



# INSURANCE BINDER

OP ID: CP

DATE (MM/DD/YYYY)  
1/13/2015**THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM.**

<b>AGENCY</b> Shepard Walton King Ins. Group 121 W. Pecan McAllen, TX 78501 R. Raul Cabaza, III		<b>COMPANY</b> Texas Mutual Insurance Co.		<b>BINDER # 8376</b>	
<b>PHONE (A/C, No, Ext): 956-682-2841</b>		<b>FAX (A/C, No): 956-630-4015</b>		<b>EXPIRATION DATE</b>	
<b>CODE:</b>		<b>SUB CODE:</b>		<b>TIME</b>	
<b>AGENCY CUSTOMER ID: VALL-03</b>		<b>DATE EFFECTIVE</b>		<b>DATE</b>	
<b>INSURED</b> Valley Land Title Company, Ltd Valley Land Mgmt Co., LLC, GP 6013 N. 10th Street McAllen TX 78504		<b>01/16/15</b>		<b>02/15/15</b>	
		AM		12:01 AM	
		PM		NOON	
THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY # <b>SBP0001165219</b>					
<b>DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location)</b> Title Agency					

**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 type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR 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		\$ \$ \$ \$ \$ \$
<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		\$ \$ \$
<b>WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY</b> <b>OUT OF NETWORK</b> Basis: Estimated Payroll \$1,962,670.		<input checked="" type="checkbox"/> WC STATUTORY LIMITS E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT		\$ \$ <b>1000000</b> \$ <b>1000000</b> \$ <b>1000000</b>
<b>SPECIAL CONDITIONS/OTHER COVERAGES</b>		FEES TAXES ESTIMATED TOTAL PREMIUM		\$ \$ \$ <b>3,418.00</b>

**NAME & ADDRESS**

	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> ADDITIONAL INSURED
	<input type="checkbox"/> LOSS PAYEE	
	LOAN #	
	<b>AUTHORIZED REPRESENTATIVE</b> <b>R. Raul Cabaza, III</b>	