Addendum No. 4
September 14, 2011

Notice is hereby given to all prospective respondents for the Worker's Compensation Insurance, Employer's Liability, Proposal No. 2010-11-10 Self-Insured Options and Commercial Package, Proposal No. 2010-11-11, for the City of Weslaco as follows:

1. Replace - Section 5

Please complete and fax the enclosed acknowledgement immediately to (956) 969-8452.

City of Weslaco,

Homer Rhodes
Purchasing Division

HR/vsr

ACKNOWLEDGEMENT

I HEREBY ACKNOWLEDGE RECEIPT OF Addendum No. 4 for the City of Weslaco **Worker's Compensation Insurance, Employer's Liability, Proposal No. 2010-11-10 Self-Insured Options and Commercial Package, Proposal No. 2010-11-11,** proposal specifications dated September 23, 2011.

Company: _____

Name: _____

Signature: _____

Title: _____

Address: _____

City/State/Zip: _____

Email: _____

If you should have any questions regarding the RFP specifications, please call (956) 447-2240.

Section 5

CITY OF WESLACO

PROPOSAL RESPONSE FORM

Commercial Property

Name of Company: _____ Rating: _____

Contact Name: _____ Phone No.: _____

Name of Agent (If Applicable): _____

Agency Name: _____

Commercial Property		Premium	Notes
Blanket Limit	$30,360.79	$	
Fire & Extended Coverage		$	
Vandalism and Theft		$	
Contractors Equipment	$1,327,758.86	$	
Data Processing Equipment	~~$1,449,128.25~~ 1,159,817	$	
Annual Premium		$	