



**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-5536-8	Comprehensive Business Liability	11/17/2015	11/17/2016	BODILY INJURY AND PROPERTY DAMAGE	
This insurance includes:				Each Occurrence	\$ 1,000,000.00
<input type="checkbox"/> Products - Completed Operations				General Aggregate	\$ 2,000,000.00
<input type="checkbox"/> Contractual Liability				Product - Completed	\$ 2,000,000.00
<input type="checkbox"/> Personal Injury				Operations Aggregate	
<input type="checkbox"/> Advertising Injury					
<input checked="" type="checkbox"/> MED/PERSON 5,000					
Policy Number	EXCESS LIABILITY	Policy Period		BODILY INJURY AND PROPERTY DAMAGE (Combined Single Limit)	
	<input type="checkbox"/> Umbrella	Effective Date	Expiration Date	Each Occurrence	\$
	<input type="checkbox"/> Other			Aggregate	\$
Policy Number	Type of Insurance	Policy Period		Limits of Liability (at beginning of policy period)	
	Workers' Compensation and Employers Liability	Effective Date	Expiration Date	Part I - Workers Compensation - Statutory	
				Part II - Employers Liability	
				Each Accident	\$
				Disease - Each Employee	\$
				Disease - Policy Limit	\$

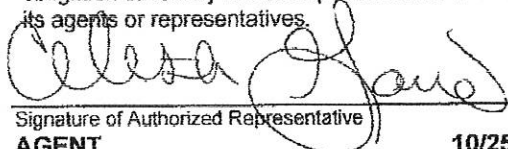
THE CERTIFICATE OF INSURANCE IS NOT A CONTRACT OF INSURANCE AND NEITHER AFFIRMATIVELY NOR NEGATIVELY AMENDS, EXTENDS OR ALTERS THE COVERAGE APPROVED BY ANY POLICY DESCRIBED HEREIN.

Name and Address of Certification Holder

**ADDITIONAL INSURED**

**COUNTY OF HIDALGO**  
**100 E CANO ST**  
**EDINBURG TX 78539-4582**

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** **10/25/16**  
 Title Date  
**SAM SALDIVAR**  
 Agent Name  
 Telephone Number **383-4312**

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