



ACE American Insurance Company

**Psychologists' Professional Liability
Claims Made Insurance
Policy Declarations**

PRODUCER NUMBER

273865

DATE OF ISSUE

August 28, 2013

**PSYCHOLOGISTS' PROFESSIONAL LIABILITY
CLAIMS MADE INSURANCE POLICY**

 THIS POLICY/CERTIFICATE IS ISSUED IN ASSOCIATION WITH THE PSYCHOLOGISTS PURCHASING
GROUP ASSOCIATION

Item	POLICY/CERTIFICATE NUMBER: 58G22494077		
1.	Named Insured: Dr. Gregorio Pina III Address: 1200 S Col Rowe Blvd Ste B9 City, State & Zip Code: McAllen, TX 78501 2954		
2.	Policy Period: From: 09/01/2013 To: 09/01/2014 12:01 A.M. local time at the address shown in Item 1.		
3.	COVERAGE Professional Liability Wrongful Employment Practices Licensing Board Defense Other Governmental Regulatory Body Defense Deposition Expense Premises Medical Payment Assault and/or Battery Loss of Earnings	LIMITS OF LIABILITY \$1,000,000 Each Incident \$5,000,000 Aggregate \$5,000 Aggregate REIMBURSEMENTS \$50,000 per Proceeding \$10,000 per Proceeding \$5,000 per Insured \$2,500 per Person \$75,000 Aggregate \$1,000 Aggregate \$500 per Day, per Insured \$15,000 Aggregate Per Incident	PREMIUM \$1,318.00 \$45.00 Total Premium \$1,363.00
4.	Retroactive Date 07/17/1987		
5.	This policy is made and accepted subject to the printed conditions in this policy together with the provisions, stipulations and agreements contained in the following form(s) or endorsement(s). PF15215a, PF33748, PF15217a (05/07), CC-1K11g (01/11), PF15245a, PF15235a, ALL-4Y30e (07/13), ALL18894b, PF15309a, PF18892b, PF17914 (02/05),		
6.	Notice of claim should be sent to: Trust Risk Management Services, Inc. 181 W Madison St Ste 2900 Chicago, IL 60602	All other correspondence should be sent to: Trust Risk Management Services, Inc. 1791 Paysphere Circle Chicago, IL 60674	
7.	REPRESENTATIVE: Agent or broker: Office address: City, State, Zip Website: Phone:	Trust Risk Management Services, Inc. doing business in TX as Potomac Risk Management Services, Inc. 1791 Paysphere Circle Chicago, IL 60674 www.apait.org 1.877.637.9700	



ace group

Renewal Notice

IMPORTANT INFORMATION TO ALL POLICYHOLDERS

AS PART OF OUR EFFORT TO REDUCE OUR USE OF PRINTED PAPER, PLEASE BE ADVISED THAT THE ENCLOSED POLICY DOES NOT INCLUDE A COPY OF THE FOLLOWING FORM: PF15217a Psychologist CM Policy (05/07) WE HAVE NOT INCLUDED THIS FORM BECAUSE SUCH FORM WAS PREVIOUSLY PROVIDED TO YOU AND SINCE THAT TIME, THERE HAVE BEEN NO MATERIAL CHANGES TO THE FORM.

IF YOU WOULD LIKE TO OBTAIN COPIES OF THE FORM(S) PLEASE CONTACT US AT:

TRUST RISK MANAGEMENT SERVICES, INC.
doing business in TX as Potomac Risk
Management Services, Inc.
1791 Paysphere Circle
Chicago, IL 60674

OR

1.877.637.9700
1.877.251.5111
info@trustrms.com
www.apait.org

SIGNATURES

Named Insured Dr. Gregorio Pina III			Endorsement Number
Policy Symbol CRL	Policy Number 58G22494077	Policy Period 09/01/2013 to 09/01/2014	Effective Date 09/01/2013
Issued By (Name of Insurance Company) ACE American Insurance Company			

THE ONLY SIGNATURES APPLICABLE TO THIS POLICY ARE THOSE REPRESENTING THE COMPANY NAMED ON THE FIRST PAGE OF THE DECLARATIONS.

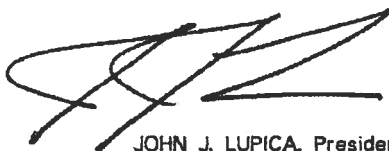
By signing and delivering the policy to you, we state that it is a valid contract.

INDEMNITY INSURANCE COMPANY OF NORTH AMERICA (A stock company)
BANKERS STANDARD FIRE AND MARINE COMPANY (A stock company)
BANKERS STANDARD INSURANCE COMPANY (A stock company)
ACE AMERICAN INSURANCE COMPANY (A stock company)
ACE PROPERTY AND CASUALTY INSURANCE COMPANY (A stock company)
INSURANCE COMPANY OF NORTH AMERICA (A stock company)
PACIFIC EMPLOYERS INSURANCE COMPANY (A stock company)
ACE FIRE UNDERWRITERS INSURANCE COMPANY (A stock company)
WESTCHESTER FIRE INSURANCE COMPANY (A stock company)

436 Walnut Street, P.O. Box 1000, Philadelphia, Pennsylvania 19106-3703



CARMINE A. GIGANTI, Secretary



JOHN J. LUPICA, President



Authorized Agent

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

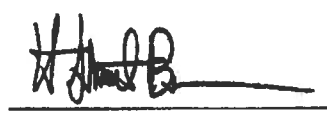
Named Insured Dr. Gregorio Pina III			Endorsement Number
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**Retroactive Date(s)
Designated Individual(s) or Entity(ies)**

It is agreed that, in consideration of the premium charged, and solely with respect to the following designated individual(s) or entity(ies), Item 4. of the Declarations, **Retroactive Date**, is deleted with respect to such designated individual(s) or entity(ies) and replaced with the **Retroactive Date** for such designated individual(s) or entity(ies) listed in below.

<u>Designated Individual(s) or Entity(ies)</u>	<u>Retroactive Date(s)</u>
Gregorio Pina III	07/17/1987
The premium for this endorsement is included in the premium shown on the Declarations unless a specific amount is shown here:	Additional Premium:
	Return Premium:

All other terms and conditions of this policy remain unchanged.



Authorized Agent

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Named Insured Dr. Gregorio Pina III			Endorsement Number
Policy Symbol CRL	Policy Number 58G22494077	Policy Period 09/01/2013 to 09/01/2014	Effective Date 09/01/2013
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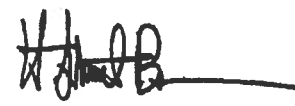
Additional Insured

It is agreed that in consideration of the premium charged, the individual(s) or entity(ies) designated below shall be an **Insured**, under Section III. PERSONS INSURED, but only with respect to such individual's or entity's liability arising solely out of an **Incident** caused by the sole negligence of another **Insured**:

Additional Insured	Address
WEBB COUNTY CHILDRENS ADVOCACY C	111 N Merida Laredo TX 78043
WEBB COUNTY SUPERVISIONS & CORRE	1110 Victoria St Laredo TX 78040
Catholic Diocese of Brownsville	1910 E Elizabeth Brownsville TX
HIDALGO COUNTY	PO Box 970 Edinburg TX 78540

The premium for this endorsement is included in the premium shown on the Declarations unless a specific amount is shown here:	Additional Premium:	
	Return Premium:	

All other terms and conditions of this policy remain unchanged.



Authorized Agent



Trust Risk Management Services, Inc. (TRMS) ■ 1791 Paysphere Circle, Chicago, IL 60674 ■ Phone (877) 637-9700 ■ FAX (877) 251-5111

August 28, 2013

Dr. Gregorio Pina III
1200 S Col Rowe Blvd Ste B9
McAllen, TX 78501 2954

RE: Your Trust Sponsored Professional Liability Insurance Policy # 58G22494077

Dear Dr. Gregorio Pina III:

Thank you for your continued participation in the Trust Sponsored Professional Liability Program.

Enclosed is your Trust Sponsored Professional Liability Insurance Renewal. In an effort to conserve resources and "go green" with your renewal, we have not included a copy of your insurance policy form as part of this renewal packet. The insurance policy form was provided to you previously, and the enclosed endorsements included in this renewal packet will reflect changes to your coverage, if any. If you would like a copy of the policy form, you are able to request it by accessing your account at the Online Service Center at www.apait.org or by contacting our Customer Service Center. We urge you to read this renewal packet and notify us if you believe any changes are necessary.

At the first notice of claim, lawsuit or incident, please contact our Customer Service Center immediately at 1.877.637.9700. We will assist you in providing the necessary information to get your claims process started. Our claims staff is dedicated to listening, understanding, and taking action to route your claim to the appropriate experts working on your behalf.

If you have not already done so, **be sure to access your Online Service Center account at www.apait.org.** Your account is available 24 hours a day, 7 days a week, with anytime access to your professional liability insurance form. You can request additional Memorandums of Insurance, view all of your account transactions, submit requests for changes, update your personal information and (if eligible) **renew your policy.** For your convenience we have provided your user name at the bottom of this letter. If you wish to change your customer information, simply log into the Online Service Center and click on Customer Service.

Should you have any questions regarding this correspondence, or for additional information regarding further membership benefits and other membership insurance options, please be sure to contact us at 1.877.637.9700. Our professional staff is available to assist you Monday-Thursday 8:00am-6:00pm (cst) & Friday 8:00am-5:00pm (cst) or visit our website at www.apait.org. You may also email us your questions at info@trustrms.com.

Sincerely,

Jana N. Martin, Ph.D.

Jana N. Martin, Ph.D., President
Trust Risk Management Services, Inc. doing business in TX as Potomac Risk Management Services, Inc.

Licensed Producer - Heath Benas, CA #0D95636, FL #E013597. Principal Place of Business - Maryland. Insurance Carrier - Underwritten by ACE American Insurance Company, Philadelphia, PA. ACE USA is the U.S.-based retail operating division of the ACE Group headed by ACE Limited (NYSE:ACE) and rated A+ (Superior) by A.M. Best and AA- (Very Strong) by Standard & Poor's (ratings as of July 22, 2011). Administered by Trust Risk Management Services, Inc.

OSC User Name: gregpinaphd@gmail.com

Information and Complaints



This information is being provided to you pursuant to the requirements of Title 28, Part 1, Chapter 1, Subchapter E. 1.601 of the Texas Administrative Code relating to our Toll Free information and complaint number.

IMPORTANT NOTICE

To obtain information or make a complaint:
You may call the Company's toll-free telephone number for information or to make a complaint at:

1-(800) 352-4462

You may also write to the Company at:

ACE USA
Customer Services
PO Box 1000
Philadelphia, PA 19106-3703

You may contact the Texas Department of Insurance to obtain information on companies, coverages, rights or complaints at:

1-(800) 252 3439

You may write the Texas Department of Insurance

P. O. Box 149104
AUSTIN, TX 78714-9104
FAX # (512) 475-1771
Web: <http://www.tdi.texas.gov>
E-mail: ConsumerProtection@tdi.texas.gov

PREMIUM OR CLAIM DISPUTES: Should you have a dispute concerning your premium or about a claim you should contact your agent or the company first. If the dispute is not resolved you may contact the Texas Department of Insurance.

ATTACH THIS NOTICE TO YOUR POLICY: This notice is for information only and does not become a part or condition of the attached document.

AVISO IMPORTANTE

Para obtener informacion o para someter una queja:
Usted puede llamar al numero de telefono gratis de la Compania para informacion o para someter una queja al:

1 (800) 352-4462

Usted tambien puede escribir a la Compania:

ACE USA
Customer Services
PO Box 1000
Philadelphia, PA 19106-3703

Puede comunicarse con el Departamento de Seguros de Texas para obtener informacion acerca de companias, coberturas, derechos o quejas al:

1 (800) 252-3439

Puede escribir al Departamento de Seguros de Texas

P.O. Box 149104
AUSTIN, TX 78714-9104
FAX # (512) 475-1771
Web: <http://www.tdi.texas.gov>
E-mail: ConsumerProtection@tdi.texas.gov

DISPUTAS SOBRE PRIMAS O RECLAMOS: Si tiene una disputa concerniente a su prima o un reclamo, debe comunicarse con el agente o la compania primero. Si no se resuelve la disputa puede entonces comunicarse con el departamento de Seguros en Texas

UNA ESTE AVISO A SU POLIZA: Este aviso es solo para proposito de informacion y no se convierte en parte o condicion del documento adjunto.



ACE Medical Risk
 Risk Management
 1133 Avenue of the Americas
 32nd Floor
 New York, NY 10036

Phone: 212-703-7000
 Fax: 212-703-7059
 www.acegroup.com

August 28, 2013

RE: RISK CONTROL SERVICES FOR TEXAS POLICYHOLDERS

Commercial Automobile Liability, General Liability, Professional Liability and/or Medical Professional Liability (Other Than Hospitals)

Insurers providing any of the above referenced lines of insurance in Texas are required by Texas law and regulations to maintain or provide accident prevention services for their policyholders. We offer an array of accident prevention services in Texas at no additional charge. These services are intended to help prevent and/or minimize loss.

These services include, but are not limited to: individual risk surveys; improvement recommendations; loss investigation; specific loss problem identification and recommended improvement actions (including, but not limited to, review of policies and procedures used by policyholders to identify causes and trends of incidents and occurrences); and training aids, materials and programs.

We may recommend one or more of these services based upon hazard, experience and size of your Texas operations. You have the choice of receiving or declining any of the services offered. If you wish to decline all of the services or wish to receive only selected risk control service, please indicate that by signing and dating this letter in the space provided below. Please mail or fax to the captioned address or fax number. If you decline all of ACE's risk control services or choose only a support service, such as ergonomics survey, driving training, or other services and not a complete risk survey, we still have a responsibility under Texas law and regulation to monitor your losses. In the event you start to have a loss problem and a trend is established, and/or adverse loss ratio is developed, we will contact you and offer to assist you in addressing the situation.

Sincerely,



Diane Doherty, Assistant Vice President

ACE Medical Risk, Risk Management

- I am aware of the loss control services offered and decline them. I have made other arrangements for these services.
- I wish to obtain the following offered accident prevention services.

- I have no risk control services needs now. I reserve the right to request loss control services within the period.

 (Signature) (Phone #) (Date)

Print Name: _____ Policy # _____

Company Name: _____

Address: _____

City, State, Zip: _____

ACE USA Medical Risk is a business division of ACE USA, the U.S.-based retail operating division of the ACE Group of Companies, headed by ACE Limited (NYSE:ACE). ACE USA, through its underwriting companies, provides insurance products and services throughout the U.S.

One of the ACE USA underwriting companies has undertaken a survey of your premises, equipment, or operations (whichever is pertinent to the type of insurance applied for or provided) for the purpose of supporting the functions of risk underwriting. Any recommendations or information provided is not intended as a substitute for advice from a safety expert or legal counsel you may retain for your own purposes. It is not intended to supplant any legal duty you may have to provide a safe premises, workplace, product or operation.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

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Amendatory Endorsement - Texas

It is agreed that with regard to Exclusion H. In the EXCLUSIONS section of the policy, the term "abuse" is defined as follows:

"Abuse" means an act which is committed with the intent to cause harm.

All other terms and conditions of this policy remain unchanged.



Authorized Agent



ACE USA

**Notification To Texas Policyholders (Other Than Hospitals)
Of Loss Control Services For
Medical Professional Liability, Professional Liability,
General Liability and/or Commercial Automobile Liability**

09/01/2013

ACE USA Medical Risk provides medical professional liability, professional liability, general liability and/or commercial automobile liability policyholders (other than hospitals) with loss control services and programs to help them reduce the frequency and severity of losses or injuries in their business. If you would like more information on the specific services and programs that ACE USA Medical Risk can provide, please contact ACE USA Medical Risk, 1133 Avenue of the Americas, 32nd Floor, New York, NY 10036 or call ACE USA Medical Risk at 212-703-7000.



ace usa

**U.S. Treasury Department's
Office
Of Foreign Assets Control
("OFAC")
Advisory Notice to
Policyholders**

This Policyholder Notice shall not be construed as part of your policy and no coverage is provided by this Policyholder Notice nor can it be construed to replace any provisions of your policy. You should read your policy and review your Declarations page for complete information on the coverages you are provided.

This Notice provides information concerning possible impact on your insurance coverage due to directives issued by OFAC. **Please read this Notice carefully.**

The Office of Foreign Assets Control (OFAC) administers and enforces sanctions policy, based on Presidential declarations of "national emergency". OFAC has identified and listed numerous:

- Foreign agents;
- Front organizations;
- Terrorists;
- Terrorist organizations; and
- Narcotics traffickers;

as "Specially Designated Nationals and Blocked Persons". This list can be located on the United States Treasury's web site – <http://www.treas.gov/ofac>.

In accordance with OFAC regulations, if it is determined that you or any other insured, or any person or entity claiming the benefits of this insurance has violated U.S. sanctions law or is a Specially Designated National and Blocked Person, as identified by OFAC, this insurance will be considered a blocked or frozen contract and all provisions of this insurance are immediately subject to OFAC. When an Insurance policy is considered to be such a blocked or frozen contract, no payments nor premium refunds may be made without authorization from OFAC. Other limitations on the premiums and payments also apply.

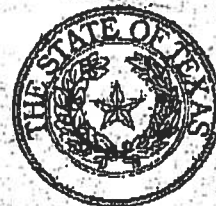
TEXAS STATE BOARD OF EXAMINERS OF PSYCHOLOGISTS

ANNUAL RENEWAL PERMIT

THIS DOCUMENT
IS ONLY ISSUED
UNDER THE LAWS
OF THE
STATE OF TEXAS

Licensed Psychologist with HSP

GREGORIO PINA TH PH.D
STE B-9
1200 SOUTH 2ND
MCALLEN, TX 78501



22180

August 31, 2014

LICENSE NO.

EXPIRATION DATE

MUST BE DISPLAYED WITH LICENSE IN A CONSPICUOUS PLACE