

602 W. University Dr.
Edinburg, Tx. 78539
O. 956-383-4974
F. 956-383-8942
www.edinburg.com



Fax

To: Monica Badillo **Fax:** _____

From: Fatty Gonzalez **Date:** _____

Re: _____ **Pages:** 2

Cc: _____

- Urgent For Review Please Comment Please Reply Please Recycle

Comments:

Thank you! ☺

State Farm



Certificate of Insurance

This certifies that

- State Farm Fire and Casualty Company, Bloomington, Illinois
- State Farm General Insurance Company, Bloomington, Illinois
- State Farm Fire and Casualty Company, Aurora, Ontario
- State Farm Florida Insurance Company, Winter Haven, Florida
- State Farm Lloyds, Dallas, Texas

insures the following policyholder for the coverages indicated below:

Policyholder **EDINBURG CHAMBER OF COMMERCE**
 Address of policyholder **602 W UNIVERSITY, EDINBURG, TX 78539**
 Location of operations _____
 Description of operations **EDINBURG CHAMBER OF COMMERCE**

The policies listed below have been issued to the policyholder for the policy periods shown. The insurance described in these policies is subject to all the terms, exclusions, and conditions of those policies. The limits of liability shown may have been reduced by any paid claims.

Policy Number	Type of Insurance	Policy Period		Limits of Liability (at beginning of policy period)
		Effective Date	Expiration Date	
90-KK-5636-8	Comprehensive Business Liability	11/17/2013	11/17/2014	BODILY INJURY AND PROPERTY DAMAGE
This insurance includes:				
<input type="checkbox"/> Products - Completed Operations <input type="checkbox"/> Contractual Liability <input type="checkbox"/> Personal Injury <input type="checkbox"/> Advertising Injury <input checked="" type="checkbox"/> MED/PERSON 6,000				Each Occurrence \$ 1,000,000.00 General Aggregate \$ 2,000,000.00 Product - Completed \$ 2,000,000.00 Operations Aggregate
Policy Number	EXCESS LIABILITY	Policy Period		BODILY INJURY AND PROPERTY DAMAGE (Combined Single Limit)
	<input type="checkbox"/> Umbrella <input type="checkbox"/> Other	Effective Date	Expiration Date	Each Occurrence \$ Aggregate \$
	Workers' Compensation and Employers Liability	Policy Period		Part I - Workers Compensation - Statutory
		Effective Date	Expiration Date	Part II - Employers Liability Each Accident \$ Disease - Each Employee \$ Disease - Policy Limit \$
Policy Number	Type of Insurance	Policy Period		Limits of Liability (at beginning of policy period)
		Effective Date	Expiration Date	

THE CERTIFICATE OF INSURANCE IS NOT A CONTRACT OF INSURANCE AND NEITHER AFFIRMATIVELY NOR NEGATIVELY AMENDS, EXTENDS OR ALTERS THE COVERAGE APPROVED BY ANY POLICY DESCRIBED HEREIN.

Name and Address of Certification Holder

ADDITIONAL INSURED

COUNTY OF HIDALGO
100 E CANO ST
EDINBURG TX 78539-4682

If any of the described policies are canceled before their expiration date, State Farm® will try to mail a written notice to the certificate holder days before cancellation. If we fail to mail such notice, no obligation or liability will be imposed on State Farm or its agents or representatives.

Signature of Authorized Representative
AGENT 10/16/14
 Title Date
SAM SALDIVAR
 Agent Name
 Telephone Number **383-4312**

Agent's Code Stamp
 Agent Code 53-8259
 AFO Code F116