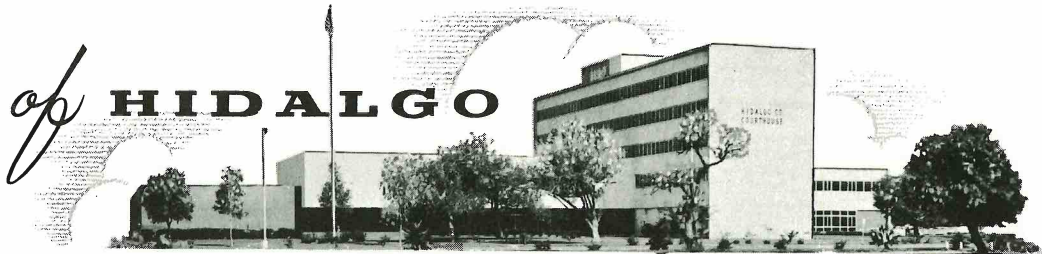


# COUNTY of HIDALGO



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](http://www.co.hidalgo.tx.us/auditor)

October 11, 2019

The Honorable Richard Cortez, 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 Ellie Torres, 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 \$131,719.40. These funds may now be made available by creating a new special budget or amending a current budget for its intended purposes.

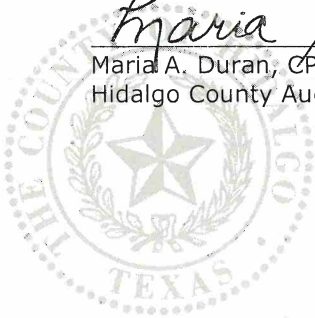
CERTIFIED BY:

*Maria A. Duran*

Maria A. Duran, CPA  
Hidalgo County Auditor

*10-11-19*

Date



**HIDALGO COUNTY DISTRICT JUDGES**

LUIS M. SINGLETERRY JUDGE, 92<sup>ND</sup> D.C.    FERNANDO MANCIAS JUDGE, 93<sup>RD</sup> D.C.    J. R. "BOBBY" FLORES JUDGE, 138<sup>TH</sup> D.C.    ROSE GUERRA REYNA JUDGE, 206<sup>TH</sup> D.C.    MARLA CUELLAR JUDGE, 275<sup>TH</sup> D.C.    MARIO E. RAMIREZ, JR. JUDGE, 332<sup>ND</sup> D.C.    NOE GONZALEZ JUDGE, 378<sup>TH</sup> D.C. OVERSEER    LETICIA LOPEZ JUDGE, 389<sup>TH</sup> D.C.    L. KENO VASQUEZ JUDGE, 389<sup>TH</sup> D.C.    ISRAEL RAMON, JR. JUDGE, 432<sup>ND</sup> D.C.    RENEE R. BETANCOURT JUDGE, 449<sup>TH</sup> D.C.    YSMAEL D. FONSECA JUDGE, 464<sup>TH</sup> 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

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## Memorandum

**To:** Maria Arcilia Duran, CPA, County Auditor

**From:** Sergio Cruz, Budget Officer *sc*

**Date:** September 9, 2019

**Subject:** Insurance Settlement Checks Certification of Revenues

**Cc:** Linda Fong, 1<sup>st</sup> Assistant County Auditor  
Becky Luna, Director of Accounting  
Nereyda Gonzalez, Financial Accounting Supervisor  
Glinda Pacheco, Analyst, Executive Office

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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 \$131,719.40 from Westchester Insurance, \$52,687.76 from Lexington Insurance, \$79,031.64. These monies are scheduled for commissioners' court approval on 09/06/19 (AI-72190).

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.

AI-72190

Executive Office 7. A.

CC CONSENT AGENDA SPECIAL  
MTG

Other

Meeting  
Date: 09/10/2019

Submitted By: Glinda Pacheco,  
EXECUTIVE OFFICE

Department: EXECUTIVE OFFICE

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### Information

#### CAPTION

1. Approval to accept partial insurance settlement check related to storm damages to County property (Precinct 1) during the June rain event from:
  - a. Lexington Insurance in the amount of \$79,031.64
  - b. Westchester Insurance in the amount of \$52,687.76
  
2. Approval of 2019 certification of revenues by County Auditor of funds received from partial insurance settlement checks in the total amount of \$ 131,851.40 related to storm damages to County property (Precinct 1) during the June rain event and appropriation of the same.

#### BACKGROUND

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Fiscal Impact

Attachments

Westchester Check

Lexington Check

appropriation-revised

memo

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Form Review

Inbox

Reviewed By

Date

Budget & Management

Veronica Ortiz

09/06/2019 04:03 PM

Linda Flores

Linda Flores

09/06/2019 04:29 PM

Final Approval

Monica Salinas

09/06/2019 05:55 PM

Form Started By: Glinda Pacheco

Started On: 09/06/2019 02:44 PM

Final Approval Date: 09/06/2019

DATE: September 6, 2019

DEPARTMENT HEAD: Sergio Cruz

**2019**  
Appropriation  
AI-72190



DEPARTMENT NAME: Department of Budget & Management for FLOOD CTRL WTR EXTRACT 2018

ACCOUNT NUMBER: 9-1100-429-60-115-092-0-XXX

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
9-1100-429-60-115-092-0-350	Flood Ctrl Wtr Extract 2018- OTHER SRV	131,719.40
9-1100-360-00-000-005-0-000	GEN FUND-MISC REV- INSURANCE CLAIMS	131,719.40
<b>TOTAL BUDGET INCREASE (DECREASE)</b>		<b>131,719.40</b>

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

5. **Planning Department:**

- A. AI-72141 Reimbursement of Financial Guarantee  
A. Valadez #2 Subdivision - Pct. 4 (Adolfo Valadez) (Mile 20 Road & Val Verde Road)  
\*Reimbursement request: \$6,000.00 for (4) OSSF's

Judge Richard Cortez seeks clarification on the amount (\$1,500) for the septic tanks. Mr. Olivarez was not present for clarification; however, Valde Guerra stated he would follow up to assure the amount was correct.

On motion by COMMISSIONER PCT. 2, EDUARDO "EDDIE" CANTU, seconded by COMMISSIONER PCT. 1, DAVID FUENTES, the Court made a UNANIMOUS vote of approval.

Vote: 5 - 0 -Unanimously

- B. AI-72107 1. Certificate of Plat and Utility Status under Texas Local Government Code Section 232.028 (b)  
2. Certificate of Water Service Availability under Texas Local Government Code Section 232.029 (c) (2)

6. **County Judge's Office:**

- A. AI-72182 Approval of a Proclamation Declaring October 2019 as Manufacturing Month in Hidalgo County.
- B. AI-72183 Approval of a Proclamation Declaring September 2019 as Valley Voter Awareness Month.



7. **Executive Office:**

- A. AI-72190 1. Approval to accept partial insurance settlement check related to storm damages to County property (Precinct 1) during the June rain event from:  
a. Lexington Insurance in the amount of \$79,031.64  
b. Westchester Insurance in the amount of \$52,687.76

2. Approval of 2019 certification of revenues by County Auditor of funds received from partial insurance settlement checks in the total amount of \$ **131,851.40** related to storm damages to County property (Precinct 1) during the June rain event and appropriation of the same.

Correction on amount: \$131,719.40 not \$131,851.40.

On motion by COMMISSIONER PCT. 2, EDUARDO "EDDIE" CANTU, seconded by COMMISSIONER PCT. 1, DAVID FUENTES, the Court made a UNANIMOUS vote of approval.

Vote: 5 - 0 -Unanimously

8. **Membership Dues/Certifications:**

- A. AI-72169 92nd DC:  
Requesting approval to pay membership dues in the amount of \$75.00 to the Texas Association for Court Administration for Pete Lobato, with authority for the County Treasurer to issue check after review, audit and processing procedures are completed by the County Auditor. (Req. #401046)

Subject: Journal Entry

JE - \_\_\_\_\_

DATE: 10/11/2019  
PREPARED BY: Carlos Alvarez *CAV*  
REVIEWED BY: *Be 10/11/19*

ACCOUNT DESCRIPTION	ACCOUNT NO.	DEBIT	CREDIT
GEN FUND-MISCELLANEOUS REVENUE	9-1100-360-00-000-000-0-000	79,031.64 ✓	
GEN FUND-MISC REV-INSURANCE CLAIMS	9-1100-360-00-000-005-0-000		79,031.64 ✓
GEN FUND-MISCELLANEOUS REVENUE	9-1100-360-00-000-000-0-000	52,687.76 ✓	
GEN FUND-MISC REV-INSURANCE CLAIMS	9-1100-360-00-000-005-0-000		52,687.76 ✓
<b>TOTAL</b>		131,719.40	131,719.40

To correct A239225 partial insurance reimbursements claims from Lexington Insurance and Westchester Insurance for Pct. 1 June 2018 Rain Event.

~~COR A239225 REIM CLAIM JUNE '18 RAIN EVNT~~  
*INS PROCEED 06/18 RAIN EVENT*



OFFICIAL HIDALGO COUNTY RECEIPT  
OFFICE OF THE COUNTY TREASURER  
LITA L. LEO

Receipt No: 239225

Received From: EXECUTIVE OFFICE 9/11/19

Date 09/11/19

1	10910978	PCT. 1 JUNE 2018 RAIN EVENT REIMB. 9-1100-360-00-000-0-000	79,031.64
2	NB50082448	PCT. 1 JUNE 2018 RAIN EVENT REIMB. 9-1100-360-00-000-0-000	52,687.76

Total: 131,719.40

Check Total	131,719.40
Cash Total	.00
Credit Total	.00
Other Total	.00

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**HIDALGO COUNTY- EXECUTIVE OFFICE**

REVENUE REMITTANCE FORM

DATE: 9/11/19

TO: HIDALGO COUNTY TREASURER \$ 131,719.40

INSURANCE REIMBURSEMENTS: \$ 131,719.40

a. Ck #NB50082448 - Lexington Insurance in the amount of \$79,031.64.

b. Ck #10910978 - Westchester Insurance in the amount of \$52,687.76

1. Credit acct. #9-1100-360-00-000-0-000

2. Explanation: partial insurance reimbursements on claim related to storm damages at Pct. 1 during the June 2018 Rain Event.

GRAND TOTAL REMITTED TO TREASURER \$ 131,719.40

APPROVED BY:   
DEPARTMENT SUPERVISOR

9/11/19  
DATE

PREPARED BY: \_\_\_\_\_  
ASSISTANT

\_\_\_\_\_  
TREASURER'S  
RECEIPT #

AI-72190

**CC CONSENT AGENDA SPECIAL MTG**

**Executive Office  
Other**

**Meeting Date:** 09/17/2019

**Submitted By:** Glinda Pacheco, EXECUTIVE OFFICE

**Department:** EXECUTIVE OFFICE

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Information

CAPTION

1. Approval to accept partial insurance settlement check related to storm damages to County property (Precinct 1) during the June rain event from:

- a. Lexington Insurance in the amount of \$79,031.64
- b. Westchester Insurance in the amount of \$52,687.76

2. Approval of 2019 certification of revenues by County Auditor of funds received from partial insurance settlement checks in the total amount of \$ 131,851.40 related to storm damages to County property (Precinct 1) during the June rain event and appropriation of the same.

BACKGROUND

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Fiscal Impact

Attachments

Westchester Check

Lexington Check

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**Form Review**

**Inbox**

**Reviewed By**

Glinda Pacheco

**Date**

09/06/2019 02:44 PM

Form Started By: Glinda Pacheco

Started On: 09/06/2019 02:44 PM

**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>1,468,127.14</u>
7. Less Depreciation	\$	<u>308,492.38</u>
8. Actual Cash Value	\$	<u>1,159,634.76</u>
9. Less Deductible and Prior Payments	\$	<u>(896,195.95)</u>
10. Net Unallocated Advance	\$	<u>263,438.81</u>

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 \_\_\_\_\_ \$ \_\_\_\_\_ 308,492.38  
Westchester's 20% \_\_\_\_\_ \$ 52,687.76

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 \_\_\_\_\_ 18th \_\_\_\_\_ day of \_\_\_\_\_ July \_\_\_\_\_ 20 \_\_\_\_\_ 19 \_\_\_\_\_ THE INSURED  
Monica Salinas \_\_\_\_\_ Notary Public



**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

11144083  
Policy Number  
New York, NY  
BROKER AT  
Swett & Crawford  
BROKER

To the \_\_\_\_\_ Lexington 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	\$	<u>1,468,127.14</u>
7. Less Depreciation	\$	<u>308,492.38</u>
8. Actual Cash Value	\$	<u>1,159,634.76</u>
9. Less Deductible and Prior Payments	\$	<u>(896,195.95)</u>
10. Net Unallocated Advance	\$	<u>263,438.81</u>

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 \_\_\_\_\_ \$ \_\_\_\_\_ 308,492.38  
Lexington's 30% \_\_\_\_\_ \$ 79,031.64

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 \_\_\_\_\_ 18th day of \_\_\_\_\_ July \_\_\_\_\_ 20 \_\_\_\_\_ 19 \_\_\_\_\_ THE INSURED  
Monica Salinas Notary Public



American International Group, Inc.  
PO Box 25565  
Shawnee Mission, KS 66225

201909030202

Electronic Service Requested



1 OF 1  
ENV 126

126 0.0118



HIDALGO COUNTY  
2818 S BUS HWY 281  
GLINDA PACHECO  
EDINBURG, TX 78539-6243

Check No.: 10910978  
RFP No.: 039919  
Check Date: 08/31/2019  
Check Amount: 79,031.64  
Insured: HIDALGO COUNTY

Claimant: HIDALGO COUNTY

Claim Office: 501  
Insuring Company: LEXINGTON INSURANCE  
COMPANY

Payee Name: HIDALGO COUNTY

Reference No. 00593124

Policy No.	Claim No.	Symbol	Date of Loss	Type	Status	Amount
000011144083	1606965051US	001	06/19/2018	IND	O	79,031.64
<b>Total Amount</b>						<b>79,031.64</b>

Reason for Payment  
UNDISPUTED DAMAGES OWED

Use File # 1606965051US on all correspondence for prompt processing.  
For check information call: 617-330-8570

FOR SECURITY PURPOSES, THE FACE OF THIS DOCUMENT CONTAINS A BLUE BACKGROUND AND MICROPRINTING IN THE BORDER

LEXINGTON INSURANCE COMPANY

50-037713

Claim No: 1606965051US Policy No.: 000011144083  
Reason for Payment UNDISPUTED DAMAGES OWED

CHECK No. 10910978  
RFP No. 00039919  
DATE 08/31/2019

\*\*\*\*\*Seventy Nine Thousand Thirty One & 64/100 Dollars\*\*\*

AMOUNT PAID

\*\*\*\*\*\$79,031.64

Void after 90 Days

PAY HIDALGO COUNTY  
TO THE  
ORDER OF

JPMORGAN CHASE BANK, N.A.  
SYRACUSE, NY 13206

AJ [Signature]  
AUTHORIZED SIGNATURE

DO NOT CASH IF WATERMARK IS NOT PRESENT ON THE REVERSE SIDE OF THIS DOCUMENT - HOLD AT AN ANGLE TO VIEW

10910978 021309379 786420562

5148864

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

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

**CHUBB**

FROM:  
 TO:

**NB500824489**  
 QUAL DATE: 09/03/2019

SUFFIX LETTER	CLAIM CODE	AMOUNT	PAYMENT CODE	PAYMENT TYPE	WEEKS	DAYS	WEEK/LENGTH	
A	REAL	52687.76	OIC	P	00	0	0	
TOTAL		*****\$52,687.76						

**CHUBB**

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



**NB50082448**

64-1278  
 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: 6498-In partial payment of a flood claim		

DATE	AMOUNT
09/03/2019	*****\$52,687.76

**PAY TO THE ORDER OF** **52687.76** **ONLY** **CTSCIS**

Void Over 52,687.76  
 Please deposit or cash within 90 days

FIFTY-TWO THOUSAND SIX HUNDRED EIGHTY-SEVEN DOLLARS AND SEVENTY-SIX CENTS \*\*\*\*\*

TO  
 THE  
 ORDER  
 OF

HIDALGO COUNTY

**CHUBB**

⑈ 7950082448⑈ ⑆061112788⑆ 003299111635⑈