013. Affiant will provide services for Hidalgo County Head Start Program under a Hidalgo County Head Start Program Mental Health Services contract.

Affiant further states that she has not employees and does not anticipate employing any during the term of this contract. In the event Affiant does employ any staff during the contract, Affiant shall immediately notify Hidalgo County Head Start Program and obtain the Workers Compensation required by law. Affiant further acknowledges that failure to do so will result in cancellation of the purchase order.

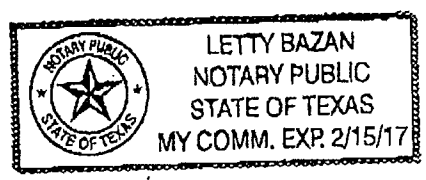
Affiant agrees to indemnify, defend and hold harmless the County of Hidalgo and its agents, employees and elected officials from and against any and all claims, suits, demands and causes of action, of any kind of nature, arising out of or in any way relating to the services performed by Affiant.

Further Affiant sayeth not.

Maricela Medrano
Maricela Medrano Printed Name of Affiant:

SWORN AND SUBSCRIBED TO under oath before me on June 18, 2013.

Notary Public, State of Texas Letty Bazan





GOVERNMENT EMPLOYEES INSURANCE COMPANY

Washington DC

VERIFICATION OF COVERAGE
(SEE BELOW UNDER CAUTIONARY NOTE)

INSURED

JULIAN AND MARICELA SOTO
MEDRANO
117 E CAMELLIA AVE
MCALLEN, TX 78501-9476

Policy Number: 4199312747
Effective Date: 06-29-13
Expiration Date: 12-29-13
Registered State: TEXAS

To whom it may concern:

This letter is to verify that we have issued the policyholder coverage under the above policy number for the dates indicated in the effective and expiration date fields for the vehicle listed. This should serve as proof that the below mentioned vehicle meets or exceeds the financial responsibility requirement for your state.

This verification of coverage does not amend, extend or alter the coverage afforded by this policy.

Vehicle Year: 2013
Make: VOLKS
Model: PASSAT
VIN: 1VWCN7A38DC010390

COVERAGES	LIMITS	DEDUCTIBLES
BODILY INJURY LIABILITY	\$300,000/\$500,000	
PROPERTY DAMAGE LIABILITY	\$50,000	
UNINSURED MOTORIST BODILY INJ	INSURED REJECTS	
UNINSURED MOTORIST PROPERTY DAMAGE	\$50,000	\$250 DED
COMPREHENSIVE		\$500 DED
COLLISION		\$500 DED
EMERGENCY ROAD SERVICE	FULL	NON-DED
RENTAL REIMBURSEMENT	\$50/DAY-\$1500 MAX	
MECHANICAL BREAKDOWN		\$250 DED

Lienholder Additional Insured Interested Party

HIDALGO COUNTY
1901 W HWY 107
MCALLEN, TX 78504

Additional Information:

Issued 8/19/2013

If you have any additional questions, please call 1-800-841-3000.

CAUTIONARY NOTE: THE CURRENT COVERAGES, LIMITS, AND DEDUCTIBLES MAY DIFFER FROM THE COVERAGES, LIMITS, AND DEDUCTIBLES IN EFFECT AT OTHER TIMES DURING THE POLICY PERIOD. THIS VERIFICATION OF COVERAGE REFLECTS THE COVERAGES, LIMITS AND DEDUCTIBLES AS OF THE ISSUED DATE OF THIS DOCUMENT WHICH IS SHOWN UNDER "ADDITIONAL INFORMATION" OR IF AN ISSUED DATE IS NOT SHOWN, THE DATE OF THIS FACSIMILE.



HEALTHCARE PROVIDERS SERVICE ORGANIZATION PURCHASING GROUP

Print Date: 3/18/2013



Certificate of Insurance

OCCURENCE POLICY FORM

Producer Branch Prefix Policy Number Policy Period
018098 970 HPG 0296344081 from 03/01/13 to 03/01/14 at 12:01 AM Standard Time

Named Insured and Address:
Maricela S Medrano
117 E Camellia Ave
Mcallen, TX 78501-9476

Program Administered by:
Healthcare Providers Service Organization
159 E. County Line Road
Hatboro, PA 19040-1218
1-800-982-9491
www.hpso.com

Medical Specialty:
Social Worker, Clinical

Code:
80723

Insurance is provided by:
American Casualty Company of Reading, Pennsylvania
333 S. Wabash Avenue, Chicago, IL 60604

Professional Liability \$1,000,000 each claim \$3,000,000 aggregate

Your professional liability limits shown above include the following:

- * Good Samaritan Liability * Malplacement Liability * Personal Injury Liability
* Sexual Misconduct Included in the PL limit shown above subject to \$25,000 aggregate sublimit

Coverage Extensions

Table with 5 columns: Extension Name, Amount, Unit, Amount, Aggregate. Includes License Protection, Defendant Expense Benefit, Deposition Representation, Medical Payments, First Aid, Damage to Property of Others, Information Privacy (HIPAA) Fines and Penalties.

General Liability

General Liability \$1,000,000 each claim / \$1,000,000 aggregate
Fire & Water Legal Liability Included in the GL limit shown above subject to \$250,000 aggregate sublimit
Personal Liability \$1,000,000 aggregate

Total: \$ 319.00

Base Premium \$319.00

Premium reflects Self Employed , Part Time

Policy Forms & Endorsements(Please see attached list for a general description of many common policy forms and endorsements.)

Table with 6 columns of policy codes: G-121500-D, G-121501-C, G-53752-C42, G-145184-A, G-147292-A, GSL15563, etc.

Medical Speciality is amended to include Consulting Services (GSL-5587)

Signature of Thomas F. Mohamed

Chairman of the Board

Signature of Secretary

Secretary

Keep this document in a safe place. It and proof of payment are your proof of coverage. There is no coverage in force unless the premium is paid in full. In order to activate your coverage, please remit premium in full by the effective date of this Certificate of Insurance.

Master Policy # 188711433

G-141241-B (03/2010)

Coverage Change Date:

Endorsement Change Date:

JOEL OCHOA
 817 N WARE RD #5
 MCALLEN, TX 78501
 1-956-688-8243

Policy number: 02240999-0

Underwritten by:
 PROGRESSIVE COUNTY MUTUAL INS CO
 June 19, 2013
 Page 1 of 1

Certificate of Insurance

Certificate Holder	Insured	Agent
CHALLENGES AND CHANGE 813 N WARE RD MCALLEN, TX 785010000	CHALLENGES AND CHANGE CHALLENGES AND CHANGE 813 N WARE RD MCALLEN, TX 78501	JOEL OCHOA 817 N WARE RD #5 MCALLEN, TX 78501

This document certifies that insurance policies identified below have been issued by the designated insurer to the insured named above for the period(s) indicated. This Certificate is issued for information purposes only. It confers no rights upon the certificate holder and does not change, alter, modify, or extend the coverages afforded by the policies listed below. The coverages afforded by the policies listed below are subject to all the terms, exclusions, limitations, endorsements, and conditions of these policies.

Effective Date: May 31, 2013

Policy Expiration Date: May 31, 2014

Insurance coverage(s)	Limits
BODILY INJURY/PROPERTY DAMAGE	\$100,000/\$300,000/\$50,000
UNINSURED/UNDERINSURED MOTORIST	\$50,000/\$100,000
UNINSURED MOTORIST PROPERTY DAMAGE	\$25,000 W/\$250 DED

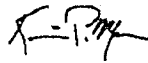
Description of Location/Vehicles/Special Items

Scheduled autos only

2002 FORD WINDSTAR 2FMZA53482BB66781
 MEDICAL PAYMENTS \$10,000

Certificate number

17013NET999



Affidavit & Indemnity Agreement

Date: 6-11-2013

Affiant: Challenges and Change, PLLC

Affiant on oath swears that the following statements are true and are within the personal knowledge of Affiant.

Affiant: **Challenges and Change, PLLC** states it is a Professional Limited Liability Company doing business as Licensed Professional Counselor with Hidalgo County Head Start Program under RFO-2013-002-04-12, dated April 12, 2013. Affiant will provide services for Hidalgo County Head Start Program under a Hidalgo County Head Start Program Mental Health service contract.

Affiant further states that she has no employees and does not anticipate employing any during the term of this contract. In the event Affiant does employ any staff during the contract, Affiant shall immediately notify Hidalgo County Head Start Program and obtain the Workers Compensation required by law. Affiant further acknowledges that failure to do so will result in cancellation of the purchase order.

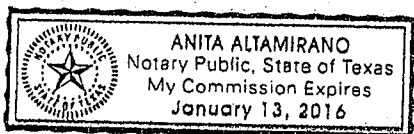
Affiant agrees to indemnify, defend and hold harmless the County of Hidalgo and its agents, employees and elected officials from and against any and all claims, suits, demands and causes of action, of any kind of nature, arising out of or in any way relating to the services performed by Affiant.

Further Affiant sayeth not.

Challenges and Change, PLLC / Jennifer L. Holm, LPES Printed Name of Affiant: Jennifer L. Holm

SWORN AND SUBSCRIBED TO under oath before me on June 18th, 2013.

Notary Public, State of Texas Anita Altamirano





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/30/2013

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).

PRODUCER Porter-Brandenburg Agency 12180 Abrams Rd. #107 Dallas TX 75243	CONTACT NAME:	
	PHONE (A/C, No. Ext.): (972) 234-5588	FAX (A/C, No.): (972) 234-5311
	E-MAIL ADDRESS:	
	INSURER AFFORDING COVERAGE:	NAIC #
	INSURER A: Penn-America Ins Co	32859
INSURED Challenges and Change PLLC 813 N Ware Rd., Suite A McAllen TX 78501	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

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.

PRR LTR	TYPE OF INSURANCE	ADOL. BUS. CODE	POLICY NUMBER	POLICY EFF. DATE	POLICY EXP. DATE	LIMIT
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		PAC7014157	03/26/2013	03/25/2014	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 100,000 MED EXP (Per one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPROP AGG \$ Incl. \$
	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> RENTED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Per accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below					<input type="checkbox"/> W/C STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - FA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER CANCELLATION AI 008505

Texas Department of Family and Protective Services
2520 South Veteran's Blvd.
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

James H. Porter

Fax: () -

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Affidavit & Indemnity Agreement

Date: 5/21/2013

Affiant: Amy Jane Hermansen

Affiant on oath swears that the following statements are true and are within the personal knowledge of Affiant.

Affiant: Amy Jane Hermansen states (s)he is a sole proprietor doing business as sign language interpreter As a Licensed Professional with Hidalgo County Head Start Program under RFQ-2013-003-04-12 dated April 12, 2013. Affiant will provide services for Hidalgo County Head Start Program under a Hidalgo County Head Start Program Mental Health Services contract.

Affiant further states that she has not employees and does not anticipate employing any during the term of this contract. In the event Affiant does employ any staff during the contract, Affiant shall immediately notify Hidalgo County Head Start Program and obtain the Workers Compensation required by law. Affiant further acknowledges that failure to do so will result in cancellation of the purchase order.

Affiant agrees to indemnify, defend and hold harmless the County of Hidalgo and its agents, employees and elected officials from and against any and all claims, suits, demands and causes of action, of any kind of nature, arising out of or in any way relating to the services performed by Affiant.

Further Affiant sayeth not.

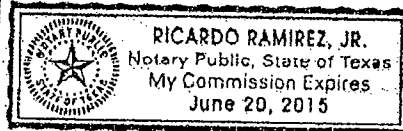
Amy J Hermansen

Amy J Hermansen

Printed Name of Affiant:

SWORN AND SUBSCRIBED TO under oath before me on 5/30, 2013.

Notary Public, State of Texas



1901 West State Highway 107* McAllen, TX 78504*(956) 380-4149*Fax (956) 381-0439



HISCOX INSURANCE COMPANY INC. (A Stock Company)

233 North Michigan Avenue, Suite 1840 Chicago Illinois 60601

Certificate of Commercial General Liability Insurance

This certificate is issued for informational purposes only.

It certifies that the policies listed in this document have been issued to the Named Insured. It does not grant any rights to any party nor can it be used, in any way, to modify coverage provided by such policies. Alteration of this certificate does not change the terms, exclusions or conditions of such policies.

Coverage is subject to the provisions of the policies, including any exclusions or conditions, regardless of the provisions of any other contract, such as between the certificate holder and the Named Insured. The limits shown below are the limits provided at the policy inception. Subsequent paid claims may reduce these limits.

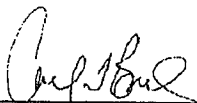
Named Insured:	Amy J Hermansen dba Sign Language Services		
Insurer Name:	Hiscox Insurance Company Inc.		
Policy Number:	UDC-1356688-CGL-13		
Type of Coverage:	Occurrence		
Policy Effective Date:	June 10, 2013	Policy Expiration Date:	June 10, 2014

Limits of Insurance

Each Occurrence:	\$ 1,000,000	
Damage to Premises Rented to You:	\$ 100,000	Any one premises
Medical Expense:	\$ 5,000	Any one person
Personal & Advertising Injury:	\$ 1,000,000	
General Aggregate:	\$ 2,000,000	
Products/Completed Operations Aggregate:	Products-completed operations are subject to the General Aggregate Limit	
General Aggregate Limit applies per:	Policy	

Description of Endorsements/Special Provisions

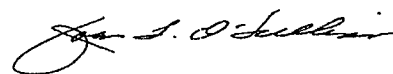
Not applicable



 Authorized Representative

June 18, 2013

 Date

MEMORANDUM OF INSURANCE				Date Issued August 16, 2012	
Producer Marsh U.S. Consumer a service of Seabury & Smith, Inc. P.O. Box 14576 Des Moines, IA 50306-3576 www.proliability.com			This memorandum is issued as a matter of information only and confers no rights upon the holder. This memorandum does not amend, extend or alter the coverages afforded by the Certificate listed below.		
Insured Amy J Hermansen dba: Sign Language Services 1409 Rio Grande Street San Juan, TX 78589			Company Affording Coverage Liberty Insurance Underwriters, Inc.		
This is to certify that the Certificate listed below has been issued to the insured named above for the policy period indicated, not withstanding any requirement, term or condition of any contract or other document with respect to which this memorandum may be issued or may pertain, the insurance afforded by the Certificate described herein is subject to all the terms, exclusions and conditions of such Certificate. The limits shown may have been reduced by paid claims.					
Type of Insurance	Certificate Number	Effective Date	Expiration Date	Limits	
Professional Liability Interpreter	AHY-671224001	08/01/2012	08/01/2013	Per Occurrence	\$1,000,000
				Aggregate	\$3,000,000
General Liability				Per Occurrence	
				Aggregate	
Evidence of Insurance					
Memorandum Holder: Amy J Hermansen dba: Sign Language Services 1409 Rio Grande Street San Juan, TX 78589			Should the above described Certificate be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the Memorandum Holder named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.		
			Authorized Representative Joan O'Sullivan		
					

**CONSUMERS COUNTY
MUTUAL INSURANCE COMPANY**
(A COUNTY MUTUAL COMPANY)
Travelers Business Center
PO Box 59059
Knoxville, TN 37950-9059

Phone: 1-800-842-5075
Fax: 1-877-872-5334

April 3, 2013

D R HORTON INS AGENCY
PO BOX 467
HARLAN IA 51537

AUTOMOBILE CERTIFICATE OF INSURANCE

RE: Policy Number: 987777604 122 1
MARK & AMY HERMANSEN
1409 RIO GRANDE ST
SAN JUAN, TX 78589
Consumers County Mutual Insurance Company
Policy Period: 11/9/2012 - 5/9/2013

Agent Code: 0M2647
Agent Name: D R HORTON INS AGENCY
PO BOX 467
HARLAN, IA 51537

Description of Vehicle(s):

Vehicle	Year	Make	Model	Vehicle Identification Number
1	2008	PONTIAC	VIBE	5Y2SL658X8Z422737
2	2013	HYUNDAI	ELANTRA GL	5NPDH4AE0DH263089

Policy Coverages and Limits:

Vehicle	Bodily Injury	Property Damage	Comprehensive	Collision
1	\$100,000 / \$300,000	\$100,000	\$ Deductible	\$500 Deductible
2	\$100,000 / \$300,000	\$100,000	\$500 Deductible	\$500 Deductible

Vehicle 2 - Loss Payee/Lienholder

HYUNDAI FINANCIAL
PO BOX 20829
FOUNTAIN VALLEY CA 92708

This is to certify that the policy of insurance listed above has been issued to the insured named above. Any liability and any required no-fault coverages afforded by this policy for the vehicle described above also apply to the person or organization named above as an additional insured. If we terminate this policy, notice will also be mailed to the additional insured at least ten days before the effective date of cancellation.

This certificate is issued as a matter of information only and does not amend, alter or extend the coverage afforded by the policy.

Kristina Morris
Travelers Business Center
800-842-5075



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/26/2012

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 Willis of Texas, Inc. c/o 26 Century Blvd. P.O. Box 305191 Nashville, TN 37230-5191	CONTACT NAME: PHONE (A/C, No, Ext): (877) 945-7378		FAX (A/C, No): (888) 467-2378
	E-MAIL ADDRESS:		
INSURER(S) AFFORDING COVERAGE			NAIC #
INSURER A : Assurance Company of America			19305
INSURER B : Maryland Casualty Company			19356
INSURER C : Markel Insurance Company			38970
INSURER D :			
INSURER E :			
INSURER F :			

INSURED

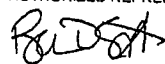
Sign Language Interpreters LLC DBA
A Sign Language Company
2721 Fountain Plaza Blvd Ste D
Edinburg, TX 78539

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.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY			PAS05339736	9/4/2012	9/4/2013	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB						EACH OCCURRENCE	\$
	EXCESS LIAB						AGGREGATE	\$
	DED	RETENTION \$						\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WC0533975100	9/4/2012	9/4/2013	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A				E.L. EACH ACCIDENT	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
C	Professional Liab.			MG835718	9/17/2012	9/17/2013	See Attached	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
THIS CERTIFICATE VOIDS AND REPLACES PREVIOUSLY ISSUED CERTIFICATE DATED: 9/21/2012

CERTIFICATE HOLDER	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 

ADDITIONAL COVERAGE SCHEDULE

COVERAGE	LIMITS
POLICY TYPE: Professional Liability CARRIER: Markel Insurance Company POLICY TERM: 9/17/2012 - 9/17/2013 POLICY NUMBER: MG835718	Aggregate \$3,000,000 Per Claim \$1,000,000