



McGriff

Remit to:
P.O. Box 890635
Charlotte, NC 28289-0635

00000522261100-709HIDALCOU12709000007131718000000198007

----- INVOICE -----

Hidalgo County
Executive Office
505 S. McColl Rd. Ste. J
Edinburg, TX 78539

Invoice Date 03/04/24
Invoice No. 5222611
Bill-To Code 709HIDALCOU1
Client Code 709HIDALCOU1
Inv Order No. 709*7131718

Named Insured: Hidalgo County

Amount Remitted: \$

Please return this portion with your payment.

Make checks payable to: McGriff Insurance Services LLC

Effective Date	Policy Period	Coverage Description	Transaction Amount
10/01/23	12/31/22 to 12/31/23	Everest National Insurance Co Policy No. IM4CM00092221 Endorsement - Adjusts 4th Quarter	198.00
		Credit on account	-97.45
		Invoice Number: 5222611 Amount Due:	100.55
<p>Please pay from copy of invoice/credit memo</p> <p>PO # _____</p> <p>Acct # <u>4-1100-419-00-125-009-0-520</u></p> <p>Invoice Received By: <u>Edgardo Garcia</u> on <u>March 4th, 2024</u></p> <p>Goods/Services Received By: <u>Mauer</u> on <u>12/31/22-12/31/23 (4th Qtr)</u></p>			

Due upon Receipt or Effective Date, whichever is later | *NEW* Pay with Credit Card/ACH: <https://mcgriff.epaypolicy.com>

**THIS ENDORSEMENT CLARIFIES THE POLICY. PLEASE READ IT CAREFULLY
CHANGE ENDORSEMENT**

ENDT. NO. 005

NAMED INSURED HIDALGO COUNTY	EFFECTIVE DATE 10-01-23	POLICY NUMBER IM4CM00092221																		
IF THIS ENDORSEMENT IS LISTED IN THE POLICY DECLARATIONS, IT IS IN EFFECT FROM THE TIME COVERAGE UNDER THIS POLICY COMMENCES. OTHERWISE, THE EFFECTIVE DATE OF THIS ENDORSEMENT IS AS SHOWN ABOVE AT THE SAME TIME OR HOUR OF THE DAY AS THE POLICY BECAME EFFECTIVE.		COUNTERSIGNED BY: _____ AUTHORIZED REPRESENTATIVE																		
POLICY TERM: 12-31-2022 TO 12-31-2023																				
COVERAGE PART INFORMATION – Coverage parts affected by this change as indicated by <input checked="" type="checkbox"/> below.																				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;"><input type="checkbox"/></td> <td style="width: 75%;">Commercial Property</td> <td style="width: 20%;"></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Commercial General Liability</td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Commercial Crime</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Commercial Inland Marine</td> <td style="text-align: right;">\$ 198.00</td> </tr> <tr> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> </table>			<input type="checkbox"/>	Commercial Property		<input type="checkbox"/>	Commercial General Liability		<input type="checkbox"/>	Commercial Crime		<input checked="" type="checkbox"/>	Commercial Inland Marine	\$ 198.00	<input type="checkbox"/>			<input type="checkbox"/>		
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CHANGE DESCRIPTION																				
THE 4TH QUARTER REPORTING ADJUSTMENT HAS BEEN PROCESSED FOR THE CONTRACTORS' EQUIPMENT COVERAGE - AS FOLLOWS: REPORTING PERIOD: 10/01/2023 TO 12/31/2023 CURRENT PERIOD REPORTED VALUES: \$41,411,013 4TH QUARTER REPORTED VALUES: \$41,920,583.71 ADDITIONAL PREMIUM: \$198 ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED																				
PREMIUM CHANGE (Includes Any Applicable Taxes, Surcharges Or Fees)																				
Additional \$	198.00	Return \$																		

**THIS ENDORSEMENT CLARIFIES THE POLICY. PLEASE READ IT CAREFULLY.
SCHEDULE OF ENDORSEMENT CHANGES**

ADJ. NO. **005**

NAMED INSURED HIDALGO COUNTY	ADJUSTMENT DATE 10-01-23	POLICY NUMBER IM4CM00092221
IF THIS ENDORSEMENT IS LISTED IN THE POLICY DECLARATIONS, IT IS IN EFFECT FROM THE TIME COVERAGE UNDER THIS POLICY COMMENCES. OTHERWISE, THE EFFECTIVE DATE OF THIS ENDORSEMENT IS AS SHOWN ABOVE AT THE SAME TIME OR HOUR OF THE DAY AS THE POLICY BECAME EFFECTIVE.	COUNTERSIGNED BY: <hr style="width:80%; margin-left:auto; margin-right:auto;"/> <p align="center">AUTHORIZED REPRESENTATIVE</p>	

COMMON POLICY FORMS AND ENDORSEMENTS

ILU 003	01-08	CHANGE ENDORSEMENT
ILU 003	05-89	SCHEDULE OF ENDORSEMENT CHANGES