



# Certificate of Coverage

<b>TMLIRP Contract Number:</b> 9460	
<b>Member:</b> Edinburg Ms. Belinda Torres Director of Human Resources/Civil Service PO Box 1079 Edinburg, Texas 78540-1079	<b>Company Affording Coverage:</b> Texas Municipal League Intergovernmental Risk Pool (TMLIRP) PO Box 149194 Austin, TX 78714-9194 (512) 491-2300 or (800) 537-6655 Fax: (512) 491-2404

**Certificate Holder:**  
County of Hidalgo  
100 East Cano, 2nd Floor  
Edinburg, Texas 78539

This is to certify that the coverages listed below have been provided to the member and are in effect at this time. Notwithstanding any requirements, terms, or conditions of any other contract or agreement with respect to which this certificate may be issued or may pertain, the coverage afforded by TMLIRP described herein is subject only to the terms, exclusions and additions of TMLIRP's coverage contracts between TMLIRP and its member(s).  
Coverage is continuous until canceled.

<p><b>General Liability</b>      Effective Date: 10/1/2019 Anniversary Date: 10/1/2020</p> <p>Limits of Liability (Each Occurrence): \$2,000,000 Sudden Events Involving Pollution (Each Occurrence): \$2,000,000 Annual Aggregate: \$4,000,000 Deductible per Occurrence: \$5,000</p> <p><b>Law Enforcement Liability</b>      Effective Date: _____ Anniversary Date: _____</p> <p>Limits of Liability (Each Occurrence): _____ Annual Aggregate: _____ Deductible per Occurrence: _____</p> <p><b>Errors and Omissions Liability</b>      Effective Date: _____ Anniversary Date: _____</p> <p>Limits of Liability(Each Wrongful Act): _____ Annual Aggregate: _____ Deductible per Occurrence: _____</p>	<p><b>Real &amp; Personal Property</b>      Effective Date: _____ Anniversary Date: _____</p> <p>Limits of Coverage: _____</p> <p>Deductible per Occurrence: _____</p> <p><b>Mobile Equipment</b>      Effective Date: _____ Anniversary Date: _____</p> <p>Limits of Coverage: _____ Deductible per Occurrence: _____</p> <p><b>Boiler &amp; Machinery - Broad Form</b>      Effective Date: _____ Anniversary Date: _____</p> <p>Per Accident Limit: _____ Deductible per Occurrence: _____</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Mortgagee</td> <td></td> <td></td> </tr> <tr> <td>Loss Payee</td> <td></td> <td></td> </tr> <tr> <td>Loan Number:</td> <td></td> <td></td> </tr> </tbody> </table>		Yes	No	Mortgagee			Loss Payee			Loan Number:																													
	Yes	No																																						
Mortgagee																																								
Loss Payee																																								
Loan Number:																																								
<p><b>Auto Liability</b>      Effective Date: 10/1/2019 Anniversary Date: 10/1/2020</p> <p>Limits of Liability (Each Occurrence): \$2,000,000 Deductible per Occurrence: \$0</p> <p><b>Auto Physical Damage</b>      Effective Date: 10/1/2019 Anniversary Date: 10/1/2020</p> <p>Limits of Liability: ACV or Agreed Value as scheduled Collision Deductible: \$500 Comprehensive Deductible: \$500</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Loss Payee:</td> <td></td> <td>X</td> </tr> </tbody> </table>		Yes	No	Loss Payee:		X	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Year/Make/Model</th> <th>VIN</th> <th>Value</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Year/Make/Model	VIN	Value																														
	Yes	No																																						
Loss Payee:		X																																						
Year/Make/Model	VIN	Value																																						

**DESCRIPTION:**  
Confirmation of coverage for use of the County Courthouse North Parking Lots 1&2, for the City of Edinburg's Veterans Day Parade, located at 100 East Cano, Edinburg, Texas, Saturday, November 09, 2019.

**Cancellation:** Should any of the above described coverages be canceled before the anniversary date thereof, TMLIRP will endeavor to mail 30 days written notice to the above named certificate holder, but failure to mail such notice shall impose no obligation or liability of any kind upon TMLIRP.

**Authorized Representative:** Linda Stanko

**Date Issued:**

9/20/2019



Certificate of Coverage

TMLIRP Contract Number: 9460

Member:
Edinburg
Ms. Belinda Torres
Director of Human Resources/Civil Service
PO Box 1079
Edinburg, Texas 78540-1079

Company Affording Coverage:
Texas Municipal League Intergovernmental Risk Pool (TMLIRP)
PO Box 149194
Austin, TX 78714-9194
(512) 491-2300 or (800) 537-6655
Fax: (512) 491-2404

Certificate Holder:
County of Hidalgo
100 East Cano, 2nd Floor
Edinburg, Texas 78539

This is to certify that the coverages listed below have been provided to the member and are in effect at this time. Notwithstanding any requirements, terms, or conditions of any other contract or agreement with respect to which this certificate may be issued or may pertain, the coverage afforded by TMLIRP described herein is subject only to the terms, exclusions and additions of TMLIRP's coverage contracts between TMLIRP and its member(s). Coverage is continuous until canceled.

Workers' Compensation
Effective Date: 10/1/2019
Anniversary Date: 10/1/2020
Limits of Liability: Statutory

DESCRIPTION:
Confirmation of coverage for use of the County Courthouse North Parking Lots 1&2, for the City of Edinburg's Veterans Day Parade, located at 100 East Cano, Edinburg, Texas, Saturday, November 09, 2019.

Cancellation: Should any of the above described coverages be canceled before the anniversary date thereof, TMLIRP will endeavor to mail 30 days written notice to the above named certificate holder, but failure to mail such notice shall impose no obligation or liability of any kind upon TMLIRP.

Authorized Representative: Linda Stanko

[Handwritten signature: Linda Stanko]

Date Issued:

9/20/2019



# Certificate of Coverage

<b>TMLIRP Contract Number:</b> 9460	<b>Member:</b> Edinburg Ms. Belinda Torres Director of Human Resources/Civil Service PO Box 1079 Edinburg, Texas 78540-1079	<b>Company Affording Coverage:</b> Texas Municipal League Intergovernmental Risk Pool (TMLIRP) PO Box 149194 Austin, TX 78714-9194 (512) 491-2300 or (800) 537-6655 Fax: (512) 491-2404
-------------------------------------	--	--

**Certificate Holder:**  
 County of Hidalgo  
 100 East Cano, 2nd Floor  
 Edinburg, Texas 78539

This is to certify that the coverages listed below have been provided to the member and are in effect at this time. Notwithstanding any requirements, terms, or conditions of any other contract or agreement with respect to which this certificate may be issued or may pertain, the coverage afforded by TMLIRP described herein is subject only to the terms, exclusions and additions of TMLIRP's coverage contracts between TMLIRP and its member(s). Coverage is continuous until canceled.

<b>General Liability</b> Effective Date: 10/1/2019 Anniversary Date: 10/1/2020 Limits of Liability (Each Occurrence): \$2,000,000 Sudden Events Involving Pollution (Each Occurrence): \$2,000,000 Annual Aggregate: \$4,000,000 Deductible per Occurrence: \$5,000	<b>Real &amp; Personal Property</b> Effective Date: _____ Anniversary Date: _____ Limits of Coverage: _____ Deductible per Occurrence: _____																											
<b>Law Enforcement Liability</b> Effective Date: _____ Anniversary Date: _____ Limits of Liability (Each Occurrence): _____ Annual Aggregate: _____ Deductible per Occurrence: _____	<b>Mobile Equipment</b> Effective Date: _____ Anniversary Date: _____ Limits of Coverage: _____ Deductible per Occurrence: _____																											
<b>Errors and Omissions Liability</b> Effective Date: _____ Anniversary Date: _____ Limits of Liability(Each Wrongful Act): _____ Annual Aggregate: _____ Deductible per Occurrence: _____	<b>Boiler &amp; Machinery - Broad Form</b> Effective Date: _____ Anniversary Date: _____ Per Accident Limit: _____ Deductible per Occurrence: _____																											
<b>Auto Liability</b> Effective Date: 10/1/2019 Anniversary Date: 10/1/2020 Limits of Liability (Each Occurrence): \$2,000,000 Deductible per Occurrence: \$0	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 20%;">Yes</th> <th style="width: 20%;">No</th> </tr> </thead> <tbody> <tr> <td>Mortgagee</td> <td></td> <td></td> </tr> <tr> <td>Loss Payee</td> <td></td> <td></td> </tr> <tr> <td>Loan Number:</td> <td></td> <td></td> </tr> </tbody> </table>		Yes	No	Mortgagee			Loss Payee			Loan Number:																	
	Yes	No																										
Mortgagee																												
Loss Payee																												
Loan Number:																												
<b>Auto Physical Damage</b> Effective Date: 10/1/2019 Anniversary Date: 10/1/2020 Limits of Liability: ACV or Agreed Value as scheduled Collision Deductible: \$500 Comprehensive Deductible: \$500	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">Year/Make/Model</th> <th style="width: 20%;">VIN</th> <th style="width: 20%;">Value</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Year/Make/Model	VIN	Value																								
Year/Make/Model	VIN	Value																										
<table style="width: 100%;"> <tr> <td style="width: 30%;"></td> <td style="width: 35%; text-align: center;">Yes</td> <td style="width: 35%; text-align: center;">No</td> </tr> <tr> <td>Loss Payee:</td> <td style="text-align: center;">X</td> <td></td> </tr> </table>		Yes	No	Loss Payee:	X		Loan Number: _____																					
	Yes	No																										
Loss Payee:	X																											

**DESCRIPTION:**  
 Confirmation of coverage for use of the County Courthouse North Parking Lots 1&2, for the City of Edinburg's Los Muertos Bailan, located at 100 East Cano, Edinburg, Texas, Tuesday, October 29, 2019.

*Cancellation:* Should any of the above described coverages be canceled before the anniversary date thereof, TMLIRP will endeavor to mail \_\_\_\_\_ 30 days written notice to the above named certificate holder, but failure to mail such notice shall impose no obligation or liability of any kind upon TMLIRP.

**Authorized Representative:** Linda Stanko

**Date Issued:**  
 9/20/2019



Certificate of Coverage

TMLIRP Contract Number: 9460

Member: Edinburg, Ms. Belinda Torres, Director of Human Resources/Civil Service, PO Box 1079, Edinburg, Texas 78540-1079

Company Affording Coverage: Texas Municipal League Intergovernmental Risk Pool (TMLIRP), PO Box 149194, Austin, TX 78714-9194, (512) 491-2300 or (800) 537-6655, Fax: (512) 491-2404

Certificate Holder: County of Hidalgo, 100 East Cano, 2nd Floor, Edinburg, Texas 78539

This is to certify that the coverages listed below have been provided to the member and are in effect at this time. Notwithstanding any requirements, terms, or conditions of any other contract or agreement with respect to which this certificate may be issued or may pertain, the coverage afforded by TMLIRP described herein is subject only to the terms, exclusions and additions of TMLIRP's coverage contracts between TMLIRP and its member(s). Coverage is continuous until canceled.

Workers' Compensation Effective Date: 10/1/2019 Anniversary Date: 10/1/2020 Limits of Liability: Statutory

DESCRIPTION: Confirmation of coverage for use of the County Courthouse North Parking Lots 1&2, for the City of Edinburg's Los Muertos Bailan, located at 100 East Cano, Edinburg, Texas, Tuesday, October 29, 2019.

Cancellation: Should any of the above described coverages be canceled before the anniversary date thereof, TMLIRP will endeavor to mail 30 days written notice to the above named certificate holder, but failure to mail such notice shall impose no obligation or liability of any kind upon TMLIRP.

Authorized Representative: Linda Stanko [Signature]

Date Issued: 9/20/2019