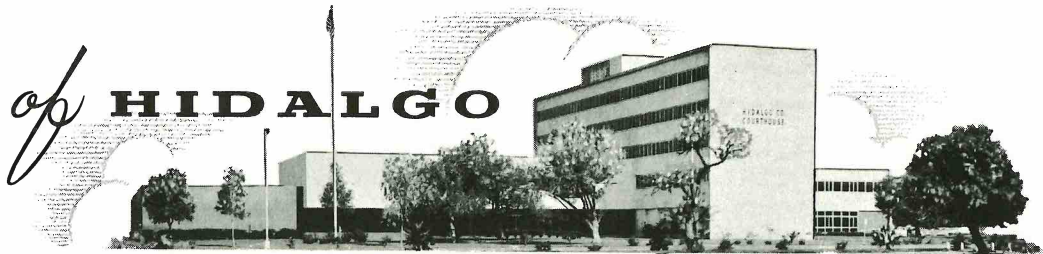


COUNTY of HIDALGO



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

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

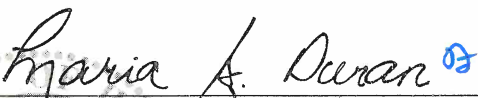
Dear Judge and Commissioners:

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, CPA
Hidalgo County Auditor

10-11-19

Date

HIDALGO COUNTY DISTRICT JUDGES

LUIS M. SINGLETERRY
JUDGE, 92ND D.C.

FERNANDO MANCIAS
JUDGE, 93RD D.C.

J. R. "BOBBY" FLORES
JUDGE, 139TH D.C.

ROSE GUEYRA REYNA
JUDGE, 206TH D.C.

MARLA CUELLAR
JUDGE, 275TH D.C.

MARIO E. RAMIREZ, JR.
JUDGE, 332ND D.C.

NOE GONZALEZ
JUDGE, 373RD D.C.
OVERSEER

LETICIA LOPEZ
JUDGE, 388TH D.C.

L. KEHO VASQUEZ
JUDGE, 388TH D.C.

ISRAEL RAMON, JR.
JUDGE, 430TH D.C.

RENEE R. BETANCOURT
JUDGE, 449TH D.C.

YSMAEL D. FONSECA
JUDGE, 464TH D.C.

HIDALGO COUNTY texas

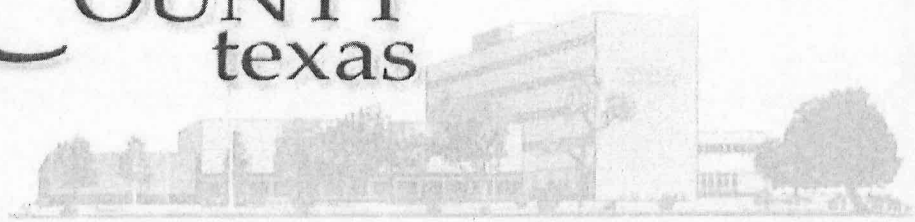
DEPARTMENT OF BUDGET & MANAGEMENT

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: October 1, 2019

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 \$32,929.85 from Lloyds Insurance, \$65,859.70 from Axis Insurance and \$32,929.85 from Evanston Insurance, totaling \$131,719.40. These monies are scheduled for commissioners' court approval on 10/1/19 (AI-72553).

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-72553

Executive Office 8. C.

CC CONSENT AGENDA SPECIAL MTG Other

Meeting Date: 10/08/2019
Submitted By: Glinda Pacheco, EXECUTIVE OFFICE
Department: EXECUTIVE OFFICE

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. Certain Underwriters at Lloyds Insurance in the amount of \$ 32,929.85
 - b. Axis Insurance in the amount of \$65,859.70
 - c. Evanston Insurance in the amount of \$ 32,929.85

2. Approval of 2019 certification of revenues by County Auditor of funds received from partial insurance settlement checks in the total amount of \$ 131,719.40 related to storm damages to County property (Precinct 1) during the June rain event and appropriation of the same.

BACKGROUND

Fiscal Impact

Attachments

Axis Check

Evanston Check

Lloyds check

Appropriation

Memo

Form Review

Inbox	Reviewed By	Date
Linda Flores	Linda Flores	10/01/2019 02:10 PM
Budget & Management	Veronica Ortiz	10/01/2019 03:38 PM
Linda Flores	Linda Flores	10/01/2019 03:45 PM

Final Approval

Monica Salinas

10/04/2019 06:08 PM

Form Started By: Glinda Pacheco

Started On: 09/30/2019 04:33 PM

Final Approval Date: 10/04/2019

DATE: October 1, 2019

DEPARTMENT HEAD: Sergio Cruz

2019
Appropriation
AI-72553



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
TOTAL BUDGET INCREASE (DECREASE)		131,719.40

REASON:

To appropriate funds to be used for emergency related expenditures such as water extraction and building repairs. Lloyds Insurance \$32,929.85, Axis Insurance \$65,859.70, Evanston Insurance \$32,929.85.

DEPARTMENT HEAD SIGNATURE

APPROVED COMMISSIONERS' COURT

DATE

ATTEST COUNTY CLERK

DATE: 10/11/2019

PREPARED BY: DANIELA QUINTANA

REVIEWED BY: Bl 10/11/19

	ACCOUNT DESCRIPTION	ACCOUNT NO.	DEBIT	CREDIT
1	GEN FUND-MISCELLANEOUS REVENUE	9-1100-360-00-000-000-0-000	32929.85 ✓	
1	GEN FUND-MISC REV-INSURANCE CLAIMS	9-1100-360-00-000-005-0-000		32929.85 ✓
2	GEN FUND-MISCELLANEOUS REVENUE	9-1100-360-00-000-000-0-000	65859.70 ✓	
2	GEN FUND-MISC REV-INSURANCE CLAIMS	9-1100-360-00-000-005-0-000		65859.70 ✓
3	GEN FUND-MISCELLANEOUS REVENUE	9-1100-360-00-000-000-0-000	32929.85 ✓	
3	GEN FUND-MISC REV-INSURANCE CLAIMS	9-1100-360-00-000-005-0-000		32929.85 ✓
TOTAL			131719.40	131719.40

TO CORRECT A240156 10/09/19 INSURANCE CLAIMS INTO THE PROPER GENERAL FUND-MISC REVENUE ACCOUNT. PROCESSED FROM MISCELLANEOUS REVENUE INSTEAD OF MISCELLANEOUS REVENUE- INSURANCE CLAIMS

COR A240156 P1 FR PRG 000 TO PRG 005 INS PROCESSED 06/18 RAIN EVENT



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

Receipt No: 240156

Received From: EXECUTIVE OFFICE 10/09/19

Date 10/09/19

1	520087004	INS REIMB FOR PCT 1 JUNE 2018 RAIN EVENT 9-1100-360-00-000-000-0-000	32,929.85
2	224739	INS REIMB FOR PCT 1 JUNE 2018 RAIN EVENT 9-1100-360-00-000-000-0-000	65,859.70
3	208405	INS REIMB FOR PCT 1 JUNE 2018 RAIN EVENT 9-1100-360-00-000-000-0-000	32,929.85

Total: 131,719.40

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

HIDALGO COUNTY- EXECUTIVE OFFICE

REVENUE REMITTANCE FORM

DATE: 10/9/19

TO: HIDALGO COUNTY TREASURER \$ 131,719.40

INSURANCE REIMBURSEMENTS: \$ 131,719.40

- a. Ck #520087004 Evanston Insurance Co. in the amount of \$32,929.85
- b. Ck #224739 Axis Surplus Insurance Co. in the amount of \$65,859.70
- c. Ck #208405 Sedgwick Insurance in the amount of \$ 32,929.85

- 1. Credit acct. #9-1100-360-00-000-000-0-000
- 2. Explanation: partial insurance reimbursements on claim related to storm damages at Pct. 1 during the June 2018 Rain Event. (AI #72553 – CC 10/8/19).

GRAND TOTAL REMITTED TO TREASURER \$ 131,719.40

APPROVED BY: 
DEPARTMENT SUPERVISOR

10/9/19
DATE

PREPARED BY: _____
ASSISTANT

TREASURER'S
RECEIPT #

0510229420:00195F



EVANSTON INSURANCE COMPANY

1700 Ross Street
Evanston, Texas 75020

The National Flood Insurance Program

CHECK 520087004

INVOICE NO	DATE	AMOUNT
744109	05/04/2019	32,929.85

Pay the sum of **Thirty Two Thousand Nine Hundred And Twenty Nine And 85/100 US Dollars**

To the order of **County of Hidalgo Texas
CFO Executive Office Attn: Gloria Pacheco
2815 S. Broadway 281
Edinburg TX 78542**

MARKET

Bank: WFB & T

⑈0520087004⑈ ⑆071923828⑆ 30159366⑈



EVANSTON INSURANCE COMPANY

Check 520087004

INVOICE NO	DATE	MEMO	NET AMOUNT
744109	09-03-19	Insured: HIDALGO COUNTY Claimant: HIDALGO COUNTY Policy Number: MKLV10XP002351 Claim Number: MXBP51393 Effective Date: 12/31/17 Expiration Date: 12/31/18 Loss Date: 06/19/18 Adjuster: Jeff Craig MXBP51393/Evanston12.5%FloodLoss	32,929.85
TOTALS			\$32,929.85

VENDOR I.D.

County of Hidalgo Texas
VENDOR

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

MKLV10XP002
Policy Number
New York, NY
BROKER AT
Swett & Crawford
BROKER

To the _____ Evanston 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
or encumbrance thereon, except: None No other person or persons had any interest therein

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
Evanston's 12.5% \$ 32,929.85

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





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

Check #: 224739
 Check Date: 9/03/2019
 Writing Company: BR6-CWS
 Check Amount: \$65,859.70

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		65,859.70
Reason: June 2018 Flooding				
Sub-total (page):				65,859.70
Total:				65,859.70

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. 224739
 9/03/2019

64-975
 612

AMOUNT
 \$ *****65,859.70

PAY *Sixty five thousand eight hundred fifty nine and 70/100 Dollars*

TO THE ORDER OF
 HIDALGO COUNTY

[Signature]
[Signature]



⑈0000 224739⑈ ⑆061209756⑆ 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

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	\$	<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
AXIS' 25% \$ 65,859.70

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



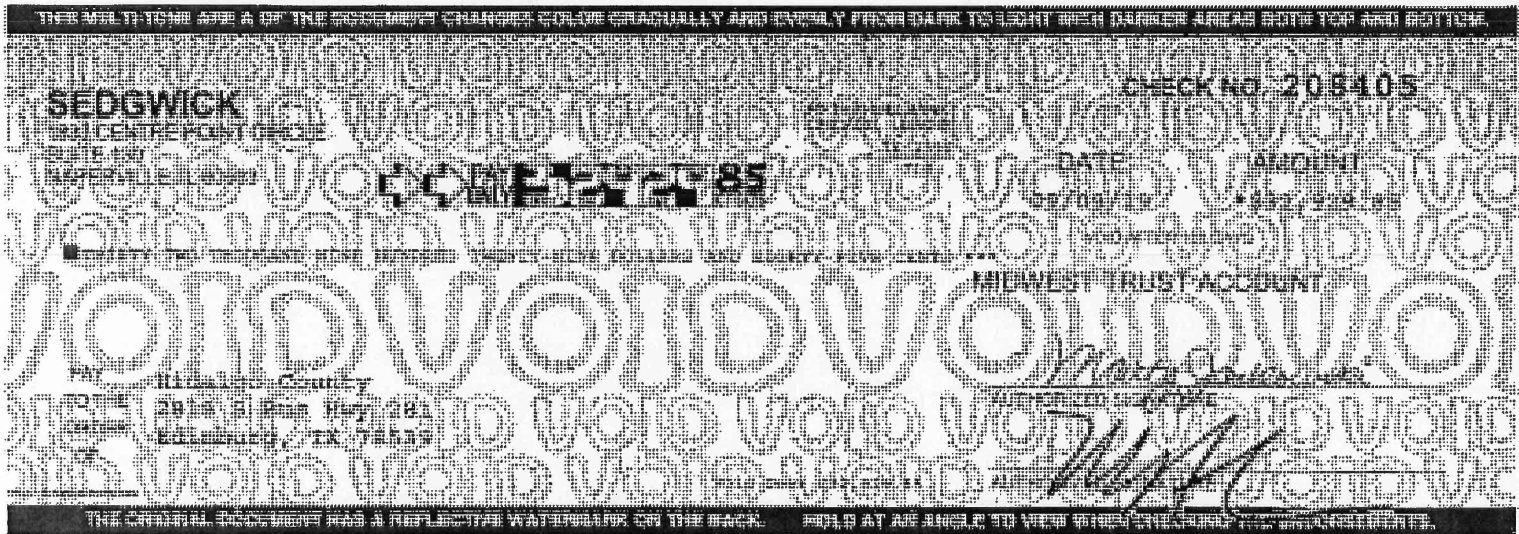
Hidalgo County
 2818 S Bus Hwy 281
 Edinburg, TX 78539

SEDGWICK

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

VENDOR NO.	DATE	CHECK NO.
0006	09/09/19	208405
0I0003LTB		

INVOICE NUMBER & DESCRIPTION	INVOICE DATE	OUR REFERENCE	GROSS AMOUNT
No encumbrance other than Hidalgo County		HOU18434800	\$32,929.85
MIDWEST TRUST ACCOUNT		TOTAL	\$32,929.85



⑈000208405⑈ ⑆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

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
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
London's 12.5% _____ \$ 32,929.85

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 _____ 10th day of _____ July 20 _____ 19 THE INSURED

Notary Public

