



Certificate of Coverage

TMLIRP Contract Number: 9651	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
Member: Lower Rio Grande Valley Dev Council Ms. Crystal Balboa Finance Director 301 W Railroad St Weslaco, Texas 78596	

Certificate Holder:
 The Economic Development Corporation of Weslaco
 275 S. Kansas Ste A
 Weslaco, TX 78596 and

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.

General Liability Effective Date: 10/1/2019 Anniversary Date: 10/1/2020 Limits of Liability (Each Occurrence): \$1,000,000 Sudden Events Involving Pollution (Each Occurrence): \$1,000,000 Annual Aggregate: \$2,000,000 Deductible per Occurrence: \$0	Real & Personal Property Effective Date: 10/1/2019 Anniversary Date: 10/1/2020 Limits of Coverage: \$13,449,779 Deductible per Occurrence: \$250 Mobile Equipment Effective Date: _____ Anniversary Date: _____ Limits of Coverage: _____ Deductible per Occurrence: _____ Boiler & Machinery - Broad Form Effective Date: _____ Anniversary Date: _____ Per Accident Limit: _____ Deductible per Occurrence: _____																
Law Enforcement Liability Effective Date: _____ Anniversary Date: _____ Limits of Liability (Each Occurrence): _____ Annual Aggregate: _____ Deductible per Occurrence: _____	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;"></td> <td style="width:20%; text-align: center;">Yes</td> <td style="width:20%; text-align: center;">No</td> </tr> <tr> <td style="text-align: right;">Mortgagee Loss Payee</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="text-align: right;">Loan Number</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> </table>		Yes	No	Mortgagee Loss Payee	_____	_____	Loan Number	_____	_____							
	Yes	No															
Mortgagee Loss Payee	_____	_____															
Loan Number	_____	_____															
Errors and Omissions Liability Effective Date: _____ Anniversary Date: _____ Limits of Liability (Each Wrongful Act): _____ Annual Aggregate: _____ Deductible per Occurrence: _____	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%;"></td> <td style="width:20%; text-align: center;">Yes</td> <td style="width:20%; text-align: center;">No</td> <td style="width:20%;"></td> </tr> <tr> <td style="text-align: right;">Year/Make/Model</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="text-align: right;">VIN</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="text-align: right;">Value</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> </table>		Yes	No		Year/Make/Model	_____	_____	_____	VIN	_____	_____	_____	Value	_____	_____	_____
	Yes	No															
Year/Make/Model	_____	_____	_____														
VIN	_____	_____	_____														
Value	_____	_____	_____														
Auto Liability Effective Date: _____ Anniversary Date: _____ Limits of Liability (Each Occurrence): _____ Deductible per Occurrence: _____	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%;"></td> <td style="width:20%; text-align: center;">Yes</td> <td style="width:20%; text-align: center;">No</td> <td style="width:20%;"></td> </tr> <tr> <td style="text-align: right;">Year/Make/Model</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="text-align: right;">VIN</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="text-align: right;">Value</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> </table>		Yes	No		Year/Make/Model	_____	_____	_____	VIN	_____	_____	_____	Value	_____	_____	_____
	Yes	No															
Year/Make/Model	_____	_____	_____														
VIN	_____	_____	_____														
Value	_____	_____	_____														
Auto Physical Damage Effective Date: _____ Anniversary Date: _____ Limits of Liability: _____ Collision Deductible: _____ Comprehensive Deductible: _____	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%;"></td> <td style="width:20%; text-align: center;">Yes</td> <td style="width:20%; text-align: center;">No</td> <td style="width:20%;"></td> </tr> <tr> <td style="text-align: right;">Year/Make/Model</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="text-align: right;">VIN</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="text-align: right;">Value</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> </table>		Yes	No		Year/Make/Model	_____	_____	_____	VIN	_____	_____	_____	Value	_____	_____	_____
	Yes	No															
Year/Make/Model	_____	_____	_____														
VIN	_____	_____	_____														
Value	_____	_____	_____														
Loss Payee:	Loan Number:																

DESCRIPTION:
 Evidence of coverage for the Office located at 301 West Rail Road, Weslaco, TX

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: Corby Bittner

Date Issued:

8/27/2013