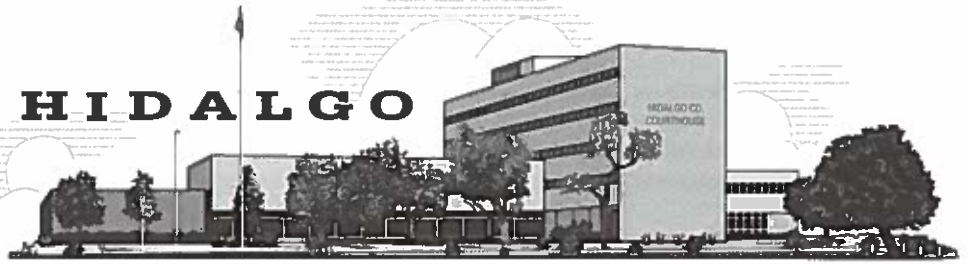


COUNTY of HIDALGO



EDINBURG, TEXAS 78539

HIDALGO COUNTY AUDITOR'S OFFICE
Hidalgo County Administration Building
2808 South Business Highway 281
Edinburg, Texas 78539-6243
PHONE: (956) 318-2511
FAX: (956) 318-2577
WEBSITE: www.co.hidalgo.tx.us/auditor

December 13, 2018

The Honorable Ramon Garcia, Hidalgo County Judge
The Honorable David Fuentes, Commissioner, Precinct No. 1
The Honorable Eduardo "Eddie" Cantu, Commissioner, Precinct No. 2
The Honorable Jose M. Flores, Commissioner, Precinct No. 3
The Honorable Joseph Palacios, Commissioner, Precinct No. 4

RE: Certification of Revenue

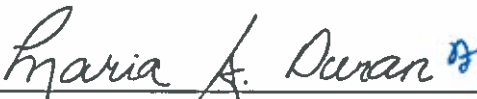
Dear Judge and Commissioners:

Pursuant to Local Government Code § 111.07075 SPECIAL BUDGET FOR REVENUE RECEIVED AFTER START OF FISCAL YEAR.

The county auditor shall certify to the commissioners court the receipt of revenue from a new source not anticipated before the adoption of the budget and not included in the budget for that fiscal year. On certification, the court may adopt a special budget for the limited purpose of spending the revenue for general purposes or for any of its intended purposes.

I, Maria A. Duran, County Auditor of Hidalgo County, certify to the Hidalgo County Commissioners Court the revenue received from insurance reimbursement proceeds in the amount of \$117,154.22. These funds may now be made available by creating a new special budget or amending a current budget for its intended purposes.

CERTIFIED BY:



Maria A. Duran, CPA
Hidalgo County Auditor

12-14-18

Date



HIDALGO COUNTY DISTRICT JUDGES

LUIS M. SINGLETERRY JUDGE, 92ND D.C. JAMIE E. TIJERINA JUDGE, 93RD D.C. J. R. "BOBBY" FLORES JUDGE, 139TH D.C. ROSE GUERRA REYNA JUDGE, 208TH D.C. JUAN R. PARTIDA JUDGE, 275TH D.C. MARIO E. RAMIREZ, JR. JUDGE, 312ND D.C. NOE OCHOA JUDGE, 370TH D.C. OVERSEER LETICIA LOPEZ JUDGE, 389TH D.C. L. KENO VASQUEZ JUDGE, 398TH D.C. ISRAEL RAMON, JR. JUDGE, 430TH D.C. RENEE R. BETANCOURT JUDGE, 449TH D.C.

HIDALGO COUNTY texas

DEPARTMENT OF BUDGET & MANAGEMENT
2818 S. Business Hwy. 281
Edinburg, Texas 78539
Office: (956) 292-7025 • Fax: (956) 292-7034
www.co.hidalgo.tx.us/budget



Memorandum

To: Maria Arcilia Duran, CPA, County Auditor
From: Sergio Cruz, Budget Officer *sc*
Date: December 11, 2018
Subject: Insurance Settlement Checks Certification of Revenues
Cc: Linda Fong, 1st Assistant County Auditor
Becky Luna, Director of Accounting
Nereyda Gonzalez, Financial Accounting Supervisor
Glinda Pacheco, Analyst, Executive Office

Please let this memo serve as a request for a Certification of Revenues letter from your office in relation to the insurance settlement checks related to storm damages to County property (Precinct 1) during the June rain event.

We are requesting the certification of \$40,749.32 from Chubb/Westchester Surplus Lines, \$50,936.65 from Axis Surplus Insurance Company, \$25,468.25 from certain Underwriters at Lloyd's, London Company. These monies are scheduled for commissioners' court approval on 12/11/18 (AI-68018).

Thank you for your prompt attention to this matter. If you have any questions, please do not hesitate to call me at (956) 292-7025 ext. 5424.

0 • *

0 • *

40,749.32 +
50,936.65 +
25,468.25 +
117,154.22 *

AI-68018

Executive Office 8. C.

CC - REGULAR

Other

Meeting Date: 12/11/2018

Submitted By: Glinda Pacheco,
EXECUTIVE OFFICE

Department: EXECUTIVE OFFICE

Information

CAPTION

1. Approval of 2018 certification of revenues by County Auditor of funds received from partial insurance settlement checks related to storm damages to County property (Precinct 1) during the June rain event from:

- a. Chubb/Westchester Surplus Lines in the amount of \$40,749.32,
- b. Axis Surplus Insurance Company in the amount of \$50,936.65,
- c. Certain Underwriters at Lloyd's, London Company in the amount of \$25,468.25.

2. Approval of 2018 appropriation of funds into the Flood Ctrl Wtr Extract 2018 in the amount of \$117,154.22 for anticipated expenditures related to the June 2018 event.

BACKGROUND

Fiscal Impact

Attachments

Certain Underwriters

Axis Check

Westchester Check

appropriation

Form Review

| Inbox | Reviewed By | Date |
|---------------------|--------------------|---------------------|
| Budget & Management | Veronica Ortiz | 12/07/2018 02:55 PM |
| Linda Flores | Linda Flores | 12/07/2018 03:05 PM |
| Final Approval | Monica Salinas | 12/07/2018 06:07 PM |

Form Started By: Glinda Pacheco
Final Approval Date: 12/07/2018

Started On: 12/06/2018 11:12 AM

SWORN STATEMENT IN PROOF OF LOSS
(For Use With Replacement Cost Coverages)

\$10,000,000.00
AMOUNT OF POLICY AT TIME OF LOSS
12/31/2017
DATE ISSUED
12/31/2018
DATE EXPIRES

NOJY45113017
CERTIFICATE NUMBER
New York, NY
BROKER AT
Swett & Crawford
BROKER

To the Certain Underwriters at Lloyd's, London
of _____
At time of loss, by the above indicated policy of insurance you insured Hidalgo County

against loss by Flood to the property described under Schedule "A," according to the terms and conditions of the said policy and all forms, endorsements, transfers and assignments attached thereto.

1. Time and Origin: Flood loss occurred about the hour of _____ o'clock
on the 19 day of Jun-18 The cause and origin of the said loss were: Flood

2. Occupancy: The building described, or containing the property described, was occupied at the time of the loss as follows, and for no other purpose whatever: Municipality

3. Title and Interest: At the time of the loss the interest of your insured in the property described therein was Owner
No other person or persons had any interest therein
or encumbrance thereon, except: None

4. Changes: Since the said policy was issued there has been no assignment thereof, or change of interest, use, occupancy, possession, location or exposure of the property described, except: NONE KNOWN

5. Total Insurance: The total amount of insurance upon the property described by this policy was, at the time of the loss, \$10,000,000.00 as more particularly specified in the apportionment attached under the Declarations, besides which there was no policy or other contract of insurance, written or oral, valid or invalid.

| | | |
|---------------------------------------|----|--------------|
| 6. Undisputed RCV | \$ | 1,089,835.48 |
| 7. Less Depreciation | \$ | 286,088.88 |
| 8. Actual Cash Value | \$ | 803,746.60 |
| 9. Less Deductible and Prior Payments | \$ | (600,000.00) |
| 10. Net Unallocated Advance | \$ | 203,746.60 |

11. Supplemental Claim, to be filed in accordance with the terms and conditions of the Replacement Cost Coverage within N/A days from the date of loss as shown above, will not exceed \$ 286,088.88

London's 12.5% \$ 25,468.33

The said loss did not originate by any act, design or procurement on the part of your insured, or this affiant; nothing has been done by or with the privity or consent of your Insured or this affiant, to violate the conditions of the policy, or render it void; no articles are mentioned herein or in annexed schedules but such as were destroyed or damaged at the time of said loss; no property saved has in any manner been concealed, and no attempt to deceive the said company, as to the extent of said loss, has in any manner been made. Any other information that may be required will be furnished and considered a part of this proof. The furnishing of this blank or the preparation of proofs by a representative of the above insurance company is not a waiver of any of its rights.

State of Texas X _____
County of Hidalgo X _____

Subscribed and sworn to before me this 26th day of October 20 18 THE INSURED

Monica Salinas Notary Public



Hidalgo County
 2818 S Bus Hwy 281
 Edinburg, TX 78539

SEDGWICK

1833 CENTRE POINT CIRCLE
 SUITE 139
 NAPERVILLE, IL 60563
 PH 630-245-7000
 FAX 630-245-1920

VENDOR NO. DATE CHECK NO.
 0I0003LTB 11/28/18 207517

| INVOICE NUMBER & DESCRIPTION | INVOICE DATE | OUR REFERENCE | GROSS AMOUNT |
|------------------------------|--------------|---------------|--------------------------|
| Claim payment | | HOU18434800 | \$25,468.25 |
| MIDWEST TRUST ACCOUNT | | | TOTAL \$25,468.25 |

THIS MULTI-TONE AREA OF THE DOCUMENT CHANGES COLOR GRADUALLY AND EVENLY FROM DARK TO LIGHT WITH DARKER AREAS BOTH TOP AND BOTTOM.

SEDGWICK
 1833 CENTRE POINT CIRCLE
 SUITE 139
 NAPERVILLE, IL 60563

FIFTH THIRD BANK
 CHICAGO, ILLINOIS
 70-3390
 719

CHECK NO. 207517

PAY TO THE ORDER OF
 ONLY \$25,468.25

DATE AMOUNT
 11/28/18 *\$25,468.25

VOID AFTER 180 DAYS

■ TWENTY-FIVE THOUSAND FOUR HUNDRED SIXTY-EIGHT DOLLARS AND TWENTY-FIVE CENTS ***

MIDWEST TRUST ACCOUNT

PAY TO THE ORDER OF
 Hidalgo County
 2818 S Bus Hwy 281
 Edinburg, TX 78539

Marty Jankowski
 AUTHORIZED SIGNATURE

[Signature]
 AUTHORIZED SIGNATURE

VOID OVER \$25,468.25

THE ORIGINAL DOCUMENT HAS A REFLECTIVE WATERMARK ON THE BACK. HOLD AT AN ANGLE TO VIEW WHEN CHECKING THE ENDORSEMENTS.

⑈ 207517⑈ ⑆071923909⑆ 7233891915⑈

SWORN STATEMENT IN PROOF OF LOSS
(For Use With Replacement Cost Coverages)

\$10,000,000.00
AMOUNT OF POLICY AT TIME OF LOSS
12/31/2017
DATE ISSUED
12/31/2018
DATE EXPIRES

EAF90638-17
Policy Number
New York, NY
BROKER AT
Swett & Crawford
BROKER

To the AXIS Insurance Company
of _____

At time of loss, by the above indicated policy of insurance you insured Hidalgo County

against loss by Flood to the property described under Schedule "A," according to the terms and conditions of the said policy and all forms, endorsements, transfers and assignments attached thereto.

1. Time and Origin: Flood loss occurred about the hour of _____ o'clock
on the 19 day of Jun-18 The cause and origin of the said loss were: Flood

2. Occupancy: The building described, or containing the property described, was occupied at the time of the loss as follows, and for no other purpose whatever: Municipality

3. Title and Interest: At the time of the loss the interest of your insured in the property described therein was Owner
No other person or persons had any interest therein
or encumbrance thereon, except: None

4. Changes: Since the said policy was issued there has been no assignment thereof, or change of interest, use, occupancy, possession, location or exposure of the property described, except: NONE KNOWN

5. Total Insurance: The total amount of insurance upon the property described by this policy was, at the time of the loss, \$10,000,000.00 as more particularly specified in the apportionment attached under the Declarations, besides which there was no policy or other contract of insurance, written or oral, valid or invalid.

| | | |
|---|----|--------------|
| 6. Undisputed RCV | \$ | 1,089,835.48 |
| 7. Less Depreciation | \$ | 286,088.88 |
| 8. Actual Cash Value | \$ | 803,746.60 |
| 9. Less Deductible and Prior Payments | \$ | (600,000.00) |
| 10. Net Unallocated Advance | \$ | 203,746.60 |
| 11. Supplemental Claim, to be filed in accordance with the terms and conditions of the Replacement Cost Coverage within <u>N/A</u> days from the date of loss as shown above, will not exceed | \$ | 286,088.88 |
| AXIS' 25% | | \$ 50,936.65 |

The said loss did not originate by any act, design or procurement on the part of your insured, or this affiant; nothing has been done by or with the privity or consent of your insured or this affiant, to violate the conditions of the policy, or render it void; no articles are mentioned herein or in annexed schedules but such as were destroyed or damaged at the time of said loss; no property saved has in any manner been concealed, and no attempt to deceive the said company, as to the extent of said loss, has in any manner been made. Any other information that may be required will be furnished and considered a part of this proof. The furnishing of this blank or the preparation of proofs by a representative of the above insurance company is not a waiver of any of its rights.

State of Texas X _____
County of Hidalgo X _____

Subscribed and sworn to before me this 20th day of October 20 18 THE INSURED

Monica Salinas Notary Public





AXIS Surplus Insurance Company
 11680 Great Oaks Way
 Suite 500
 Alpharetta, GA 30022

Check #: 211108
 Check Date: 11/28/2018
 Writing Company: BR6-CWS
 Check Amount: \$50,936.65

HIDALGO COUNTY
 ATTN: GLINDA PACHECO
 2818 S. BUS. HWY 281
 EDINBURG, TX 78539

| Policy # | Claim # | Insured | Item # | Amount |
|--|---------|----------------|--------|-----------|
| 790638/01/2017/0000 | 154243 | HIDALGO COUNTY | | 50,936.65 |
| Reason: Advance Payment June 2018 Flooding | | | | |
| Sub-total (page): | | | | 50,936.65 |
| Total: | | | | 50,936.65 |

THE FACE OF THIS DOCUMENT IS PRINTED BLUE - THE BACK CONTAINS A SIMULATED WATERMARK



AXIS Surplus Insurance Company
 11680 Great Oaks Way
 Suite 500
 Alpharetta, GA 30022

Wachovia-7987
 One South Broad Street
 Mail Code 4135
 Philadelphia PA 19107

NO. 211108
 11/28/2018

64-975
 612

AMOUNT
 \$ *****50,936.65

PAY *Fifty thousand nine hundred thirty six and 65/100 Dollars*

TO THE ORDER OF
 HIDALGO COUNTY



⑈0000211108⑈ ⑆0612097561⑆ 2079900087987⑈

SWORN STATEMENT IN PROOF OF LOSS

(For Use With Replacement Cost Coverages)

\$10,000,000.00

AMOUNT OF POLICY AT TIME OF LOSS

12/31/2017

DATE ISSUED

12/31/2018

DATE EXPIRES

D38097350 001

POLICY NUMBER

New York, NY

BROKER AT

Swett & Crawford

BROKER

To the Westchester Surplus Lines Insurance

of

At time of loss, by the above indicated policy of insurance you insured Hidalgo County

against loss by Flood to the property described under Schedule "A," according to the terms and conditions of the said policy and all forms, endorsements, transfers and assignments attached thereto.

1. Time and Origin: Flood loss occurred about the hour of _____ o'clock on the 19 day of Jun-18 The cause and origin of the said loss were: _____

Flood

2. Occupancy: The building described, or containing the property described, was occupied at the time of the loss as follows, and for no other purpose whatever: Municipality

3. Title and Interest: At the time of the loss the interest of your insured in the property described therein was Owner No other person or persons had any interest therein or encumbrance thereon, except: None

4. Changes: Since the said policy was issued there has been no assignment thereof, or change of interest, use, occupancy, possession, location or exposure of the property described, except: NONE KNOWN

5. Total Insurance: The total amount of insurance upon the property described by this policy was, at the time of the loss, \$10,000,000.00 as more particularly specified in the apportionment attached under the Declarations, besides which there was no policy or other contract of insurance, written or oral, valid or invalid.

| | | |
|---|----|---------------------|
| 6. Undisputed RCV | \$ | <u>1,089,835.48</u> |
| 7. Less Depreciation | \$ | <u>286,088.88</u> |
| 8. Actual Cash Value | \$ | <u>803,746.60</u> |
| 9. Less Deductible and Prior Payments | \$ | <u>(600,000.00)</u> |
| 10. Net Unallocated Advance | \$ | <u>203,746.60</u> |
| 11. Supplemental Claim, to be filed in accordance with the terms and conditions of the Replacement Cost Coverage within <u>N/A</u> days from the date of loss as shown above, will not exceed | \$ | <u>286,088.88</u> |

Westchester's 20% \$ 40,749.32

The said loss did not originate by any act, design or procurement on the part of your insured, or this affiant; nothing has been done by or with the privity or consent of your insured or this affiant, to violate the conditions of the policy, or render it void; no articles are mentioned herein or in annexed schedules but such as were destroyed or damaged at the time of said loss; no property saved has in any manner been concealed, and no attempt to deceive the said company, as to the extent of said loss, has in any manner been made. Any other information that may be required will be furnished and considered a part of this proof. The furnishing of this blank or the preparation of proofs by a representative of the above insurance company is not a waiver of any of its rights.

State of Texas X _____

County of Hidalgo X _____

Subscribed and sworn to before me this 20th day of October 2018 THE INSURED

Monica Salinas Notary Public



FILE IDENTIFICATION: KY18K2335377
 PROCESSING AIM: 786
 CLAIM OFFICE: Property Complex & M

HIDALGO COUNTY
 9805 NORTH 10TH STREET MCALLEN
 MCALLEN, TX 78504

CHUBB

FROM:

NB500586240

TO:

QUAL DATE: 11/27/2018

| SUFFIX LETTER | CLAIM CODE | AMOUNT | PAYMENT CODE | PAYMENT TYPE | WEEKS | DAYS | WEEK/LENGTH |
|---------------|------------|------------------|--------------|--------------|-------|------|-------------|
| A | REAL | 40749.32 | OIC | P | 00 | 0 | 0 |
| TOTAL | | *****\$40,749.32 | | | | | |

CS-1001

CHUBB

ACE American Insurance Company
 ACE Property and Casualty Insurance Company
 Westchester Fire Insurance Company



NB50058624

84-1278
611

| | | |
|---|----------------------------|-------------------------------------|
| POLICY SYMBOL NO FSD38097350 | CLM GRP K | FILE IDENTIFICATION KY18K2335377 |
| DATE OF EVENT 06/19/2018 | CLAIMANT HIDALGO COUNTY | POLICY HOLDER HIDALGO COUNTY |
| REASON FOR PAYMENT Advance Payment-Advance payment | | |

| DATE | AMOUNT |
|------------|------------------|
| 11/27/2018 | *****\$40,749.32 |

PAY ONLY 40,749.32

Void Over 40,749.32
Please deposit or cash within 90 days

FORTY THOUSAND SEVEN HUNDRED FORTY-NINE DOLLARS AND THIRTY-TWO CENTS

TO
THE
ORDER
OF

HIDALGO COUNTY

CHUBB

⑈ 7950058624⑈ ⑆ 061112788⑆ 003299111635⑈

DATE: December 7, 2018

DEPARTMENT HEAD: Sergio Cruz, Budget Officer

2018
Appropriation
AI-68018



DEPARTMENT NAME: Budget and Management for - Flood Ctrl Wtr Extract 2018

ACCOUNT NUMBER: 8-1100-429-60-115-092-0-350

Contact Person: Linda Flores Ph#: 956-292-7025 ext 5423

SUBJECT: **Budget Amendments (increase (decrease)) in accordance with Local Government Code, Chapter 111, § 111.070, Item C (2).**

Honorable Commissioners' Court of Hidalgo County:

I would like to request the following Budget Amendments (increase (decrease)) in accordance with Local Government Code, Chapter 111, § 111.070, Item C (2).

| INCREASE ACCOUNT NUMBER(S) | ACCOUNT (OBJECT) NAME | | AMOUNT |
|---|-----------------------------|------------------|-------------------|
| 8-1100-429-60-115-092-0-350 | Flood Ctrl Wtr Extract 2018 | Other Srv | 117,154.22 |
| | | | |
| 8-1100-360-00-000-005-0-000 | GEN FUND-MISC REV- | INSURANCE CLAIMS | 117,154.22 |
| | | | |
| TOTAL BUDGET INCREASE (DECREASE) | | | 117,154.22 |

REASON: To appropriate funds to be used for emergency related expenditures such as water extraction and building repairs

DEPARTMENT HEAD SIGNATURE

APPROVED COMMISSIONERS' COURT

DATE

ATTEST COUNTY CLERK