



Daniels-Head  
Insurance  
Agency

1001 S. Capital of Texas Hwy, Suite M100 • West Lake Hills, TX • 78746  
P.O. Box 160730 • Austin, TX • 78716-0730  
Ph: 800.950.0551 Fax: 877.839.6107  
[www.dhia.com](http://www.dhia.com)

November 18, 2013

Mr. Pilar Espinosa  
ESPINOSA LAW FIRM, L.L.C.  
Post Office Box 720408  
McAllen, TX 78504

RE: Lawyers Professional Liability Insurance  
National Liability & Fire Insurance Company

Dear Mr. Espinosa:

We are pleased to attach your policy issued by National Liability & Fire Insurance Company. Your policy was issued as follows:

- Policy Number: 73LPL102082
- Effective Date: November 12, 2013
- Limits of Liability: \$1,000,000/\$1,000,000
- Per Claim Deductible: \$5,000
- Prior Acts Coverage: Back to November 12, 2009, but limited to work performed on behalf of the Named Insured
- Premium: \$3,826

This policy has been issued at your request, based upon the terms and conditions detailed in the quotation previously provided. We consider it your obligation to read the policy and endorsements (refer to the policy for a list of endorsements). Please contact our office immediately if there are any aspects of the policy that require further clarification or if you feel the coverage does not meet the needs of your firm.

*Please note that in an effort to improve the speed and efficiency of the delivery of your policy, this electronic copy is the only version that will be sent to your office unless otherwise requested.*

Thank you for the opportunity to be of service. Please contact us if we may be of further assistance.

Respectfully,

Julie A. Houck  
JH/rld  
[jah57@dhiatx.com](mailto:jah57@dhiatx.com)

7/06/2014

# TEXAS PERSONAL AUTO POLICY

## AMENDED DECLARATIONS PAGE



GERMANIA SELECT INSURANCE CO  
 PO BOX 645  
 BRENHAM TX 77834-0645

INSURED: 000048576950 PH 956-688-5717  
 PILAR V ESPINOSA  
 MERCEDES S ESPINOSA  
 204 E KIWI ST  
 MCALLEN TX 78504-2052

POLICY NUMBER POLICY PERIOD 12:01AM STANDARD TIME  
 4 304 3258791 at the address of the named insured as stated herein.  
 7/06/2013 TO 7/06/2014

00038608918  
 0

PILAR V ESPINOSA  
 MERCEDES S ESPINOSA  
 204 E KIWI ST  
 MCALLEN TX 78504-2052

AGENT: 491 PH 956 631-1911  
 SAFEGUARD INSURANCE AGENCY  
 3329 N MCCOLL RD  
 MCALLEN TX 78501-5536

AMENDED: 07/06/2013

Description of auto or trailer

The Auto(s) or Trailer(s) described in this policy is principally garaged at the above address unless otherwise stated.

Car	Year Mod	Trade Name	Identification Number	SYM	COL	Terr.	Class	List Price	Driving Credit Discount	Passive Restraint Discount	Anti-Theft Discount
01	2006	TOYT AVAL	4T1BK36B86U095367	17	17	57	1B			YES	
02	2004	HOND PILO	2HKYF18594H592255	11	11	57	1B			YES	

Any loss under part D is payable as interest may appear to the named insured and

Car	Lien Holder or Co-Title Holder*	Address
01	CORPUS CHRISTI CITY EMPLOYEES	2140 GOLLTHAR RD; CORPUS CHRISTI, TX 78416-1144
02	AMERICAN HONDA FINANCE CORPORA	PO BOX 168008; IRVING, TX 75016-8008

Form numbers of endorsements attached to policy at date of issue: 573A, E551, E593E, 565

01 523C, E510A, E530A  
 02 523C, E510A, E530A

ANTI-LOCK BRAKE DISCOUNT

Coverage is provided where a premium and a limit of liability are shown for the coverage.

Coverages	A- Liability Coverage		B- Coverage		C- Uninsured/Underinsured Motorist Coverage (\$250 Deductible Applicable to P.D. Liability)			END. 524 TOWING AND LABOR COST	D- Coverage for Damage to Your Auto				Total Premium Dollars
	COMBINED SINGLE LIMIT		1 Med Pay	2 PIP	BODILY INJURY & PROPERTY DAMAGE				1 Other Than Collision		Collision		
	EACH ACCIDENT		Dollars Each Person	EACH PERSON EACH ACCIDENT EACH ACCIDENT			Per Disablement		END. 522-Specified Perils		END. 522-Collision		
Limits of Liability	01	500,000	210,000	30,000/60,000/25,000			40	1	\$1000	\$1000			
	02	500,000	210,000	30,000/60,000/25,000			40	1	\$1000	\$1000			
Premium	01	323.00	84.00	43.00	37.00	1.00			136.00	205.00		829.00	
	02	323.00	81.00	42.00	37.00	1.00			90.00	138.00		712.00	

Drivers listed:

01 PILAR V ESPINOSA  
 02 MERCEDES M SALINAS

Return Premium 243.00-

Premium Subtotal..... 1,541.00  
 Additional Endorsements Total..... 63.00  
 Total Premium..... 1,604.00  
 State Fee (ABTPA)..... 4.00  
 Total Amount Due..... 1,608.00

By SAFEGUARD INSURANCE AGENCY

Authorized Representative

510A. ADDITIONAL INSURED - LESSOR

This endorsement forms a part of Policy No. \_\_\_\_\_ issued to \_\_\_\_\_  
by the \_\_\_\_\_ at its Agency  
(Name of Insurance Company)  
located (city and state) \_\_\_\_\_ and is effective from \_\_\_\_\_  
(12:01 A.M. Standard Time)

(The information above is required only when this endorsement is issued subsequent to preparation of the policy.)

This endorsement forms a part of the policy to which attached, effective from its date of issue unless otherwise stated herein.

SCHEDULE

Insurance Company	GERMANIA SELECT INSURANCE CO		
Policy Number	4 304	003258791	
Effective Date	7/06/2013	Expiration Date	7/06/2014
Named Insured	PILAR V ESPINOSA MERCEDES S ESPINOSA		
Address	204 E KIWI ST MCALLEN TX 78504-2052		
Additional Insured (Lessor)	HIDALGO COUNTY		
Description of your leased auto:	2004 HOND PILO		
<b>Coverages:</b>			
(a) Single Limit Liability		\$ 500,000	each accident
or			
(b) Bodily Injury Liability		\$ _____	each person
		\$ _____	each accident
Property Damage Liability		\$ _____	each accident
(Enter "X" to indicate Damage to Your Auto Coverage provided)			
		Actual Cash Value or	
[ X ] Collision Loss	\$ _____ less	\$ 1000	deductible
		Actual Cash Value or	
[ X ] Other Than Collision Loss	\$ _____ less	\$ 1000	deductible
[ ]			

By \_\_\_\_\_  
(Duly Authorized Representative)

510A. ADDITIONAL INSURED - LESSOR

This endorsement forms a part of Policy No. \_\_\_\_\_ issued to \_\_\_\_\_

by the \_\_\_\_\_ at its Agency  
(Name of Insurance Company)

located (city and state) \_\_\_\_\_ and is effective from \_\_\_\_\_  
(12:01 A.M. Standard Time)

(The information above is required only when this endorsement is issued subsequent to preparation of the policy.)

This endorsement forms a part of the policy to which attached, effective from its date of issue unless otherwise stated herein.

SCHEDULE

Insurance Company	<u>GERMANIA SELECT INSURANCE CO</u>		
Policy Number	<u>4 304 003258791</u>		
Effective Date	<u>7/06/2013</u>	Expiration Date	<u>7/06/2014</u>
Named Insured	<u>PILAR V ESPINOSA</u> <u>MERCEDES S ESPINOSA</u>		
Address	<u>204 E KIWI ST</u> <u>MCALLEN TX 78504-2052</u>		
Additional Insured (Lessor)	<u>HIDALGO COUNTY</u>		
Description of your leased auto:	<u>2006 TOYT AVAL</u>		
<b>Coverages:</b>			
(a) Single Limit Liability		\$ <u>500,000</u>	each accident
or			
(b) Bodily Injury Liability		\$ _____	each person
		\$ _____	each accident
Property Damage Liability		\$ _____	each accident
(Enter "X" to indicate Damage to Your Auto Coverage provided)			
		Actual Cash Value or	
<input checked="" type="checkbox"/> Collision Loss	\$ _____ less	\$ <u>1000</u>	deductible
		Actual Cash Value or	
<input checked="" type="checkbox"/> Other Than Collision Loss	\$ _____ less	\$ <u>1000</u>	deductible
<input type="checkbox"/>			

By \_\_\_\_\_  
(Duly Authorized Representative)

## 565. AUTO DEATH INDEMNITY AND TOTAL DISABILITY COVERAGES

This endorsement forms a part of Policy No. \_\_\_\_\_ issued to \_\_\_\_\_  
 by the \_\_\_\_\_ at its Agency  
 (Name of Insurance Company)  
 located (city and state) \_\_\_\_\_ and is effective from \_\_\_\_\_  
 (12:01 A.M. Standard Time)

(The information above is required only when this endorsement is issued subsequent to preparation of the policy.)

This endorsement forms a part of the policy to which attached, effective from its date of issue unless otherwise stated herein.  
 We agree with you, subject to all the provisions of this endorsement and to all of the provisions of the policy except as modified herein, as follows:

The insurance afforded is only for the coverage for which a specific premium charge is shown in the Schedule, and only for the person or persons named.

### SCHEDULE

Coverages	Persons Named	Coverage Limit	Premium
A. Death Indemnity	PILAR V. ESPINOSA MERCEDES M. SALINAS	Principal Sum per Person \$ 10,000	\$ 9.00
B. Total Disability Maximum 200 Weeks		Weekly Indemnity \$60.	\$
		<b>Total Premiums</b>	<b>\$ 9.00</b>

#### Coverage A - Death Indemnity

We will pay the principal sum stated in the Schedule in the event of the death of the person which shall result directly and independently of all other causes from bodily injury caused by accident and sustained by the insured while occupying, or through being struck by, an auto, provided the death shall occur (1) within ninety days after the date of the accident, or (2) within fifty-two weeks after the date of the accident and during a period of continuous total disability of the person for which weekly indemnity is payable under the Total Disability Coverage.

(SEE REVERSE SIDE FOR FURTHER PROVISIONS)

By \_\_\_\_\_  
 (Duly Authorized Representative)

**FORM 565 -AUTO DEATH INDEMNITY AND TOTAL DISABILITY COVERAGES**  
 Texas Standard Automobile Endorsement  
 Prescribed March 18, 1992

## 523C. RENTAL REIMBURSEMENT COVERAGE

This endorsement forms a part of Policy No. \_\_\_\_\_ issued to \_\_\_\_\_

by the \_\_\_\_\_ at its Agency  
(Name of Insurance Company)

located (city and state) \_\_\_\_\_ and is effective from \_\_\_\_\_  
(12:01 A.M. Standard Time)

(The information above is required only when this endorsement is issued subsequent to preparation of the policy.)

This endorsement forms a part of the policy to which attached, effective from its date of issue unless otherwise stated herein.

### SCHEDULE

Auto	Year	Vin	LIMITS OF RENTAL REIMBURSEMENT COVERAGE	Premium
1.	2006 TOYT AVAL	4T1BK36B86U095367	\$ 35/1050	\$ 27.00
2.	2004 HOND PILO	2HKYF18594H592255	\$ 35/1050	\$ 27.00
3.			\$ _____	\$ _____
4.			\$ _____	\$ _____

The provisions and exclusions that apply to Coverage For Damage To Your Auto also apply to this endorsement except as changed by this endorsement. No deductible applies to this coverage.

When there is a loss to your covered auto described in the Declarations or Schedule for which a specific premium charge indicates that Rental Reimbursement Coverage is afforded:

We will reimburse you for expenses you incur to rent a substitute auto. We will pay up to the limits described in the schedule. This coverage applies only if:

1. Your covered auto is withdrawn from use for more than 24 hours, and
2. The loss to your covered auto is covered under Coverage for Damage To Your Auto of this policy.

When there is a total theft of the auto, the limit of \$20 per day (maximum of \$600) provided under Coverage For Damage To Your Auto will be supplemented to the extent the limits in the above Schedule exceed that \$20 per day limit.

Our payment will be limited to that period of time reasonably required to repair or replace the auto.

By \_\_\_\_\_  
(Duly Authorized Representative)

### 530A. LOSS PAYABLE CLAUSE

Loss or damage under Coverage for Damage to Your Auto shall be paid as interest may appear to you and the loss payee shown in the declarations. This insurance covering the interest of the loss payee shall not become invalid because of fraudulent acts or omissions, unless the loss results from your conversion, secretion or embezzlement of **your covered auto**. However, we reserve the right to cancel the policy as permitted by policy terms and the cancellation shall terminate this agreement as to the loss payee's interest. We will give the same advance notice of cancellation to the loss payee as we give to the named insured shown in the declarations.

When we pay the loss payee we shall, to the extent of payment, be subrogated to the loss payee's rights of recovery.

We agree to make available to you an installment payment plan as described in Rule 14 of the Texas Automobile Rules and Rating Manual, except when an installment payment plan is prohibited by other rule or by statute.

NOTICE: A fee of \$ 4.00 is payable in addition to the premium due under this policy. This fee reimburses the insurer, as permitted by 28 TAC § 5.205, for the \$2.00 fee per motor vehicle year required to be paid to the Automobile Theft Prevention Fund under Texas Civil Statutes, Article 4413 (37), § 10, which became effective on June 6, 1991, and revised effective September 1, 2011.