

# ACORD<sup>TM</sup> INSURANCE BINDER

DATE  
11/15/2013

**THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM.**

PRODUCER	PHONE (A/C. No. Ext): 956-487-5555 FAX (A/C. No.): 956-487-2451	COMPANY ESSEX INSURANCE COMPANY	BINDER #
Garza Insurance Agency 414 E Main Street Rio Grande City, TX 78582		DATE EFFECTIVE TIME 11/07/2013	EXPIRATION DATE TIME 11/07/2014 12:01 AM NOON
CODE:	SUB CODE:	THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #:	
AGENCY CUSTOMER ID:	DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location) 814 CIMARRON DR. MISSION, TX 78572		
INSURED ARGO CONSTRUCTION ARNOLDO GONZALEZ 814 CIMARRON DR. MISSION, TX 78572			

## COVERAGES

## LIMITS

TYPE OF INSURANCE	COVERAGE/FORMS	DEDUCTIBLE	COINS %	AMOUNT	
<b>PROPERTY</b> CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPEC					
<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	ESSEX INSURANCE COMPANY POLICY # 3DQ7137  RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE DAMAGE TO RENTED PREMISES MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG		\$ 300,000 \$ 100,000 \$ 5,000 \$ 500,000 \$ 500,000 \$ 500,000	
<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE MEDICAL PAYMENTS PERSONAL INJURY PROT UNINSURED MOTORIST	\$ \$ \$ \$ \$ \$
<b>AUTO PHYSICAL DAMAGE</b> DEDUCTIBLE <input type="checkbox"/> COLLISION: _____ <input type="checkbox"/> OTHER THAN COL: _____	<input type="checkbox"/> ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES			ACTUAL CASH VALUE STATED AMOUNT OTHER	\$ \$ \$
<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT OTHER THAN AUTO ONLY: EACH ACCIDENT AGGREGATE	\$ \$ \$ \$
<b>EXCESS LIABILITY</b> <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	RETRO DATE FOR CLAIMS MADE:			EACH OCCURRENCE AGGREGATE SELF-INSURED RETENTION WC STATUTORY LIMITS	\$ \$ \$ \$
<b>WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY</b>				E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	\$ \$ \$
<b>SPECIAL CONDITIONS/ OTHER COVERAGES</b>				FEES TAXES ESTIMATED TOTAL PREMIUM	\$ \$ \$

## NAME & ADDRESS

HIDALGO COUNTY URBAN COUNTY PROGRAM 3304 W. ALBERTA RD. EDINBURG TX, 78539	MORTGAGEE	<input checked="" type="checkbox"/> ADDITIONAL INSURED
	LOSS PAYEE	
	LOAN #	
AUTHORIZED REPRESENTATIVE 		