

# CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

Complete Nos. 1 - 4 and 6 if there are interested parties.  
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

### OFFICE USE ONLY CERTIFICATION OF FILING

Certificate Number:  
2016-129052

Date Filed:  
10/26/2016

Date Acknowledged:

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

Autopsy Services and Expert Testimony, PLLC  
Edinburg, TX United States

**2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.**

Hidalgo County

**3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.**

C-16-380-00-00  
Autopsy and Forensic Services

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Farley, Norma	Edinburg, TX United States	X	

5 Check only if there is NO Interested Party.



I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.

Norma J. Farley  
Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Norma Jean Farley, M.D., this the 26<sup>th</sup> day of October 2016, to certify which, witness my hand and seal of office.

Olga Montero  
Signature of officer administering oath

Olga Montero  
Printed name of officer administering oath

Notary Public  
Title of officer administering oath

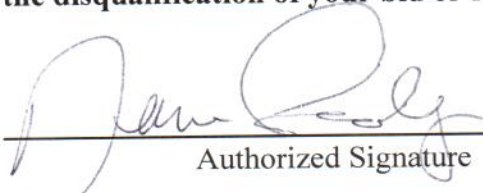
**PROJECT REQUIREMENTS  
ACKNOWLEDGMENT**

This is to certify that I, Norma Farley, possess all of the **APPLICABLE**:

- 1. Licenses: Texas Medical License
- 2. Bonds: N/A
- 3. Certificates: N/A
- 4. Permits: N/A
- 5. Other: N/A

necessary to carry out the required project. Furthermore, I am providing copies of the required documentation so that, if my company is awarded this project, I may be eligible to enter into a contract with Hidalgo County and proceed to complete the project in a timely manner.

\* Any licenses, bonds, certificates, permits, etc. which are required **must be presented** as part of the bid packet in order to expedite the bid evaluation process. Failure to provide said documentation will result in the disqualification of your bid or response.

  
Authorized Signature

10/24/16  
Date

Autopsy Services & Expert Testimony  
Company

3100 A S. Bus Hwy 281  
Address

Edinburg, TX 78539  
City, State, Zip

Texas Liability Insurance Card



Named Insured(s): Phillip T Farley, Norma Jean Farley, [redacted], [redacted], [redacted], [redacted] Marshall Hutts Rd, Rio Hondo, TX 78583-3456
Vehicle: 2006 Chevrolet Truck Slvrdo 1500 Cr Pu 4Wd, VIN: 2GCEK13T761215609
Registered Owner(s): Phillip T Farley

Policy Number: 045144009
Effective: 10/19/2016
Expiration: 4/19/2017
NAIC Number: 24392
Your Agent: Kent W Jones, 1102 E Tyler Ave, Harlingen, TX 78550
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.

FOLD HERE

Texas Liability Insurance Card



Named Insured(s): Phillip T Farley, Norma Jean Farley, [redacted], [redacted], [redacted], [redacted] Marshall Hutts Rd, Rio Hondo, TX 78583-3456
Vehicle: 2012 Toyota Highlander 4D 4Wd Limited, VIN: 5TDDK3EH4CS167149
Registered Owner(s): Norma J Farley

Policy Number: 045144009
Effective: 10/19/2016
Expiration: 4/19/2017
NAIC Number: 24392
Your Agent: Kent W Jones, 1102 E Tyler Ave, Harlingen, TX 78550
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.

FOLD HERE

Texas Liability Insurance Card



Named Insured(s): Phillip T Farley, Norma Jean Farley, [redacted], [redacted], [redacted], [redacted] Marshall Hutts Rd, Rio Hondo, TX 78583-3456
Vehicle: 2002 Mitsubishi Montero 4D 4X4 Limited, VIN: JA4MW51R12J026639
Registered Owner(s): Phillip T Farley

Policy Number: 045144009
Effective: 10/19/2016
Expiration: 4/19/2017
NAIC Number: 24392
Your Agent: Kent W Jones, 1102 E Tyler Ave, Harlingen, TX 78550
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.

FOLD HERE

FOLD HERE



# Auto Insurance Declaration Page

**Policy Number:** 04514-40-09  
**Effective:** 10/19/2016 12:01 AM  
**Expiration:** 4/19/2017 12:01 AM  
**Named Insured(s):** Phillip T Farley  
 [REDACTED] Marshall Hutts Rd  
 Rio Hondo, TX 78583-3456  
  
**e-mail:** pfarley@rgv.rr.com  
**Address(es):**  
**Underwritten By:** Farmers Texas County Mutual Insurance  
 Company  
 15700 Long Vista Dr  
 Austin, TX 78728

## Premiums

Full-term Premium (excluding fees)	\$1,738.00
Prorated Premium (10/19/2016 - 4/19/2017)	\$0.00
<b>▶ Total for this Transaction</b>	<b>\$0.00</b>

### This is not a bill.

Your bill with the amount due will be mailed separately.

## Household Drivers

Name	Driver Status	Name	Driver Status
Phillip T Farley	Covered	Norma Jean Farley	Covered
[REDACTED]	Covered	[REDACTED]	Covered
[REDACTED]	Covered		

## Vehicle Information

Veh. #	Year/Make/Model/VIN	Coverage	Deductible	Limit
1	2006 Chevrolet Truck Slvrdo 1500 Cr Pu 4Wd 2GCEK13T761215609	Other Than Collision:	\$500	
		Collision:	\$500	
		Towing and Labor Cost:		Not Covered
2	2012 Toyota Highlander 4D 4Wd Limited 5TDDK3EH4CS167149	Other Than Collision:	\$500	
		Collision:	\$500	
		Towing and Labor Cost:		Not Covered
3	2002 Mitsubishi Montero 4D 4X4 Limited JA4MW51R12J026639	Other Than Collision:	\$500	
		Collision:	\$500	
		Towing and Labor Cost:		Not Covered

farmers.com

Policy No. 04514-40-09

### Questions?

Call your agent Kent W Jones at (956) 440-8890 or email [kjones3@farmersagent.com](mailto:kjones3@farmersagent.com)

### Manage your account:

Go to [www.farmers.com](http://www.farmers.com) to access your account any time!

## Declaration Page (continued)

### Coverage Information

Coverage	Limits (applicable to all vehicles)	Premiums by Vehicle		
		Vehicle 1	Vehicle 2	Vehicle 3
Bodily Injury Liability	\$500,000 each person \$500,000 each accident	\$146.00	\$104.00	\$184.00
Property Damage Liability	\$500,000 each accident	\$110.00	\$93.00	\$173.00
Medical Coverage		Not Covered	Not Covered	Not Covered
Uninsured/ Underinsured Motorist Bodily Injury	\$500,000 each person \$500,000 each accident	\$21.00	\$46.00	\$23.00
Other Than Collision		\$67.00	\$52.00	\$41.00
Collision		\$98.00	\$107.00	\$100.00
Uninsured/ Underinsured Motorist Property Damage	\$100,000 each accident \$250 deductible	\$26.00	\$28.00	\$26.00
Towing and Labor Cost		Not Covered	Not Covered	Not Covered
Travel Trailer or Camper		\$293.00	Not Covered	Not Covered
<b>Total Premium Per Vehicle</b>		<b>\$761.00</b>	<b>\$430.00</b>	<b>\$547.00</b>
<b>▶ Full-term Premium</b>				<b>\$1,738.00</b>

### Discounts

Discount Type	Applies to Vehicle(s)	Discount Type	Applies to Vehicle(s)
Auto/Home	1, 2, 3	Multiple Car	1, 2, 3
Transfer	1, 2, 3	Group - Phys/Surgeon	1, 2, 3
Early Shopping	1, 2, 3	EFT	1, 2, 3
ePolicy	1, 2, 3	Good Student	1, 2, 3

### Other Policy Features and Benefits

- Incident Forgiveness - protects your premium from increases due to minor traffic violations
- Guaranteed Renewal - claims activity will not lead to cancellation or nonrenewal

### Trailer Information

Veh. #	Description	Year/Make/Model/Serial #	Coverage	Deductible	Limit
1	Travel/Utility Trailer	2013 Cruiser Viewfinder 27Rbss 5RXTC2727D2200985	Other Than Collision: Collision:	\$500 \$500	

farmers.com

Policy No. 04514-40-09

#### Questions?

Call your agent Kent W Jones at (956) 440-8890 or email [kjones3@farmersagent.com](mailto:kjones3@farmersagent.com)

#### Manage your account:

Go to [www.farmers.com](http://www.farmers.com) to access your account any time!



# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
01/27/2016

**PRODUCER**  
Joe Jones Insurance Agency  
622 N Ed Carey Drive  
Harlingen TX, 78550  
Phone 956-423-8961 Fax 956-423-8255

THIS CERTIFICATE IS ISSUED AS A 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.



**INSURED**  
AUTOPSY SERVICES AND EXPERT TESTIMONY PLLC  
3100-A S. Bus Hwy 281  
Edinburg, TX 78539

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 ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
<input checked="" type="checkbox"/>	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <b>Contents</b> GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/>	90-NB-9353-5 L	01/19/2016	1/19/2017	EACH OCCURRENCE \$ <b>2,000,000.00</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ <b>5,000.00</b> PERSONAL & ADV INJURY \$ <b>69,100.00</b> GENERAL AGGREGATE \$ <b>2,000,000.00</b> PRODUCTS - COMP/OP AGG \$
	<b>AUTOMOBILE LIABILITY</b> <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) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
	<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATUTORY LIMITS   OTH-ER 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

**Additional 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 10 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  
*Joe Jones, Agent*  
By: *Salud Diaz*



This endorsement forms a part of **POLICY NUMBER 1-124533**

Policy Term: 04/01/2016 to 04/01/2017  
Endorsement Effective Date: 04/01/2016  
Named Insured: Norma J. Farley, MD

**SUBSCRIBER CERTIFICATE**

Issued to

**POLICYHOLDERS OF TEXAS MEDICAL LIABILITY TRUST**

**EMPLOYMENT PRACTICES LIABILITY INSURANCE**

Word and phrases in **bold** have special meaning as described in SECTION III of the EPLI endorsement.

**NOTICE TO POLICYHOLDER:**

Coverage hereunder shall expire sixty (60) days after the expiration date of the **Policy** to which this certificate is attached or sixty (60) days after its earlier cancellation date or non-renewal date. This coverage may not be extended by a *Reporting Endorsement* ("tail" coverage).

As a condition precedent to payment of any benefit hereunder, the **Claim** must be received by an **Insured** while the **Policy** is in effect and the **Subscriber** must notify the Trust within sixty (60) days from the date the **Claim** is received by an **Insured**.

**ITEM 1. SUBSCRIBER:**

**Norma J. Farley, MD**

**ITEM 2. POLICY PERIOD:**

From: **04/01/2016**  
To: **04/01/2017**  
Beginning and ending at 12:01 a.m.

**ITEM 3. LIMIT OF LIABILITY per physician (inclusive of Defense Costs):**

- (a) \$50,000 Maximum **Limit of Liability** for each **Claim**
- (b) \$50,000 Punitive, exemplary and multiple damages **Limit of Liability**
- (c) \$50,000 Maximum aggregate **Limit of Liability** for all **Claims**
- (d) \$0 Defense-Only **Limit of Liability**

**ITEM 4. SUBSCRIBER SELF-INSURED RETENTION:**

\$5,000 Each and every **Claim**

**ITEM 5. SUBSCRIBER EPLI RETROACTIVE DATE:**

**02/01/2013**

This certificate does not vary, extend or in any way affect the coverage provided in the EPLI endorsement, which can be reviewed by visiting the myTMLT website ([www.tmlt.org/mo](http://www.tmlt.org/mo)) or by requesting a copy from Customer Service at 1-800-580-8658, ext. 5050

Issue Date: **02/02/2016**

Countersigned by:

Authorized Representative of  
Texas Medical Liability Trust

GC

**TEXAS MEDICAL BOARD**

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

PHYSICIAN FULL PERMIT

LICENSE/PERMIT NUMBER

J9873

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

# Insurance Requirement Acknowledgment

I, Phillip Farley, authorized representative for Autopsy Services + Expert Testimony PUC dba Valley Forensics, PUC, Company/Vendor

hereby acknowledge receipt of the County's required insurance limits. Said requirements:

- will be acquired within 10 working days after notification from Purchasing Department of award of the project by the Hidalgo County Commissioners' Court;
- will acquire additional amount needed to meet the County's requirements within 10 working days after notification from Purchasing Department of award of the project by the Hidalgo County Commissioners' Court; currently carry the following:

Professional Liability (Errors & Omissions): \$ \_\_\_\_\_

Automobile Liability: \$ \_\_\_\_\_ General Liability: \$ \_\_\_\_\_

- ~~have already been met, see attached copy of certificate of insurance.~~

Phillip Farley  
Authorized Representative

10/26/16  
Date

## **Notice to Bidder:**

A certificate of insurance for the required insurance limits shall be provided to the Purchasing Department's Contract Managers in order to qualify for award of the project and to execute a contract between your Company and the County.

Failure to provide Certificates of Insurance to the Purchasing Department's Contract Managers will cause the award of the project to be rescinded and then re-awarded to next qualified vendor. Certificates of Insurance will be monitored and verified on a **quarterly basis** to ensure coverage policy is in place. It is the Company's obligation to maintain the appropriate insurance coverage throughout the term of the contract.

**THIS FORM MUST BE ACCOMPANY YOUR RESPONSE**