

Apollo Managing General Agency
CLAIMS ACCOUNT
P.O. BOX 833399, RICHARDSON, TX 75083
1-855-371-7310

BANK OF TEXAS
www.bankoftexas.com
32-1432/1110

101475

Full and Final Settlement of All Claims, Liens and Demands for Property Damage

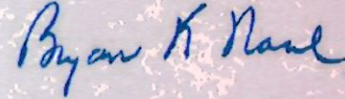
DATE
May 09, 2025

AMOUNT
\$3,346.91

PAY THREE THOUSAND THREE HUNDRED FORTY-SIX AND 91/100 DOLLARS

VOID AFTER 180 DAYS

TO THE ORDER OF THE COUNTY OF HIDALGO, TEXAS CLAIM#24-11-15448



AUTHORIZED SIGNATURE

SECURITY FEATURES INCLUDED. DETAILS ON BACK

⑈ 101475⑈ ⑆ 11014325⑆ 8095174510⑈

Apollo Managing General Agency
CLAIMS ACCOUNT

101475

DATE ISSUED: May 09, 2025
ISSUING CODE: C
AMOUNT: \$3,346.91
REASON: Loss Payment
ADJUSTER: Cindy Anaya
CLAIM NUMBER: 2024-15448-E
DATE OF LOSS: 11/27/2024
INSURED: ROEL SILVA SOLIS
CLAIMANT: HIDALGO COUNTY

COUNTY OF HIDALGO SAFETY DIVISION
9805 N 10TH ST
MCALLEN, TX 78504 -9529

Apollo Managing General Agency
CLAIMS ACCOUNT

101475

CHECK:
THE COUNTY OF HIDALGO, TEXAS CLAIM#24-11-15448

DATE ISSUED: May 09, 2025
ISSUING CODE: C
AMOUNT: \$3,346.91
REASON: Loss Payment
ADJUSTER: Cindy Anaya
CLAIM NUMBER: 2024-15448-E
DATE OF LOSS: 11/27/2024
INSURED: ROEL SILVA SOLIS
CLAIMANT: HIDALGO COUNTY

RELEASE OF ALL PROPERTY DAMAGE CLAIMS

"Claimant" shall collectively mean THE COUNTY OF HIDALGO, TEXAS his/her/their respective heirs, executors, administrators, personal representatives, successors and assigns. "Defendants" shall collectively mean ROEL SILVA SOLIS, APOLLO MGA LLC, and HOME STATE COUNTY MUTUAL INSURANCE COMPANY their respective heirs, spouses, executors, administrators, personal representatives, agents, servants, employees, officers, directors, shareholders, insurers, representatives, subsidiaries, parent companies, associated entities, attorneys, successors and assigns.

FOR AND IN CONSIDERATION of the delivery of a draft or check to the undersigned in the sum of THREE THOUSAND THREE HUNDRED FORTY-SIX DOLLARS AND 91/100 (\$3,346.91), each of the undersigned do/does hereby release and forever discharge DEFENDANTS of and from all claims, demands, damages, actions or causes of action, on account of damage to property resulting from an accident which occurred on or about 11/27/2024 at or near SAN JUAN, TEXAS.

It is understood and agreed that this is a FULL AND FINAL RELEASE in full compromise settlements of all property damage claims of every nature and kind whatsoever, and releases all claims for property damage whether known or unknown; suspected or unsuspected.

The undersigned hereby agrees to indemnify and save harmless the parties above named, of and from all loss, damage and expense by reason of said accident should any property damage claims, demand or suit thereby made on behalf of the undersigned, any of his/her lienholders or other creditors at anytime hereafter.

Each of the undersigned states that this release has been carefully read by and is signed as the free act and deed of such undersigned.

DATED this 1st day of May, 2025.

READ BEFORE SIGNING BELOW:

WITNESS TO SIGNATURE

[Signature]
THE COUNTY OF HIDALGO, TEXAS

(1) _____

STATE OF Texas §

COUNTY OF Hidalgo §

BEFORE ME, the undersigned authority, on this day personally appeared Valde Guerra known to me, who, being duly sworn upon oath stated that he is over the age of eighteen (18), that he is of sound mind and fully competent to make this affidavit and acknowledgment; that the statements contained in the foregoing release and settlement agreement are within his personal knowledge and are true and correct, and that he executed the foregoing instrument for the purposes and consideration therein expressed"

SUBSCRIBED AND SWORN TO before me, and given under my hand and seal of office, this 1st day of

May, 2025.
Monica Salinas
x _____
NOTARY PUBLIC, STATE OF Texas 4/21/2021

