



Founded in 1967 as the
Hidalgo County Historical Museum

October 23, 2013

The Honorable Ramon Garcia
Hidalgo County Courthouse
P. O. Box 1356
Edinburg, TX 78540

Dear Judge Garcia:

On behalf of the museum's Board of Trustees and Advisors, I respectfully request the use of the County parking lots near the museum for use by visitors to the museum for the following events:

- Día de los Muertos, November 2, 2013, from 9:00 a.m. to 5:00 p.m.
 - We understand the parking lot will be in use from 8:00 until the parade has departed, so museum visitors would not be able to park there until that activity is concluded; the event opens to the public at 10:00 a.m.
- La Pastorela, Sunday, December 8, 2013, from 1:00 to 5:00 p.m.
- Pioneer & Ranching Crafts Day, Saturday, February 15, 2014, from 9:00 a.m. to 5:00 p.m.
- ¡Fandango! 2014, Saturday, October 11, 2014, from 5:30 p.m. to 11:00 p.m.
- Día de los Muertos, November 1, 2014, from 9:00 a.m. to 5:00 p.m.

A copy of our insurance certificate is enclosed as part of the request.

Thank you very much for the Court's prompt consideration of our request.

Sincerely,

(Mrs.) Shan P. Rankin
Executive Director

✓ cc: Valde Guerra

RECEIVED
OFFICE OF EXECUTIVE OFFICER
ON 10/24/13 BY:

... preserving and presenting the borderland heritage of South Texas and Northeastern Mexico



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/23/13

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 Shepard Walton King Ins. Group 121 W. Pecan McAllen, TX 78501 Cynthia Cabaza, CIC	956-682-2841	CONTACT NAME: Nancy Olmedo
	956-630-4015	PHONE (A/C, No, Ext): 956-630-4011 FAX (A/C, No): 956-630-4015
		E-MAIL ADDRESS: nolmedo@swkins.com
		INSURER(S) AFFORDING COVERAGE
		INSURER A: Berkley Asset Protection
		INSURER B: HARTFORD INSURANCE CO. 29424
		INSURER C: StarNet Insurance Company
		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 INSR	SUBR WVD	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			BPK200869410	12/31/12	12/31/13	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 - COM/POP AGG \$ 2,000,000
	GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE			BUM200870010	12/31/12	12/31/13	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
	DED <input checked="" type="checkbox"/> RETENTION \$ 0						
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) if yes, describe under DESCRIPTION OF OPERATIONS below		Y/N <input type="checkbox"/> N/A	65WBCZQ9476	06/25/12	06/25/13	<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
C	Fine Arts			BFAM9100513112	12/31/12	12/31/13	Fine Arts 1,400,000 Deductibl 1,000

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

CERTIFICATE HOLDER CANCELLATION

HIDCOED Hidalgo County 2812 So. Bus 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 <i>Cynthia Cabaza</i>