



Certificate of Coverage

TMLIRP Contract Number:	9460
Member:	
Edinburg Ms. Belinda Torres Director of Human Resources/Civil Service PO Box 1079 Edinburg, Texas 78540-1079	

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	

Certificate Holder:
County of Hidalgo 505 South McColl Road, 2nd Floor Edinburg, Texas 78539

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: 10/1/2024 Anniversary Date: 10/1/2025 Limits of Liability (Each Occurrence): \$2,000,000 Sudden Events Involving Pollution (Each Occurrence): \$2,000,000 Annual Aggregate: \$4,000,000 Deductible per Occurrence: \$5,000		Real & Personal Property Effective Date: _____ Anniversary Date: _____ Limits of Coverage: _____ Deductible per Occurrence: _____																							
Law Enforcement Liability Effective Date: _____ Anniversary Date: _____ Limits of Liability (Each Occurrence): _____ Annual Aggregate: _____ Deductible per Occurrence: _____		Mobile Equipment Effective Date: _____ Anniversary Date: _____ Limits of Coverage: _____ Deductible per Occurrence: _____																							
Errors and Omissions Liability Effective Date: _____ Anniversary Date: _____ Limits of Liability (Each Wrongful Act): _____ Annual Aggregate: _____ Deductible per Occurrence: _____		Boiler & Machinery - Broad Form Effective Date: _____ Anniversary Date: _____ Per Accident Limit: _____ Deductible per Occurrence: _____																							
Auto Liability Effective Date: _____ Anniversary Date: _____ Limits of Liability (Each Occurrence): _____ Deductible per Occurrence: _____		<table border="1"> <thead> <tr> <th rowspan="2">Year/Make/Model</th> <th rowspan="2">VIN</th> <th colspan="2">Mortgagee</th> <th rowspan="2">Value</th> </tr> <tr> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Year/Make/Model	VIN	Mortgagee		Value	Yes	No															
Year/Make/Model	VIN	Mortgagee				Value																			
		Yes	No																						
Auto Physical Damage Effective Date: _____ Anniversary Date: _____ Limits of Liability: _____ Collision Deductible: _____ Comprehensive Deductible: _____		<table border="1"> <thead> <tr> <th rowspan="2">Loss Payee:</th> <th colspan="2">Yes</th> <th colspan="2">No</th> <th rowspan="2">Loan Number:</th> </tr> <tr> <th>Yes</th> <th>No</th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Loss Payee:	Yes		No		Loan Number:	Yes	No	Yes	No												
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	Yes	No	Yes	No																					

DESCRIPTION:
 Confirmation of coverage for the City of Edinburg's use of the Parking Surface for 2024-2025 City Sponsored Festivals at Promenade Park Amphitheater, Edinburg Municipal Auditorium, City Hall Courtyard, Edinburg, Texas. General Liability coverage is primary and non-contributory.

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: Louis Canales

Date Issued:

10/1/2024