



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
08/02/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. 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).

<b>PRODUCER</b>  JOHN FTACEK 101 S MAIN ST LA FERIA, TX 78559	<b>CONTACT NAME:</b> JOHN FTACEK / IDA SALINAS <b>PHONE (A/C, No, Ext):</b> 956-797-2881 <b>FAX (A/C, No):</b> 956-797-1803 <b>E-MAIL ADDRESS:</b> ida.l.salinas.lvaz@statefarm.com	
	<b>INSURER(S) AFFORDING COVERAGE</b> <b>NAIC #</b>	
<b>INSURED</b>  LAZ CAMREA, LLO DBA: FULCRUM CONSULTING SERVICES 207 EAST MAGNOLIA AVE LA FERIA, TX 78559	<b>INSURER A:</b> STATE FARM LLOYDS INSURANCE COMPANY	
	<b>INSURER B:</b> STATE FARM MUTUAL INSURANCE COMPANY	
	<b>INSURER C:</b> TEXAS MUTUAL INSURANCE COMPANY	
	<b>INSURER D:</b> STATE FARM FIRE AND CASUALTY COMPANY	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES**      **CERTIFICATE NUMBER:**      **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADD'L SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR		90-B4-W575-5	08/02/2016	08/02/2017	EACH OCCURRENCE \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$
B	<b>AUTOMOBILE LIABILITY</b>		200 3651-F27-53G	06/27/2016	12/27/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY	<input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY	200 3655-F27-53G	06/27/2016	12/27/2016	BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$
			216 8523-C04-53C	03/04/2016	09/04/2016	PROPERTY DAMAGE (Per accident) \$
			245 9559-C24-53	03/24/2016	09/24/2016	\$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE					EACH OCCURRENCE \$ AGGREGATE \$ DED    RETENTION \$
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> Y <input type="checkbox"/> N/A	SBPP0001240295 20120713	08/21/2015	08/21/2016	PER STATUTE    DTH-ER
		E.L. EACH ACCIDENT \$ 1,000,000				
		E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000				
D	<b>ARCHITECTS AND ENGINEERS PROFESSIONAL LIABILITY INS CO</b>		PS0000004408901	08/30/2015	08/30/2016	1,000,000 - LIMIT OF LIAB EACH CLAIM 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

<b>CERTIFICATE HOLDER</b>  URBAN COUNTY PROGRAM 427 E DURANTE STE 107 ALAMO, TEXAS 78516	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	<b>AUTHORIZED REPRESENTATIVE</b>  



AGENCY CUSTOMER ID: \_\_\_\_\_

LOC #: \_\_\_\_\_

### ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

AGENCY JOHN FTACEK STATE FARM INSURANCE AGENCY		NAMED INSURED LAZ CAMREA, LLC DBA: FULCRUM CONSULTING SERVICE 207 EAST MAGNOLIA AVE LA FERIA, TEXAS 78559	
POLICY NUMBER 245 9559-C-24-53 , 216 8523-C04-63C, 200 3651-F2753G		EFFECTIVE DATE:	
CARRIER STATE FARM MUTUAL	NAIC CODE		

#### ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
 FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

#### SCHEDULE OF VEHICLES:

- |    |      |                 |                   |
|----|------|-----------------|-------------------|
| 1. | 2008 | SMART COUPE     | WMEEJ31X88K106259 |
| 2. | 2015 | CHEVY SILVERADO | 1GC1KVEG7FF550304 |
| 3. | 2015 | CHEVY SILVERADO | 1GCRCPEH6FZ323365 |
| 4. | 2015 | CHEVY TAHOE     | 1GN5CBKC7FR705666 |
| 5. | 2012 | CHEVY SUBURBAN  | 1GN5CJE05CR541185 |
| 6. | 2008 | FORD E150 VAN   | 1FTNE14W08DB52831 |
| 7. | 2015 | CHEVY 1500 PU   | 3GCUKREC1FG186462 |

# CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

Complete Nos. 1 - 4 and 6 if there are interested parties.  
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

## OFFICE USE ONLY CERTIFICATION OF FILING

Certificate Number:  
2016-35113

Date Filed:  
04/05/2016

Date Acknowledged:  
04/06/2016

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.  
Fulcrum Consulting Services  
Harlingen, TX United States

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.  
Urban County Program

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the goods or services to be provided under the contract.  
5015-20-0306-5000-2000  
Engineering Services  
City of Edcouch - Park, Rec. Facility

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary

5 Check only if there is NO Interested Party.

6 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.

\_\_\_\_\_  
Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

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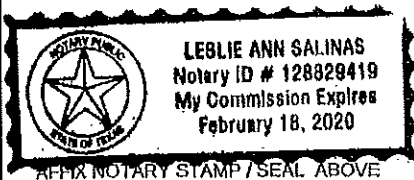
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Engineering Services

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		Controlling	Intermediary

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*[Signature]*  
Signature of authorized agent of contracting business entity

Sworn to and subscribed before me, by the said Daniel Campos, this the 5th day of April, 2016, to certify which, witness my hand and seal of office.

Leslie Ann Salinas Signature of officer administering oath  
Leslie Ann Salinas Printed name of officer administering oath  
Notary of Texas Title of officer administering oath