



E-19-038-02-26

2802 S. Bus. Hwy 281
Edinburg, Texas 78539
Phone: (956) 318-2626
Fax: (956) 318-2629
www.co.hidalgo.tx.us/purchasing

February 11, 2019

Gregorio Pina III, Ph. D
Psychological Evaluation Services
1200 S. Col Rowe Blvd, Ste B9
McAllen, Texas 78501
P (956) 687-7004

via email gregpinaphd@gmail.com
TERM: MARCH 08, 2019 - MARCH 07, 2020

Re: EXTENSION/RENEWAL & 1295 FORM NOTICE
CONTRACT# (C-17-024-03-07) - Psychological Evaluation Services for HIDALGO COUNTY DISTRICT ATTORNEY'S

Dear Ms. Reed

Be advised, that County has chosen the option to exercise the FIRST of 2 Extensions of the additional one (1) year period, *(under the same rates, terms and conditions)* with Gregorio Pina III. for the referenced project. However, in order to proceed with approval of the extension, the County is required, as of **January 1, 2016**, to comply with the **Texas Government Code, §2252.908**, and the rules issued by the **Texas Ethics Commission** found in Title 1, Section 46.1, 46.3 and 46.5 of the Texas Administrative Code. In accordance with these requirements for the type of contract being considered, a business must submit a completed **Certificate of Interested Parties Form 1295**, to the County before the County may enter into a contract with the business entity.

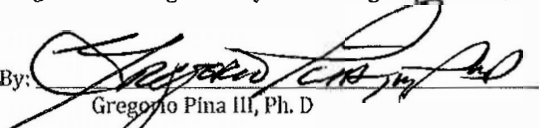
In order for County staff to process the above referenced extension/renewal; you must complete Form 1295 and file Form 1295 with the Texas Ethics Commission. You can find the 1295 Form through the Texas Ethics Commission at the following website:

https://www.ethics.state.tx.us/whatsnew/elf_info_form1295.htm

In box 3 of **Form 1295**, provide **Renewal/Extension No. E-19-038**. Once completed and filed with the Texas Ethics Commission, Form 1295 must be printed and signed in the presence of a notary and submitted to our office by the deadline stated below.

In order to proceed with approval of **Renewal/Extension** for referenced project by **Commissioners Court**, the signed and notarized "**HB Form 1295**" and "**Extension Notice**" must be received in our office completed via fax to (956) 292-7612 or via email to: elena.gomez@co.hidalgo.tx.us. Hidalgo County cannot enter into a contract until Form 1295 is submitted, therefore, failure to timely submit Form 1295 signed, and notarized may result in delay of award.

In addition, please include your "**Updated Certificate of Insurance**" with acknowledgment of receipt to this notice by signing below and returning to the Hidalgo County Purchasing Department, via email: elena.gomez@co.hidalgo.tx.us by no later than date reflected above.

By: 
Gregorio Pina III, Ph. D

Date: 02/14/2019

Hidalgo County Purchasing Department welcomes and appreciates your participation in the contract process. If any further assistance is required, please do not hesitate to call the Purchasing Department at (956)318-2626.

Sincerely,

Martha L. Salazar, CPPB/Purchasing Agent
Hidalgo County Purchasing Agent

MLS/meg
Enclosures

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

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
GREGORIO PINA, III, PH.D.
McAllen, TX United States

Certificate Number:
2019-455068

Date Filed:
02/20/2019

Date Acknowledged:

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

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.

E-19-038
Psychological Evaluation Services for Hidalgo County District Attorney's

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary

5 Check only if there is NO Interested Party.


6 UNSWORN DECLARATION

My name is GREGORIO PINA, III, PH.D. and my date of birth is 08/05/1945.

My address is 1200 South Col. Rowe St B9 McAllen TX 78501 Hidalgo.
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in Hidalgo County, State of TEXAS, on the 20 day of FEB, 20 19.
(month) (year)


Signature of authorized agent of contracting business entity
(Declarant)

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:
 2019-455068

Date Filed:
 02/20/2019

Date Acknowledged:
 02/20/2019

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
 GREGORIO PINA, III, PH.D.
 McAllen, 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 Purchasing Department

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.
 E-19-038
 Psychological Evaluation Services for Hidalgo County District Attorney's

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

 Signature of authorized agent of contracting business entity
 (Declarant)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/15/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. 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).

PRODUCER 9567029002 956-702-9344
ACCESS INSURANCE AGENCY
5115 S BUSINESS 281 SUITE B
EDINBURG, TX 78539

CONTACT NAME: RINA R CASAS
PHONE (A/C, No, Ext): 9567029002 FAX (A/C, No): 956-702-9344
E-MAIL ADDRESS: RINARCASAS@ACCESSINSAGENCY.COM

INSURED
DR. GREGORIO I PINA III
1200 S 2ND ST, SUITE B-9
MCALLEN, TX 78501

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A :	EVANSTON INSURANCE COMPANY	
INSURER B :	PROGRESSIVE	
INSURER C :		
INSURER D :		
INSURER E :		
INSURER F :		

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

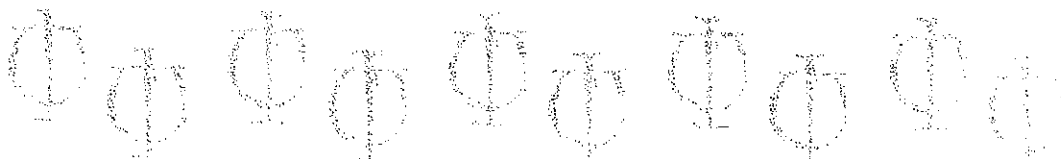
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	<input checked="" type="checkbox"/>		3ER0915	11/20/2018	11/20/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ \$
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	<input checked="" type="checkbox"/>		02763633-3	11/05/2018	11/05/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 500,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$						<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
AUTOMOBILE INSURANCE INCLUDES: Liability to others Bodily Injury and Property Damage Liability: \$500,000 Combined Single Limits (CSL)
Uninsured/Underinsured Motorist: \$500,000 Combined Single Limits with Uninsured Motorist Property Damage included in CSL
Personal Injury Protection; \$10,000
Comprehensive and Collision Deductibles at \$499
1997 Nissan Pickup VIN# 1N6SD11SIVC308316

CERTIFICATE HOLDER
ADDITIONAL INSURED:
HIDALGO COUNTY
ATTN: PURCHASING DEPARTMENT
2802 S BUSINESS HWY 281
EDINBURG, TX 78539
EMAIL: tanya.delira@co.hidalgo.tx.us
OFF: 956-318-2626 x4878 FAX: 956-292-7612

CANCELLATION
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



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

September 04, 2018

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 support of the Trust Sponsored Professional Liability Program.

We have received your renewal application and premium payment however; the mandatory underwriting questions were not completed in their entirety.

**YOU MUST ANSWER THE FOLLOWING MANDATORY QUESTIONS.
PLEASE SIGN AND DATE WHERE INDICATED.**

- 1. Have you or anyone in your group reported any Claims during the past 12 months or are you or anyone in your group aware of any circumstances that may result in a Claim arising out of professional services against you or anyone in your group? Yes No
- 2. Have you or anyone in your group been sanctioned or are you or anyone in your group currently under review by any professional ethics body, university disciplinary committee, state licensing board or other regulatory body or ever had a license revoked or suspended? Yes No
- 3. Are you or anyone in your group aware of any HIPAA Privacy Rule or Medicare or Medicaid payment violations that may result in an investigation or proceeding before the United States Department of Health and Human Services (HHS) or its designee, or any state? Yes No
- 4. Have you or anyone in your group applied for prescriptive privileges from any State Licensure Board(s) or is anyone currently licensed to prescribe? Yes No

If you answered "Yes" to any question, please submit a written explanation and supporting documentation with this letter.

It is understood and agreed that this letter is submitted as part of the application for the Policy, that the insurer has relied upon the statements and information contained in this letter as accurate and complete, and that such statements and information are the basis of the policy and are material to the risk assumed by the insurer solely in connection with this policy.



Signature of Dr Gregorio Pina III

09/04/2018
Date

Please forward a copy of this letter by September 19, 2018 in one of the following manners:

- 1. Fax to our customer service center at: 1.877.251.5111
- 2. Mail to: **Trust Risk Management Services, Inc.**
1791 Paysphere Circle
Chicago, IL 60674

Thank you for your prompt attention to this matter. Should you have any questions regarding this correspondence, or for additional information regarding further membership benefits and other membership insurance options, please be



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

June 22, 2018

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

Dear Dr. Gregorio Pina III:

Thank you for purchasing and sustaining your Professional Liability Insurance coverage through The Trust Sponsored Professional Liability Program. We appreciate your continued business! We are writing to notify you that it's time to renew your current policy, which will expire 09/01/2018. Please act now to keep this important malpractice insurance in force, and continue your exclusive access to broad coverage, Advocate 800 Consultation Service, continuing education discounts, and more.

IMPORTANT: Current coverage must be renewed by 09/01/2018

- **We've made your renewal quick and easy.**
The easiest and most secure way to renew your coverage is via The Trust's Online Service Center (OSC) at www.trustinsurance.com. Through your OSC account, you can renew coverage, modify or upgrade coverage selections, and update account information. If you would rather renew by mail and you need the same coverage as last year, simply answer four questions on the enclosed form; then sign, date, and return along with payment.
- **NEW: Licensing Board and Other Governmental Regulatory Body Defense Reimbursement Limits**
You can now apply for more robust defense reimbursement – up to \$75,000 or \$100,000 of these important coverages, for a small additional premium – on your renewal application.
- **Many options for lowering your insurance premium!**
Your renewal presents a number of options to lower your premium payment, including those offered through The Trust's continuing education workshops, webinars, and other independent-study programs. For details, visit www.trustinsurance.com (To obtain a CE discount, include proof of CE attendance/completion – dated no more than 15 months prior to your renewal date – with your renewal. Because the various discounts cannot be combined, simply choose the largest discount for which you are eligible).

Don't forget to renew this important coverage today!

Ensure that your Trust Sponsored Professional Liability Insurance continues without any gaps in coverage. If you have any questions or if you'd just like to talk to us about your insurance or any other risk management issue, don't hesitate to call us at **1.877.637.9700**. We'll be here waiting to help you.

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 provided by ACE American Insurance Company, Philadelphia, PA and its U.S.-based Chubb underwriting company affiliates. Program Administered by Trust Risk Management Services, Inc.

OSC User Name: gregpinaphd@gmail.com

CHUBB® The Trust Sponsored
Professional Liability Insurance Program



**Renewal Application: Psychologists' Professional Liability Policy
Claims Made Coverage**

Insurance Company: ACE American Insurance Company
Administered by: Trust Risk Management Services, Inc.

CLAIMS-MADE/OCCURRENCE DISCLOSURE NOTICE
THE POLICY YOU ARE APPLYING FOR CONTAINS BOTH CLAIMS-MADE AND OCCURRENCE COVERAGES. PLEASE READ THE POLICY IN ITS ENTIRETY. SOME OF THE PROVISIONS CONTAINED IN THE POLICY RESTRICT COVERAGE, SPECIFY WHAT IS AND IS NOT COVERED AND DESIGNATE RIGHTS AND DUTIES.

Please return your renewal application by: August 01, 2018
For expedited service please renew online at: www.trustinsurance.com
Online Service Center (OSC) User ID: gregpinaphd@gmail.com

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

Policy/Certificate #: 58G22494077
Renewal Effective Date: 09/01/2018
Retroactive Date: 07/17/1987
Phone #: (956) 687-7004
Fax #: (956) 687-7014
Email: gregpinaphd@gmail.com

Current Limits of Liability:

Professional Liability: \$1,000,000 Each Incident / \$5,000,000 Aggregate
Wrongful Employment Practices: \$5,000 Aggregate

Current Reimbursements:

Licensing Board Defense: \$50,000 Per Proceeding

Other Governmental Regulatory Body Defense: \$10,000 Per Proceeding

If you would like to *increase* your Licensing Board Defense and other Governmental Regulatory Body Defense, please select one of the following options and include the amount shown with your premium payment.

Licensing Board Defense/Other Governmental Regulatory Body Defense

- \$25,000 / \$7,500 (\$35 additional premium)
- \$50,000 / \$10,000 (\$45 additional premium)
- \$75,000 / \$12,500 (\$60 additional premium)
- \$100,000 / \$15,000 (\$75 additional premium) *Maximum limits available*

Quote Summary:

The premium for each individual is listed beginning on page 2.
Please note the premium is rounded to the nearest dollar (50 cents and over, round up; 49 cents and under, round down).

Base Premium:

Licensing Board Defense/Other Governmental Regulatory Body Defense

	\$998.00
	75.00
	\$45.00
Total Annual Premium	1,073.00 \$1,043.00

**YOU MUST ANSWER THE FOLLOWING MANDATORY QUESTIONS.
PLEASE SIGN AND DATE WHERE INDICATED.**

1. Have you or anyone in your group reported any Claims during the past 12 months or are you or anyone in your group aware of any circumstances that may result in a Claim arising out of professional services against you or anyone in your group? Yes No
2. Have you or anyone in your group been sanctioned or are you or anyone in your group currently under review by any professional ethics body, university disciplinary committee, state licensing board or other regulatory body or ever had a license revoked or suspended? Yes No
3. Are you or anyone in your group aware of any HIPAA Privacy Rule or Medicare or Medicaid payment violations that may result in an investigation or proceeding before the United States Department of Health and Human Services (HHS) or its designee, or any state? Yes No
4. Have you or anyone in your group applied for prescriptive privileges from any State Licensure Board(s) or is anyone currently licensed to prescribe? Yes No

If you answered "Yes" to any question, please submit a written explanation and supporting documentation with this application.

Please confirm your birth date, if blank enter date: 08/05/1945
mm / dd / yyyy

Initials

[Signature]

I declare the information contained herein and in any attachments hereto is true and that no material facts have been concealed, suppressed, misrepresented or misstated. Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act. The Company reserves its right to change or withdraw the terms and conditions on the application prior to the proposed renewal date if changes material to the underwriting of the application are presented

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines, or confinement in prison, or any combination thereof.

NOTICE TO ARKANSAS, LOUISIANA, WEST VIRGINIA & RHODE ISLAND APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

NOTICE TO KANSAS APPLICANTS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MISSOURI APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MINNESOTA APPLICANTS: Any person who knowingly and with intent to defraud any Insurance company or Another person, files an application for insurance containing any materially false information, or conceals information for the purpose of misleading, commits a fraudulent insurance act, which is a crime and MAY subject such person to criminal and civil penalties.

CHUBB®

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.

*Acknowledged
Special Agent*

Vicarious Parties: The following persons are rated as vicarious parties. Your group is covered for their professional actions, but each vicarious party must maintain their own malpractice insurance. **Please provide a copy of their current professional liability insurance. This renewal cannot be issued without this documentation.**

Name	Degree	Rating Date	Type	Premium
				\$

Additional Insureds: Please include ONLY those who require an endorsement by contract.

Name	Address	City/State/Zip	Premium
HIDALGO COUNTY	PO Box 970	Edinburg TX 78540-0970	\$ 111

Additional Insured - Landlords: Please include ONLY those who require verification.

Name	Address	City	State	Zip

Certificate Holders: Please include those parties that require evidence of your insurance.

Name	Address	City	State	Zip
Hidalgo County	P.O. Box 970	EDINBURG TX		78540-0970

Additional Named Insured or "Also Known As"/"Doing Business As" (DBA).

Name	Address	City	State	Zip

0970

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO OREGON APPLICANTS: WARNING: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

NOTICE TO TENNESSEE, VIRGINIA & WASHINGTON APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO VERMONT APPLICANTS: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

NOTICE TO ALL OTHER APPLICANTS: Any person who knowingly and with intent to defraud any Insurance company or Another person, files an application for insurance or statement of claim containing any materially false information, or conceals information for the purpose of misleading, commits a fraudulent insurance act, which is a crime and MAY subject such person to criminal and civil penalties.

The applicant agrees if the insurance coverage is renewed, that this renewal application and any attachments are deemed attached to and incorporated into the policy.

The Trust-sponsored Professional Liability Program is written through the Psychologists Purchasing Group Association and administered by Trust Risk Management Services, Inc. (Florida Producer: H. Stuart Benas, License No. #E013597)

Please sign, date and return this application, along with premium payment, to renew your policy.

X _____ Date _____
Signature of Named Insured: **Gregorio Pina III**

Please verify that all information listed below is correct and make any necessary changes.

✓ FT = Full Time (greater than 20 hours per week) PT = Part-Time (20 hours or less per week)
✓ If you add an owner or employee, please contact TRMS at 1.877.637.9700

Named Insured

Dr. Gregorio Pina III

Owners	Degree	Retro Date	Hours	Premium
Gregorio Pina	Ph.D.	07/17/1987	40	\$ 887
				\$

Employees: Please include ONLY professional employees who are involved in the delivery of professional services and receive a W-2 form.

Name	Degree	Retro Date	Hours	Premium
				\$

Independent Contractors: Please include ONLY those professionals who are under contract with you and/or receive a 1099 form. Please provide a copy of their current professional liability insurance. There is no coverage provided under the policy for the independent contractor.

Name	Degree	Rate Date	Premium
			\$

Vicarious Parties: The following persons are rated as vicarious parties. Your group is covered for their professional actions, but each vicarious party must maintain their own malpractice insurance. Please provide a copy of their current professional liability insurance. This renewal cannot be issued without this documentation.

Name	Degree	Rating Date	Type	Premium
				\$

Additional Insureds: Please include ONLY those who require an endorsement by contract.

Name	Address	City/State/Zip	Premium
HIDALGO COUNTY	PO Box 970	Edinburg TX 78540-0970	\$ 111

Additional Insured - Landlords: Please include ONLY those who require verification.

Name	Address	City	State	Zip

Certificate Holders: Please include those parties that require evidence of your insurance.

Name	Address	City	State	Zip
Hidalgo County	P.O. Box 970	EDINBURG TX		78540-0970

Additional Named Insured or "Also Known As"/"Doing Business As" (DBA).

Name	Address	City	State	Zip

0970

Please select your preferred method of communication for delivery of policy documents:
 Email (fastest) Email Address: gregpinaphd@gmail.com US Mail

PAYMENT OPTIONS:
 Your annual renewal premium: **\$1,043.00** Policy/Certificate #: **58G22494077**
I accept the terms as indicated and wish to pay the premium as follows (please select an option)

1 Payment **\$1,043.00**
 2 Payments **\$526.00**
 I agree to have the first installment charged and the subsequent installment automatically billed to my credit card
 Two Payments **\$521.50**
 Administrative Fee - Per Installment **\$ 4.50**
 Total Installment **\$526.00**

4 Payments **\$265.25**
 I agree to have the first instalment charged and 3 subsequent installments automatically billed to my credit card
 Four Payments **\$260.75**
 Administrative Fee - Per Installment **\$4.50**
 Total Installment **\$265.25**

Please select a payment method:
 Check - Please make check payable to **TRMS** (Trust Risk Management Services, Inc.)
 Credit Card
 Cardholder Name: GREGORIO PINA, III, PH.D Credit Debit Card Billing Address: (Same as Above)
 Street: 1200 S. Col. Rowe St B-9 City: McAllen
 State: TX Zip: 78501
 We accept: Visa MasterCard / Discover Credit / Debit Card #: 4670-0105-2036-8663
 Expiration Date: 02 / 22 Security Code 502 (typically 3 digits on back of card - to the right of signature strip)

A completed renewal application and the appropriate premium must be remitted to our office in one of the following methods by: August 01, 2018.

For expedited service, please renew online at: www.trustinsurance.com
 Scan a copy of this application and email to info@trustrms.com indicating your credit card information above.
 OR
 Mail this renewal application along with a check or your credit card information to:
TRMS (Trust Risk Management Services, Inc.)
 1791 Paysphere Circle
 Chicago, IL 60674
 Fax this renewal application to our customer service center at 1.877.251.5111 indicating your credit card information above.

If you have any questions, please call TRMS toll-free at 1.877.637.9700 or E-mail TRMS at info@trustrms.com.

June 22, 2018

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 Chubb'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
Diane Doherty, Assistant Vice President

*I want to continue coverage
I had not noticed I had not
re-applied. Please provide me
your continued services
Gregorio Pina, III*

Chubb HealthCare, 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: GREGORIO Pina, III, Ph.D Policy # 586 22494077
 Company Name: GREGORIO Pina, III, Ph.D.
 Address: 1200 S. Col. Rowe, Ste B-9
 City, State, Zip: McAllen, TX 78501

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

One of the Chubb 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.

FAX COVER SHEET

~~TO~~ TO *The Trust Risk Management Services*
~~COMPANY~~ COMPANY *From Gregorio Pina 58G22494077*
~~FAX NUMBER~~ FAX NUMBER *49563811161 - 877-251-5111*
~~FROM~~ FROM *Trust Risk Management Services*
~~DATE~~ DATE *2018-09-04 16:33:19 EDT / 2018-09-04-16:44 CST*
~~RE~~ RE *Professional Liability Insurance Application 58G22494077*

COVER MESSAGE

Thank you.
Gregorio Pina
From 250 381-1161
Regular fax
(956) 687-7014

Gregorio Pina58G22494077