



Hidalgo County Purchasing Department
2812 S. Business Highway 281
New Administration Building
Edinburg, Texas 78539
(956) 318-2626/ Fax: (956) 318-2629

October 20, 2015

Valley Forensics, PLLC
Attn: Norma J. Farley, MD
3100-A South Bus Hwy 281
Edinburg, TX 78539

Via Email: nfarley@rgv.rr.com &
omontero@rgv.rr.com

Re: "Pathologist To Provide Turnkey Autopsy And Related Services"
C-13-365-12-20

Dear Vendor:

Hidalgo County Purchasing Department will be requesting Commissioners' Court to consider the County's option to exercise the one (1) year extension as provided in the current contract (under the same terms and conditions). Please acknowledge receipt of this notice of placement on the Commissioners' Court meeting of October 27, 2015 for discussion, consideration and action, by signing below and returning to the Purchasing Department, by no later than Thursday, October 22, 2015, 3:00 pm via email to: yvette.salinas@co.hidalgo.tx.us so as to meet the agenda request form deadlines.

By:

Date: 10-27-2015

Additionally, we are requesting you provide updated certificates of insurance and license as required through Hidalgo County's Request for Bid, Quote, Proposal, and/or Statement of Qualifications.

Should you have any questions or require additional information, please do not hesitate to contact me at (956) 318-2626. Your cooperation in this matter is greatly appreciated and we hope your company continues its business relationship with Hidalgo County.

Sincerely,

Yvette Salinas

Yvette Salinas, Buyer III

Hidalgo County Purchasing Department



TEXAS MEDICAL LIABILITY TRUST

P.O. Box 160140, Austin, Texas 78716

"A health care liability claim trust created by the Texas Medical Association"

THIS IS AN OCCURRENCE POLICY

ITEM DECLARATIONS PAGE

POLICY NO. 1-124533

1	NAMED INSURED (including address)	NAMED INSURED IS A:
	Norma J. Farley, MD 1511 Preston Trl. Harlingen, TX 78552	Individual

2	POLICY PERIOD	beginning and ending at 12:01 a.m.	FROM	04/01/2015
		at above stated address	TO	04/01/2016

3 PROFESSIONAL LIABILITY COVERAGE
 Only the "Named Insured" described in Section V, Definitions-J of the above numbered policy has coverage under this policy, unless otherwise expressly indicated by endorsement. Insurance is afforded only with respect to such coverages as are indicated by specific charges below. All insurance under the policy and any endorsement is subject to Section IV, Limits of Liability.

COVERAGE	LIMITS OF LIABILITY		PREMIUM
A. Professional Liability	each claim \$ 200,000	all claims \$600,000	\$5,178.00
B. Deductible (Refer to Endorsement)	\$ 0		\$0.00
C. Professional Premises Liability	each premises occurrence \$200,000	premises aggregate \$200,000	\$0.00
D. Medical Director	\$100,000 each Claim/all Claims (included in the applicable limits of liability listed above)		\$250.00
TOTAL PREMIUM			\$5,428.00

4	TYPE OF COVERAGE	OCCURRENCE
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5	Class	1D	Principal Practice	81266 PATHOLOGY
	Territory	IA	County	HIDALGO

6	FORMS & ENDORSEMENTS	PLO0414, 60, EPLI
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CREDITS INCLUDED ABOVE	
Experience Discount	-\$1,295.00

This Declarations Page is part of and subject to all terms, conditions and exclusions of the above numbered policy and any endorsements issued by the Trust to the Named Insured.

Issue Date: 02/02/2015

Countersigned By: *Debbie Garcia*

TP

Authorized Representative of Texas Medical Liability Trust

This Declarations Page, along with the coverage forms and endorsements attached, completes the above numbered policy.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/14/2015

PRODUCER
 Joe E. Jones
 622 N. Ed Carey Drive
 Harlingen, TX 78550



INSURED
 Autopsy Services and Expert Testimony PLLC
 3100-A S. Bus Hwy 281
 Edinburg, TX 78539

THIS CERTIFICATE IS ISSUED AS MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE**NAIC #**

INSURER A: State Farm Lloyds	43419	25178
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	X	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contents GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	90-NB-9353-5 P	01/19/2015	01/19/2016	EACH OCCURRENCE	\$ 2,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
						MED EXP (Any one person)	\$ 5,000
						PERSONAL & ADV INJURY	\$ 63,300
						GENERAL AGGREGATE	\$ 2,000,000
						PRODUCTS - COMP/OP AGG	\$
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident)	\$ 2,000
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
						OTHER THAN EA ACC	\$
						AUTO ONLY: AGG	\$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE	\$
						AGGREGATE	\$
							\$
							\$
							\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATUTORY LIMITS	OTHER
						E.L. EACH ACCIDENT	\$
						E.L. DISEASE - EA EMPLOYEE	\$
						E.L. DISEASE - POLICY LIMIT	\$
		OTHER					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Add'l Insured:
 COUNTY OF HIDALGO
 2812 S BUSINESS HWY 281
 EDINBURG TX 78539

CERTIFICATE HOLDER

COUNTY OF HIDALGO
 2812 S BUSINESS HWY 281
 EDINBURG TX 78539

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

Texas Liability Insurance Card



Named Insured(s): Phillip T Farley
William Farley
Kelsey Farley
1511 Preston Trl
Harlingen, TX 78552

Vehicle: 2006 Chevrolet Truck Slvrdo 1500 Cr Pu 4Wd
VIN: 2GCEK13T761215609

Registered Owner(s): Phillip T Farley

Norma Jean Farley
Katherine L Farley

Policy Number: 45144009
Effective: 10/19/2015
Expiration: 4/19/2016

NAIC Number: 24392

Your Agent: Kent Jones
1102 E Tyler Ave
Harlingen, TX 78550-7138

Agent Phone: (956) 440-8890

Farmers Texas County Mutual Insurance Company (800) 225-0011

This policy provides at least the minimum amounts of liability insurance required by the Texas Motor Vehicle Safety Responsibility Act for the specified vehicle and named insureds and may provide coverage for other persons and other vehicles as provided by the insurance policy.

TEXAS LIABILITY INSURANCE CARD

Keep This Card

IMPORTANT: This card or a copy of your insurance policy must be shown when you apply for or renew your:

- motor vehicle registration
- driver's license
- motor vehicle safety inspection sticker.

You also may be asked to show this card or your policy if you have an accident or if a peace officer asks to see it.

All drivers in Texas must carry liability insurance on their vehicles or otherwise meet legal requirements for financial responsibility. Failure to do so could result in fines up to \$1,000, suspension of your driver's license and motor vehicle registration, and impoundment of your vehicle for up to 180 days (at a cost of \$15 per day).

To report a claim (including roadside assistance), please contact Farmers Claim Department (day or night) at 1-800-435-7764.

Visit www.farmers.com to learn more about claim self-service options. It's quick, convenient and always open!

See policy for actual coverage language.

TARJETA DE SEGURO DE RESPONSABILIDAD DE TEXAS

Guarde esta tarjeta.

IMPORTANTE: Esta tarjeta o una copia de su póliza de seguro debe ser mostrada cuando usted solicite o renueve su:

- registro de vehículo de motor
- licencia para conducir
- etiqueta de inspección de seguridad para su vehículo.

Puede que usted tenga también que mostrar esta tarjeta o su póliza de seguro si tiene un accidente o si un oficial de la paz se la pide.

Todos los conductores en Texas deben de tener seguro de responsabilidad para sus vehículos, o de otra manera llenar los requisitos legales de responsabilidad civil. Fallo en llenar este requisito pudiera resultar en multas de hasta \$1,000, suspensión de su licencia para conducir y su registro de vehículo de motor, y la retención de su vehículo por un periodo de hasta 180 días (a un costo de \$15 por día).

Para español llame al 1-877-732-5266.

25-9008 2-14

Texas Liability Insurance Card



Named Insured(s): Phillip T Farley
William Farley
Kelsey Farley
1511 Preston Trl
Harlingen, TX 78552

Vehicle: 2004 Lexus Ls 430 4D
VIN: JTHBN36F340151264

Registered Owner(s): Phillip T Farley

Norma Jean Farley
Katherine L Farley

Policy Number: 45144009
Effective: 10/19/2015
Expiration: 4/19/2016

NAIC Number: 24392

Your Agent: Kent Jones
1102 E Tyler Ave
Harlingen, TX 78550-7138

Agent Phone: (956) 440-8890

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25-9008 2-14

Texas Liability Insurance Card



Named Insured(s): Phillip T Farley
William Farley
Kelsey Farley
1511 Preston Trl
Harlingen, TX 78552

Vehicle: 2002 Mitsubishi Montero 4D 4X4 Limited
VIN: JA4MW51R12J026639

Registered Owner(s): Phillip T Farley

Norma Jean Farley
Katherine L Farley

Policy Number: 45144009
Effective: 10/19/2015
Expiration: 4/19/2016

NAIC Number: 24392

Your Agent: Kent Jones
1102 E Tyler Ave
Harlingen, TX 78550-7138

Agent Phone: (956) 440-8890

Farmers Texas County Mutual Insurance Company (800) 225-0011

This policy provides at least the minimum amounts of liability insurance required by the Texas Motor Vehicle Safety Responsibility Act for the specified vehicle and named insureds and may provide coverage for other persons and other vehicles as provided by the insurance policy.

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25-9008 2-14

TEXAS MEDICAL BOARD

P.O. BOX 2029 • AUSTIN, TEXAS 78768-2029

PHYSICIAN FULL PERMIT

LICENSE/PERMIT NUMBER

19873

NORMA JEAN FARLEY, MD
24215 PRESTON TRL
HARLINGEN TX 78552-6341

EXPIRATION DATE

08/31/2017

THIS CERTIFIES THAT THE LICENSEE/PERMIT HOLDER NAMED AND NUMBERED HEREON HAS PROVIDED THIS BOARD THE INFORMATION REQUIRED AND HAS PAID THE FEE FOR REGISTRATION FOR THE PERIOD INDICATED ABOVE
PLEASE KEEP THIS BOARD NOTIFIED OF CHANGE OF ADDRESS

