

MATA-GARCIA ARCHITECTS, L.L.P.
 Architecture ~ Project Management ~ Interior Design

Invoice for Architectural Services - REIMBURSABLE EXPENSES

Project: Hidalgo County Precinct 4
 Lin-San Manuel Emergency Services Building
 Hidalgo County

Owner: County of Hidalgo
 1051 N. Doolittle
 Edinburg, Texas 78542

**Contract # C-13-119-10-02
 PO # 701993**

Date: January 5, 2015

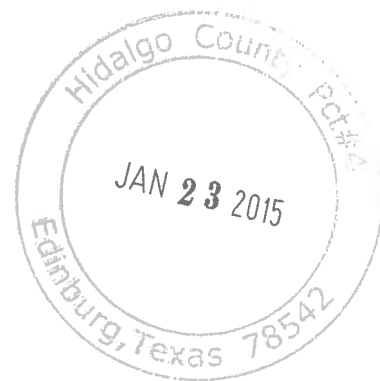
Invoice No: 3103-15



Scope of Work	Amount	% Completed to Date	Total Due	Less previous payments	Amount Due this Request
REIMBURSABLE EXPENSES					
Additional Professional Liability Insurance 2013	\$3,253.00	100%	\$3,253.00	\$3,253.00	\$0.00
Additional Professional Liability Insurance 2014	\$4,061.03	100%	\$4,061.03	\$4,061.03	\$0.00
Printing: RGV Reprographics, Invoice 102509	\$2,469.90	100%	\$2,469.90	\$2,469.90	\$0.00
Additional Professional Liability Insurance 2015	\$1,561.10	50%	\$780.55	\$0.00	\$780.55
Total	\$11,345.03		\$10,564.48	\$9,783.93	\$780.55



ARCHITECTURE
PROJECT MANAGEMENT
INTERIOR DESIGN



January 5, 2015

Additional Professional Liability Insurance:

\$2,000,000 Per Claim Limit

\$4,000,000 Aggregate Limit

Total Premium \$3,468.00

Premium Paid to Date \$1,561.10

50% San Carlos Community Resource Center \$780.55

50% Lin-San Manuel Emergency Service Facility \$780.55

INVOICE

Fenner & Esler

467 Kinderkamack Road
 P. O. Box 60
 Oradell, NJ 07649-0060

Customer	Mata-Garcia Architects LLP 2786
Date	12/23/2014
Customer Service	(201)262-1200
Page	1 of 1

Mata-Garcia Architects LLP
 1314 West Ivy Avenue
 McAllen, TX 78501-4310

Payment Information	
Invoice Summary	3,468.00
Payment Amount	
Payment for:	Invoice#26988
DPL-4000-14	

Thank You

Please detach and return with payment

Customer: Mata-Garcia Architects LLP

Invoice	Effective	Transaction	Description	Amount
26988	12/21/2014	Policy (unspecified)	Policy #DPL-4000-14 12/21/2014-12/21/2015 OneBeacon Insurance Group Errors & Omissions - Specific Project Excess Limit Specific Project Excess Limit Endorsement for the Hidalgo County Precinct 4 Projects. Due Date: 12/21/2014	3,468.00
				Total
				3,468.00
				Thank You

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Fenner & Esler 467 Kinderkamack Road P. O. Box 60 Oradell, NJ 07649-0060	(201)262-1200	Date
		12/23/2014

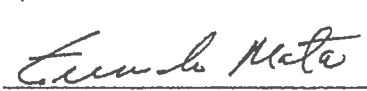
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#23703

Date: 12/31

Amount: \$1,561.10

MATA-GARCIA ARCHITECTS L.L.P. FERNANDO MATA OR HECTOR R. GARCIA 1314 IVY AVENUE McALLEN, TX 78501-4310 PH. (956) 631-1945		COMPASS BANK MERCEDES, TEXAS 35-1054/1130	23703 12/23/14
PAY TO THE ORDER OF <u>Fenner & Esler</u>		\$ **1,561.10	
One Thousand Five Hundred Sixty-One and 10/100*****		DOLLARS	
MEMO Fenner & Esler 467 Kinderkamack Road P.O. Box 60 Oradell, NJ 07649-0060	 AUTHORIZED SIGNATURE		
⑈023703⑈ ⑆ 113010547⑆ 6708874017⑈			

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Tuesday, Jan 06, 2015 11:57:27 a.m. CT

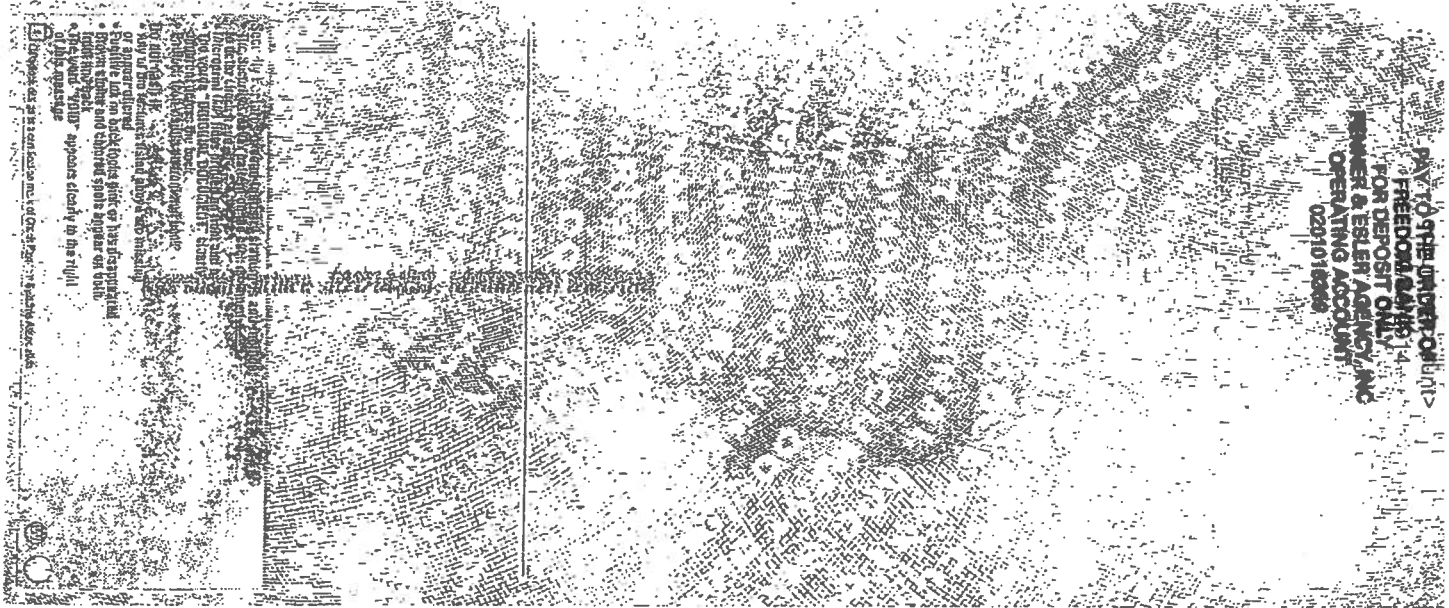
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#23703

Date: 12/31

Amount: \$1,561.10



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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
12/23/20

PRODUCER (201)262-1200 FAX: (201)262-7810
Fenner & Esler
 467 Kinderkamack Road
 P. O. Box 60
 Oradell NJ 07649-0060

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND, ALTER THE COVERAGE AFFORDED BY THE POLICIES BELONGING TO THE INSURED.

INSURED
Mata-Garcia Architects LLP
 1314 West Ivy Avenue
 McAllen TX 78501-4310

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Atlantic Specialty Insurance	27154
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

COVERAGES

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 MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
	AUTOMOBILE LIABILITY <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 (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
	EXCESS / UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under SPECIAL PROVISIONS below				WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	OTHER Professional Liability	DPL-4000-14	12/21/2014	12/21/2015	Per Claim Limit \$2,000,0 Aggregate Limit \$4,000,0

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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 *For Professional Liability Coverage, the aggregate limit is the total insurance available for all covered claims presented within the policy period. The limits will be reduced by payments of indemnity and expenses. HIDALGO COUNTY PRECINCT 4 PROJECT ONLY. RETRO DATE: 9/26/2013.

CERTIFICATE HOLDER

CANCELLATION

Hidalgo County Precinct 4
Linn/San Manuel Emergency Services Facility
 Highway 281/1-69 and SH 186
 San Manuel, TX

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
 AUTHORIZED REPRESENTATIVE
 Kevin Esler/JEAN

IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

DISCLAIMER

This Certificate of Insurance does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

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