



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## TEXAS CHANGES – AMENDMENT OF CANCELLATION PROVISIONS OR COVERAGE CHANGE

This endorsement modifies insurance provided under the following:

- COMMERCIAL GENERAL LIABILITY COVERAGE PART
- LIQUOR LIABILITY COVERAGE PART
- OWNERS AND CONTRACTORS PROTECTIVE LIABILITY COVERAGE PART
- POLLUTION LIABILITY COVERAGE PART
- PRODUCT WITHDRAWAL COVERAGE PART
- PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART
- RAILROAD PROTECTIVE LIABILITY COVERAGE PART

In the event of cancellation or material change that reduces or restricts the insurance afforded by this Coverage Part, we agree to mail prior written notice of cancellation or material change to:

### SCHEDULE

<b>1.</b>	<b>Name: HIDALGO COUNTY ATTN: PURCHASING DEPT</b>
<b>2.</b>	<b>Address: 2812 S HIGHWAY BUSINESS 281, EDINBURG TX 78539</b>
<b>3.</b>	<b>Number of days advance notice: 30</b>
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

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## ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – SCHEDULED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

### SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):	Location(s) Of Covered Operations
HIDALGO COUNTY 2812 S HIGHWAY BUSINESS 281, EDINBURG, TX 78539	2812 S HIGHWAY BUSINESS 281, Edin- burg, TX 78539
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

**A. Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

**B.** With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

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## BLANKET ADDITIONAL INSURED

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM  
GARAGE COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM  
TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Endorsement Effective: 05/18/2020
Named Insured: LEONEL GARZA JR & ASSOCIATES LLC

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

The following is added to **SECTION II – LIABILITY COVERAGE**, Paragraph **A.1. Who Is An Insured** Provision:

Any person or organization with respect to the operation, maintenance, or use, of a covered "auto" that you are required to include as additional insured on the Coverage Form in a written agreement or written "insured contract" that is signed and executed by you before the "bodily injury" or "property damage" occurs.

However, such person or organization is an insured:

1. Only for "bodily injury" or "property damage" caused by an "accident" which takes place after you executed the written agreement or written "insured contract";
2. Only during the policy period; and
3. Only for damages to which this insurance applies and only to the extent that person or organization qualifies as an "insured" under the Who Is An Insured provision contained in Section II.

A person's or organization's status as an additional insured under this provision ends when your operations for that additional insured are completed.

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## BLANKET WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US (WAIVER OF SUBROGATION)

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM  
BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM  
GARAGE COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM  
TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

**Named Insured:** LEONEL GARZA JR & ASSOCIATES LLC

**Endorsement Effective Date:** 05/18/2020

The **Transfer Of Rights Of Recovery Against Others To Us** Condition is amended by adding the following exception:

However, if required by a written insured contract or written agreement executed prior to the "accident" or "loss" or by a written permit issued to you by a governmental or public authority executed prior to the "accident" or "loss", the **Transfer Of Rights Of Recovery Against Others To Us** Condition is waived by us against any person or organization named in such contract, agreement or permit, because of payments we make for injury or damage arising out of a covered "auto".

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### ADDITIONAL INSURED ENDORSEMENT

<i>Attached To and Forming Part of Policy</i> 0100038816	<i>Effective Date of Endorsement</i> 05/18/20 12:01AM at the Named Insured address shown on the Declarations	<i>Named Insured</i> Leonel Garza Jr & Associates LLC
<i>Additional Premium:</i> \$0	<i>Return Premium:</i> \$0	

This endorsement modifies insurance provided under the following:

#### PROFESSIONAL LIABILITY COVERAGE

#### SCHEDULE

Name and Address of Additional Insured Person(s) or Organization(s):
Hidalgo County 2812 S. Hwy 281, Edinburg, TX 78539

- A. This policy is amended to include the person or organization shown in the above Schedule as an Additional Insured but only for the vicarious liability imposed on the Additional Insured provided that such liability is caused by the sole negligent conduct of the "named insured".
- B. The insurance provided to the Additional Insured under this endorsement is limited as follows:
1. This coverage does not apply to "wrongful acts" arising out of the sole negligence of the Additional Insured or any employees of the Additional Insured;
  2. Where there is no duty to defend the "named insured", there is no duty to defend the Additional Insured. Where there is no duty to indemnify the "named insured", there is no duty to indemnify the Additional Insured.
- C. Duties of the Additional Insured:
1. The Additional Insured must promptly give notice of a "wrongful act", a claim which is made or a "suit", to any other insurer which has insurance for a loss to which this insurance may apply.
  2. The Additional Insured must promptly tender the defense of any claim made or "suit" to any other insurer which also issued insurance to the Additional Insured as a Named Insured or to which the Additional Insured may qualify as an Additional Insured for a loss to which this insurance may apply.

ALL OTHER TERMS AND CONDITIONS OF THE POLICY REMAIN UNCHANGED.



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## TEXAS WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

**Policy Number:** 65 WBC AR0136

**Endorsement Number:**

**Effective Date:** 05/18/20

Effective hour is the same as stated on the Information Page of the policy.

**Named Insured and Address:** LEONEL GARZA JR & ASSOCIATES LLC

1419 W DOVE AVE STE 1

MCALLEN TX 78504

This endorsement applies only to the insurance provided by the policy because Texas is shown in Item 3.A. of the Information Page.

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule, but this waiver applies only with

respect to bodily injury arising out of the operations described in the Schedule where you are required by a written contract to obtain this waiver from us.

This endorsement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

The premium for this endorsement is shown in the Schedule.

### Schedule

1.  **Special Waiver**  
Name of person or organization HIDALGO COUNTY 2812 S HIGHWAY BUSINESS 281 EDINBURG TX 78539
- Blanket Waiver**  
Any person or organization for whom the Named Insured has agreed by written contract to furnish this waiver.
2. **Operations:**  
003
3. **Premium:**  
The premium charge for this endorsement shall be 5 percent of the premium developed on payroll in connection with work performed for the above person(s) or organization(s) arising out of the operations described.
4. **Advance Premium:**