



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/30/2018

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> <b>State Farm</b> Leo Rodriguez 2200 W Trenton Rd Ste 2B Mcallen, TX 78504	<b>CONTACT NAME:</b> Yolanda Rangel <b>PHONE (A/C, No, Ext):</b> 956-682-1345 <b>FAX (A/C, No):</b> <b>E-MAIL ADDRESS:</b> yolanda.rangel.t97x@statefarm.com																				
	<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A :</td> <td>State Farm Lloyds</td> <td>43419</td> </tr> <tr> <td>INSURER B :</td> <td></td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A :	State Farm Lloyds	43419	INSURER B :			INSURER C :			INSURER D :			INSURER E :			INSURER F :	
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<b>INSURED</b> Davila & Associates Inc. 4900 N 23rd St Mcallen, TX 78504-4011																					

**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	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			90-EE-R935-8	03/06/2018	03/06/2019	EACH OCCURRENCE \$ 1,000,000 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 \$ 2,000,000 \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

<b>CERTIFICATE HOLDER</b> Hidalgo County Purchasing Dept 2812 S. Business Hwy 281 Edinburg, TX 78539	<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. AUTHORIZED REPRESENTATIVE 
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Elephant Insurance Company  
PO Box 5005  
Glen Allen, VA 23058-5005

*Underwritten by Elephant Insurance Company*

Eladio M Davila  
1605 Palazzo  
Mission, TX 78572

Policy Number: 244-001-984-73

Dear Eladio,

Thank you for allowing us to provide for your insurance needs. We value you as a customer and appreciate your business.

For your convenience, we have enclosed documents pertaining to your policy. Please review this package thoroughly before storing it in a safe place. If any information provided in your Personal Auto Application for Insurance is incorrect or changes during your policy term, please notify us immediately.

If you receive policy documents electronically as part of our paperless discount, you may still receive important policy notices by mail as required by law. For this reason, it is important that you notify Elephant promptly of any changes to your mailing address to ensure you receive all important policy documents, statements, and notices.

We want to ensure that you completely understand your policy and the protection we provide. If you have any questions, please contact us at 1-877-218-7865. You can also visit us online anytime at [www.elephant.com](http://www.elephant.com) or access policy information at myElephant ([mypolicy.elephant.com](http://mypolicy.elephant.com)).

Welcome to The Herd!

Best regards,  
Elephant Insurance Services, LLC

P.S.

**Don't forget to bundle and save!**

We also offer homeowners, renters, motorcycle, life insurance, and legal protection.



**AUTO**



**HOME**



**BIKE**



**LIFE**



**LEGAL**



Underwritten by Elephant Insurance Company

Elephant Insurance Company  
PO Box 5005  
Glen Allen, VA 23058-5005

09/20/2018

Eladio M Davila  
1605 Palazzo  
Mission, TX 78572

Policy Number: 244-001-984-73

Dear Eladio,

Thank you for purchasing Roadside Assistance coverage (Towing and Labor Costs). You will find your roadside assistance cards included. Please keep these cards in each vehicle you insured with roadside assistance.

Roadside assistance includes many helpful services to aid you when needed most, 24 hours a day, 7 days a week, 365 days a year. Simply call the toll free number located on the card, or download our Elephant Roadside Assistance iPhone app.

Your policy contract contains details of the roadside assistance coverage you purchased. Roadside Assistance is subject to agreements with our authorized service representative which limits the number of occurrences per vehicle and per policy period.

The following services are covered per occurrence up to plan benefit limits for any household auto insured with roadside assistance:

<b>Towing</b>	Limited to 15 miles total
<b>Battery Jump</b>	Up to \$75 to jump start, or tow as above
<b>Flat Tire</b>	Up to \$75 for service provider to change with inflated spare, or tow as above
<b>Fuel Delivery</b>	Delivery of up to 2 gallons of gasoline or diesel (customer must pay for fuel)
<b>Lock Out Service</b>	Up to \$75 to open a vehicle door due to lost, broken, or locked up keys

Each individual service is limited to 3 uses per vehicle per year. We appreciate your business, and thank you for allowing Elephant to meet your insurance needs.

Best regards,

Elephant Insurance

EIC\_ZZ\_RoadsideLtr\_0916

PO Box 5005  
Glen Allen, VA 23058-5005  
www.elephant.com



Underwritten by Elephant Insurance Company

Eladio M Davila  
1605 Palazzo  
Mission, TX 78572

www.elephant.com

1-877-21-TRUNK

For customer service and claims service.

**Policy Number:** 244-001-984-73

Policy Effective Date: 09/21/2018 at 12:01 AM

Policy Expiration Date: 09/21/2019 at 12:01 AM

# Auto Insurance Coverage Summary Policy Declaration Page

Your policy began on 09/21/2018 and will end on 09/21/2019 Your policy and any endorsements contain a full explanation of your coverage.

The policy contract is form TCM\_EIC\_TX\_PersAutoPol\_0317.

## Drivers

Driver	Age	Gender	Marital Status
Antonia Davila	65	Female	Married
Eladio Davila	67	Male	Married
Ursula Davila	38	Female	Married

\* Additional drivers displayed on addendum

## Premium Discounts

E-Signature Discount, Paperless Discount, Online Discount, Homeowners Discount, Multi-Car Discount, Safety Features Discount

## IMPORTANT INFORMATION REGARDING YOUR INSURANCE

NOTICE: The Automobile Burglary and Theft Prevention Authority fee is payable in addition to the premium due under this policy. This fee partially or completely reimburses the insurer, as permitted by 28 TAC §5.205, for the \$2.00 fee per motor vehicle year required to be paid to the Automobile Burglary and Theft Prevention Authority under Vernon's Annotated Revised Civil Statutes of the State of Texas, Article 4413(37), §10, which was effective on June 6, 1991, and revised effective September 1, 2011.

In the event you need to contact someone about this insurance for any reason, you may contact the insurance company issuing this insurance at the following address and telephone number—PO Box 5005, Glen Allen, VA 23058-5005, 1-877-218-7865.

If you pay a premium for Uninsured/Underinsured Motorist Property Damage Coverage, the limit of liability for that coverage is subject to a \$250 deductible.

# Coverage Outline

**Policy Number:** 244-001-984-73

2011 FORD F-250

VIN: 1FT7W2BT6BEA09808

ZIP: 78572

Coverage Type	Limits	Deductible	Premium
Bodily Injury Liability	\$100,000/\$300,000		\$292.00
Property Damage Liability	\$50,000		\$169.00
Uninsured/Underinsured Motorist - Bodily Injury	\$30,000/\$60,000		\$17.00
Uninsured/Underinsured Motorist - Property Damage	\$25,000		\$28.00
PIP - Texas	\$2,500		\$22.00
Other Than Collision		\$500	\$210.00
Collision		\$500	\$189.00
Roadside Assistance			\$26.00
Rental Reimbursement	\$30 per day / \$900 max		\$38.00
<b>Total Premium</b>			<b>\$991.00</b>
<b>Additional Fees</b>	Automobile Burglary and Theft Prevention Authority Fee (See enclosed explanation)		<b>\$2.00</b>
<b>Total</b>			<b>\$993.00</b>

2016 CHEVROLET TAHOE

VIN: 1GNSCCKC3GR415660

ZIP: 78572

Coverage Type	Limits	Deductible	Premium
Bodily Injury Liability	\$100,000/\$300,000		\$182.00
Property Damage Liability	\$50,000		\$195.00
Uninsured/Underinsured Motorist - Bodily Injury	\$30,000/\$60,000		\$31.00
Uninsured/Underinsured Motorist - Property Damage	\$25,000		\$51.00
PIP - Texas	\$2,500		\$40.00
Other Than Collision		\$500	\$412.00
Collision		\$500	\$347.00
Roadside Assistance			\$18.00
Rental Reimbursement	\$30 per day / \$900 max		\$44.00
<b>Total Premium</b>			<b>\$1,320.00</b>
<b>Additional Fees</b>	Automobile Burglary and Theft Prevention Authority Fee (See enclosed explanation)		<b>\$2.00</b>
<b>Total</b>			<b>\$1,322.00</b>

# Coverage Outline

Policy Number: 244-001-984-73

2017 MERCEDES BENZ C300  
VIN: 55SWF4JB2HU215410

ZIP: 78572

Coverage Type	Limits	Deductible	Premium
Bodily Injury Liability	\$100,000/\$300,000		\$158.00
Property Damage Liability	\$50,000		\$169.00
Uninsured/Underinsured Motorist - Bodily Injury	\$30,000/\$60,000		\$25.00
Uninsured/Underinsured Motorist - Property Damage	\$25,000		\$75.00
PIP - Texas	\$2,500		\$34.00
Other Than Collision		\$500	\$363.00
Collision		\$500	\$514.00
Roadside Assistance			\$16.00
Rental Reimbursement	\$30 per day / \$900 max		\$44.00
<b>Total Premium</b>			<b>\$1,398.00</b>
<b>Additional Fees</b>	Automobile Burglary and Theft Prevention Authority Fee (See enclosed explanation)		<b>\$2.00</b>
<b>Total</b>			<b>\$1,400.00</b>



Underwritten by Elephant Insurance Company

# Texas Personal Auto Application

<b>Date</b>	09/20/2018
<b>Name</b>	Eladio M Davila
<b>Home Phone</b>	9566301995
<b>Work Phone</b>	
<b>Email</b>	mmdavila@translateservices.com
<b>Mailing Address</b>	1605 Palazzo
<b>City</b>	Mission
<b>State</b>	TX
<b>ZIP Code</b>	78572
<b>Policy Number</b>	244-001-984-73
<b>Effective From</b>	09/21/2018
<b>Effective To</b>	09/21/2019
<b>NAIC Code</b>	13688
<b>Paperless</b>	true
<b>E-Signature</b>	true

## Vehicle Description/Use

Vehicle	Year	Vehicle Make and Model	VIN	Use	Garaging Zip	Principal Driver
1	2011	FORD F-250	1FT7W2BT6BEA09808	Commuting	78572	Eladio Davila
2	2016	CHEVROLET TAHOE	1GNSCCKC3GR415660	Commuting	78572	Ursula Davila
3	2017	MERCEDES BENZ C300	55SWF4JB2HU215410	Commuting	78572	Antonia Davila
4						
5						
6						

\* Additional vehicles displayed on addendum

## Coverages and Premiums

Policy Level Coverages	Limits of Liability						Premium by Vehicle Number					
	Each Person			Each Accident			1	2	3	4	5	6
Liability – Bodily Injury	\$100,000			\$300,000			292.00	182.00	158.00			
Liability – Property Damage				\$50,000			169.00	195.00	169.00			
Uninsured/Underinsured Motorist												
Bodily Injury	\$30,000			\$60,000			17.00	31.00	25.00			
Property Damage				\$25,000			28.00	51.00	75.00			
Personal Injury Protection				\$2,500			22.00	40.00	34.00			
Vehicle Level Coverages	Deductible by Vehicle Number						Premium by Vehicle Number					
	1	2	3	4	5	6	1	2	3	4	5	6
Collision	\$500	\$500	\$500				189.00	347.00	514.00			
Comprehensive	\$500	\$500	\$500				210.00	412.00	363.00			
	Limit or Coverage Purchased						Premium by Vehicle Number					
Rental Reimbursement	\$30 per day / \$900 max	\$30 per day / \$900 max	\$30 per day / \$900 max				38.00	44.00	44.00			
Roadside Assistance							26.00	18.00	16.00			
Custom Parts and Equipment												
Loan/Lease Coverage												
Additional Fees	TX Theft Prevention Assessment						2.00	2.00	2.00			
Additional Coverages	Individual or Family						Premium					
	Legal Assistance											

**Total Premium per Vehicle**  
**Addtl. Coverage Premium**  
**Total Premium**

993.00	1,322.00	1,400.00			
3,715.00					



Underwritten by Elephant Insurance Company

**Prior Coverage**

Prior Carrier Geico	Prior BI Limits 100/300 or greater	Prior Premium \$0/mo	# Yrs with Carrier 5+ Years	Any Lapse? No lapse
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**Resident & Driver Information — List ALL household members (licensed or not) and any regular operators**

#	Name (as appears on driver's license)	Gender	Marital Status	Relation to Applicant	Age	Occupation	Education
1	Antonia Davila	Female	Married	Other Relative	65	Owner - All Other	Bachelors
2	Eladio Davila	Male	Married	Applicant	67	Owner - All Other	Bachelors
3	Joaquin Davila	Male		Child			
4	Ursula Davila	Female	Married	Spouse	38	Homemaker	Bachelors
5							
6							
7							
8							

**Accidents/Convictions — List all accidents regardless of fault within the past 5 years and motor vehicle convictions within the past 3 years. Your driving record will be verified with the state motor vehicle department and other insurers.**

Driver #	Date	Description Of Accident Or Conviction
1	02/19/2017	Chargeable Accident
2	05/03/2017	Minor Coverage Claim
2	04/30/2018	Minor Coverage Claim
2	07/24/2018	Minor Coverage Claim

\* Additional accidents/convictions displayed on addendum

**Primary Additional Interest**

Vehicle	Name	Type	Address
1			
2			
3			
4			
5			

**Secondary Additional Interest**

Vehicle	Name	Type	Address
1			
2			
3			
4			
5			

\* Additional vehicles displayed on addendum

TX\_EIC\_AutoApp\_1215



Underwritten by Elephant Insurance Company

### Discounts

#	Type	#	Type
1	Channel/Affinity Discount	7	Safety Features Discount
2	Electronic Signature Discount	8	
3	Home Owner Discount	9	
4	Multi Car Discount	10	
5	Online Discount	11	
6	Paperless Discount	12	

\*Additional discounts displayed on addendum

### Notice of Underwriting Period

This notice is to inform you that any policy purchased is subject to a 60 day underwriting period beginning on the effective date of your coverage. With notice, your premium may be recalculated from the effective date of the policy as a result of underwriting, or your coverage under the policy may be cancelled during the underwriting period if your risk does not meet our underwriting standards. If we decide to cancel the policy, we will send you a written Notice of Cancellation advising you of the reason(s) for the cancellation and the date on which your policy will be cancelled.

### Statement of Applicant

I declare that the facts stated in the above application for insurance are true and complete and are being offered to the company as an inducement to issue the policy for which I am applying.

I have been advised that under state law, any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

I understand that the coverage selection and limit choices indicated will apply to all future policy renewals, continuations, and changes unless I notify Elephant Insurance Company otherwise. If the information contained on this application is correct, no further action is required. If the information contained in this application is incorrect or changes at any time during the policy period, I understand and agree it is my duty to inform the insurer to update my application for insurance with the correct information.

I understand that even if I receive some policy documents electronically, I may still receive important policy notices by mail as required by law and agree to notify the company promptly of any changes to my mailing address to ensure receipt of all important policy documents, statements, and notices.

*Voice and/or electronic signatures are kept on file.*