



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
5/1/2019

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 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).


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| PRODUCER Pathfinder/LL&D Insurance Group, LLC 12141 Wickchester Lane Suite 500 Houston TX 77079 | CONTACT NAME: PHONE (A/C, No, Ext): 281-556-9999 FAX (A/C, No): 281-556-9609 E-MAIL: ADDRESS: ecom@pathfinderlld.com | |
| | INSURER(S) AFFORDING COVERAGE | NAIC # |
| INSURED Linebarger, Goggan Blair & Sampson, LLP PO Box 17428 Austin TX 78760 LINEB-1 | INSURER A: Endurance American Specialty | 41718 |
| | INSURER B: CNA - Continental Casualty | 20443 |
| | INSURER C: | |
| | INSURER D: | |
| | INSURER E: | |
| INSURER F: | | |

COVERAGES **CERTIFICATE NUMBER: 2037692634** **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 | |
|----------|--|-----------|----------|-----------------------------|-------------------------|-------------------------|---------------------------------------|------------------------|
| | 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"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | | | | | | EACH OCCURRENCE | \$ |
| | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ |
| | UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ | | | | | | EACH OCCURRENCE | \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <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 | | | PER STATUTE | OTH-ER |
| A B | Professional Emp Practices | | | LPL10004865805 596855182 | 5/1/2019 12/31/2018 | 5/1/2020 12/31/2019 | Prof Each Claim EPL Per Occurrence | 2,000,000 1,000,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Professional Policy #1 - Endurance American #LPL10004865805 5/1/19 to 5/1/20 Each Claim \$2,000,000 / Aggregate \$4,000,000 / NAIC #41718
Professional Policy #2 - AmTrust #AES1188944 00 5/1/19 to 5/1/20 Each Claim \$2,000,000 / Aggregate \$4,000,000 / NAIC #
Professional Policy #3 - QBE Insurance #QPL0223025 5/1/19 to 5/1/20 Each Claim \$2,000,000 / Aggregate \$4,000,000 / NAIC #39217
Professional Policy #4 - Landmark Insurance #LHZ775792 5/1/19 to 5/1/20 Each Claim \$1,500,000 / Aggregate \$3,000,000 / NAIC #33138
Employers Practice Liability - Continental Casualty #596855182 12/31/18 to 12/31/19 Per Occurrence \$1,000,000 / NAIC #20443

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| CERTIFICATE HOLDER THE COUNTY OF HIDALGO, TEXAS 2812 South Highway 281 Edinburg TX 78539 | CANCELLATION 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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