



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/28/2020

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 have ADDITIONAL INSURED provisions or 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).

| PRODUCER The Gonzalez Agency 4949 Walzcm Rd San Antonio TX 78218 | CONTACT NAME: Jose Gonzalez PHONE (A/C, No, Ext): 2105917058 FAX (A/C, No): E-MAIL ADDRESS: j.gonzalez@nationwide.com | | | | | | | | | | | | | | |
|---|---|-------------------------------|--------|---|--------|--|-------|------------------------------|-------|-------------|--|-------------|--|-------------|--|
| INSURED Salazar, George J - DBA 502 W Kuhn St Edinburg TX 78541 | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : NATIONWIDE MUTUAL FIRE INSURANCE COMPAN</td> <td style="text-align: center;">23779N</td> </tr> <tr> <td>INSURER B : METROPOLITAN PROP & CAS INS CO</td> <td style="text-align: center;">26298</td> </tr> <tr> <td>INSURER C : TEXAS MUT INS CO</td> <td style="text-align: center;">22945</td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table> | INSURER(S) AFFORDING COVERAGE | NAIC # | INSURER A : NATIONWIDE MUTUAL FIRE INSURANCE COMPAN | 23779N | INSURER B : METROPOLITAN PROP & CAS INS CO | 26298 | INSURER C : TEXAS MUT INS CO | 22945 | INSURER D : | | INSURER E : | | INSURER F : | |
| INSURER(S) AFFORDING COVERAGE | NAIC # | | | | | | | | | | | | | | |
| INSURER A : NATIONWIDE MUTUAL FIRE INSURANCE COMPAN | 23779N | | | | | | | | | | | | | | |
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| INSURER D : | | | | | | | | | | | | | | | |
| INSURER E : | | | | | | | | | | | | | | | |
| INSURER F : | | | | | | | | | | | | | | | |

COVERAGES CERTIFICATE NUMBER: 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 | | | | | | | | | | | | | | | | |
|----------------------------|---|-----------|--------------|-------------------|-------------------------|-------------------------|---|--|-------------|--------|--|-------------------|--|--|--------------|---------------------------|--|--|--------------|----------------------------|--|--|--------------|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJEST <input type="checkbox"/> LOC OTHER: | | | ACPBPOF5575888385 | 01/28/2020 | 01/28/2021 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$ | | | | | | | | | | | | | | | | |
| B | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY | | | CA019659P2019 | 01/28/2020 | 01/28/2021 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ | | | | | | | | | | | | | | | | |
| | UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ | | | | | | EACH OCCURRENCE \$ AGGREGATE \$ \$ | | | | | | | | | | | | | | | | |
| C | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N | N/A | 0001324623 | 05/04/2019 | 05/04/2020 | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;"></td> <td style="width: 10%;">PER STATUTE</td> <td style="width: 5%;">OTH-ER</td> <td style="width: 80%;"></td> </tr> <tr> <td>E L EACH ACCIDENT</td> <td></td> <td></td> <td style="text-align: right;">\$ 1,000,000</td> </tr> <tr> <td>E L DISEASE - EA EMPLOYEE</td> <td></td> <td></td> <td style="text-align: right;">\$ 1,000,000</td> </tr> <tr> <td>E L DISEASE - POLICY LIMIT</td> <td></td> <td></td> <td style="text-align: right;">\$ 1,000,000</td> </tr> </table> | | PER STATUTE | OTH-ER | | E L EACH ACCIDENT | | | \$ 1,000,000 | E L DISEASE - EA EMPLOYEE | | | \$ 1,000,000 | E L DISEASE - POLICY LIMIT | | | \$ 1,000,000 |
| | PER STATUTE | OTH-ER | | | | | | | | | | | | | | | | | | | | | |
| E L EACH ACCIDENT | | | \$ 1,000,000 | | | | | | | | | | | | | | | | | | | | |
| E L DISEASE - EA EMPLOYEE | | | \$ 1,000,000 | | | | | | | | | | | | | | | | | | | | |
| E L DISEASE - POLICY LIMIT | | | \$ 1,000,000 | | | | | | | | | | | | | | | | | | | | |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 2015 TOYOTA TUNDRA 50 30 1,500 5TF11W5F16FX479653
 2017 BMW X5 5UXKR0C3XH0X78417

| | |
|---|--|
| CERTIFICATE HOLDER Hidalgo County 2802 US-281 BUS 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 Jose L. Gonzalez Jr. |
|---|--|

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/18/2020

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| | | |
|--|--|------------------------------------|
| PRODUCER LIA ADMINISTRATORS & INSURANCE SERVICES 1600 ANACAPA ST SANTA BARBARA, CA 93101 | CONTACT NAME: DANA DAMICO PHONE (A/C, No, Ext): 805-963-6624 E-MAIL ADDRESS: DANA@LIABILITY.COM | FAX (A/C, No): 805-962-0652 |
| | INSURER(S) AFFORDING COVERAGE INSURER A: ASPEN AMERICAN INSURANCE COMPANY NAIC # 43460 | |
| INSURED APPRAISAL HAUS GEORGE JAIME SALAZAR II 502 WEST KUHN STREET EDINBURG, TX 78541 165126 | INSURER B: INSURER C: INSURER D: INSURER E: INSURER F: | |

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

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| 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 \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ |
| | AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY | | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ |
| | UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$ | | | | | | EACH OCCURRENCE \$ AGGREGATE \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY 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 E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ |
| A | PROFESSIONAL LIABILITY | | | AAI008000-05 | 02/10/2020 | 02/10/2021 | \$1,000,000 EACH CLAIM \$1,000,000 AGGREGATE |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

REAL ESTATE APPRAISERS PROFESSIONAL LIABILITY INSURANCE

CERTIFICATE HOLDER**CANCELLATION**
 HIDALGO COUNTY
 PURCHASING DEPARTMENT
 2802 S. BUS. HWY 281
 EDINBURG, TX 78539

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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CERTIFICATE OF LIABILITY INSURANCE

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| PRODUCER LIA ADMINISTRATORS & INSURANCE SERVICES 1600 ANACAPA ST SANTA BARBARA, CA 93101 | CONTACT NAME NATALIE SHORT PHONE (A/C No., Ext) 805-963-8624 E-MAIL NATALIE@LIABILITY.COM | FAX (A/C No.) 805-962-0652 |
| INSURED APPRAISAL HAUS GEORGE JAIME SALAZAR II 502 WEST KUHN STREET EDINBURG, TX 78541 155126 | INSURER(S) AFFORDING COVERAGE INSURER A: ASPEN AMERICAN INSURANCE COMPANY NAIC # 43460 INSURER B: _____ INSURER C: _____ INSURER D: _____ INSURER E: _____ INSURER F: _____ | |

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| | COMMERCIAL GENERAL LIABILITY | | | | | |
| | CLAIMS-MADE OCCUR | | | | | EACH OCCURRENCE \$ SCHEDULED RENTED PREMISES (Ea occurrence) \$ MED EXP (Adv. 200 persons) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ |
| | GEN'L AGGREGATE LIMIT APPLIED PER PROPERTY PROJECT LOG OTHER | | | | | |
| | AUTOMOBILE LIABILITY | | | | | |
| | ANY AUTO | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ |
| | OWNED AUTOS ONLY HIRED AUTOS ONLY | SCHEDULED AUTOS NON-OWNED AUTOS ONLY | | | | |
| | UMBRELLA LIAB | OCCUR | | | | EACH OCCURRENCE \$ AGGREGATE \$ |
| | EXCESS LIAB | CLAIMS-MADE | | | | |
| | | DED RETENTION % | | | | |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | |
| | ANY PROPRIETOR PARTNER EXECUTIVE OFFICER MEMBER EMPLOYED (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N | N/A | | | EL EACH ACCIDENT \$ EL DISEASE - EA EMPLOYEE \$ EL DISEASE - POLICY LIMIT \$ |
| A | PROFESSIONAL LIABILITY | | AA1008000-04 | 02/10/2013 | 02/10/2020 | \$1,000,000 EACH CLAIM \$1,000,000 AGGREGATE |

DESCRIPTION OF OPERATIONS - LOCATIONS - VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
REAL ESTATE APPRAISERS PROFESSIONAL LIABILITY INSURANCE

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|---|--|