



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

January 6, 2020

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, 2020 - MARCH 09, 2021

Re: EXTENSION/RENEWAL & 1295 FORM NOTICE
CONTRACT# (C-17-024-03-07) - "Psychological Evaluation Services for Defendants (Competency)" Hidalgo County District Attorney

Dear Mr. Pina

Be advised, that County has chosen the option to exercise the last Extension, (*under the same rates, terms and conditions*) with Gregorio Pina, III Ph.D. 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-2020-008**. 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: 
Dr. Gregorio Pina III, PH. D.

Date: 01/09/2020

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:
2020-578718

Date Filed:
01/18/2020

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

Date Acknowledged:

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-2020-008
PSYCHOLOGICAL EVALUATION SERVICES FOR HIDALGO COUNTY DISTRICT ATTORNEY

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

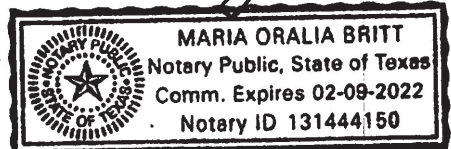
5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name is Gregorio Pina, Ph.D., and my date of birth is 08/05/1945.
My address is 1200 South Col. Rowe, Ste B-9, 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 01/18 day of 2020.
(month) (year)



Gregorio Pina, Ph.D.
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:
2020-578718

Date Filed:
01/18/2020

Date Acknowledged:
01/23/2020

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

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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-2020-008
PSYCHOLOGICAL EVALUATION SERVICES FOR HIDALGO COUNTY DISTRICT ATTORNEY

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)



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

September 03, 2019

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.trustinsurance.com 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.trustinsurance.com.** 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-Friday 8:30am-6:00pm (est) or visit our website at www.trustinsurance.com. You may also email us your questions at info@trustrms.com.

Sincerely,

A handwritten signature in black ink that reads '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



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

**ACE American Insurance
Company**

PRODUCER NUMBER	273865
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DATE OF ISSUE	September 03, 2019
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**PSYCHOLOGISTS' PROFESSIONAL LIABILITY
CLAIMS MADE INSURANCE POLICY**

**NOTICE: THIS IS A CLAIMS MADE POLICY, PLEASE READ THE POLICY CAREFULLY
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: 09/01/2019 To: 09/01/2020 12:01 A.M. local time at the address shown in Item 1.																																									
3.	<table border="1"> <thead> <tr> <th>COVERAGE</th> <th colspan="2">LIMITS OF LIABILITY</th> <th>PREMIUM</th> </tr> </thead> <tbody> <tr> <td>Professional Liability Wrongful Employment Practices</td> <td>\$1,000,000 Each Incident</td> <td>\$5,000,000 Aggregate \$5,000 Aggregate</td> <td>\$954.00</td> </tr> <tr> <td align="center" colspan="4">REIMBURSEMENTS</td> </tr> <tr> <td>Licensing Board Defense</td> <td>\$100,000 per Proceeding</td> <td></td> <td rowspan="7">\$75.00</td> </tr> <tr> <td>Other Governmental Regulatory Body Defense</td> <td>\$15,000 per Proceeding</td> <td></td> </tr> <tr> <td>Deposition Expense</td> <td>\$5,000 per Insured</td> <td></td> </tr> <tr> <td>Premises Medical Payment</td> <td>\$2,500 per Person</td> <td>\$75,000 Aggregate</td> </tr> <tr> <td>Assault and/or Battery</td> <td></td> <td>\$1,000 Aggregate</td> </tr> <tr> <td>Loss of Earnings</td> <td>\$500 per Day, per Insured</td> <td>\$15,000 Aggregate Per Incident</td> </tr> <tr> <td align="center" colspan="3">Surcharge(s)</td> <td></td> </tr> <tr> <td align="right" colspan="3">Total Premium</td> <td>\$1,029.00</td> </tr> </tbody> </table>	COVERAGE	LIMITS OF LIABILITY		PREMIUM	Professional Liability Wrongful Employment Practices	\$1,000,000 Each Incident	\$5,000,000 Aggregate \$5,000 Aggregate	\$954.00	REIMBURSEMENTS				Licensing Board Defense	\$100,000 per Proceeding		\$75.00	Other Governmental Regulatory Body Defense	\$15,000 per Proceeding		Deposition Expense	\$5,000 per Insured		Premises Medical Payment	\$2,500 per Person	\$75,000 Aggregate	Assault and/or Battery		\$1,000 Aggregate	Loss of Earnings	\$500 per Day, per Insured	\$15,000 Aggregate Per Incident	Surcharge(s)				Total Premium			\$1,029.00		
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Total Premium			\$1,029.00																																							
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-1K11i (02/18), PF15245a, PF15235a, ALL-4Y30f (06/15), ALL11559e, PF15309a , PF18892c, PF17914 (02/05),																																									
6.	Notice of claim should be sent to: Trust Risk Management Services, Inc. 111 Rockville Pike Ste 700 Rockville MD 20850	All other correspondence should be sent to: Trust Risk Management Services, Inc. 1791 Paysphere Circle Chicago, IL 60674																																								

7.	REPRESENTATIVE:	Agent or broker:	Trust Risk Management Services, Inc. doing business in TX as Potomac Risk Management Services, Inc.
		Office address:	1791 Paysphere Circle
		City, State, Zip	Chicago, IL 60674
		Website:	www.trustinsurance.com
		Phone:	1.877.637.9700

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.trustinsurance.com



SIGNATURES

Named Insured Dr. Gregorio Pina III			Endorsement Number
Policy Symbol CRL	Policy Number 58G22494077	Policy Period 09/01/2019 to 09/01/2020	Effective Date 09/01/2019
Issued By (Name of Insurance Company) ACE American Insurance Company			

THE ONLY COMPANY APPLICABLE TO THIS POLICY IS 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 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


REBECCA L. COLLINS, Secretary


JOHN J. LUPICA, President



Authorized Representative

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 09/01/2019 to 09/01/2020	Effective Date 09/01/2019
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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 09/01/2019 to 09/01/2020	Effective Date 09/01/2019
Issued By (Name of Insurance Company) ACE American Insurance Company			

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
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



Texas Notice – Information and Complaints

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:

Chubb
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) 490-1007
Web: 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 información o para presentar una queja:

Usted puede llamar al número de teléfono gratuito de la Compañía para obtener información o para presentar una queja al:

1 (800) 352-4462

Usted también puede escribir a la Compañía:

Chubb
Customer Services
PO Box 1000
Philadelphia, PA 19106-3703

Usted puede comunicarse con el Departamento de Seguros de Texas para obtener información sobre compañías, coberturas, derechos, o quejas al:

1 (800) 252-3439

Usted puede escribir al Departamento de Seguros de Texas a:

P.O. Box 149104
Austin, TX 78714-9104
Fax: (512) 490-1007
Sitio web: www.tdi.texas.gov
E-mail: ConsumerProtection@tdi.texas.gov

DISPUTAS POR PRIMAS DE SEGUROS O RECLAMACIONES:

Si tiene una disputa relacionada con su prima de seguro o con una reclamación, usted debe comunicarse con el agente o la compañía primero. Si la disputa no es resuelta, puede comunicarse con el Departamento de Seguros de Texas

ADJUNTE ESTE AVISO A SU PÓLIZA:

Este aviso es solamente para propósitos informativos y no se convierte en parte o en condición del documento adjunto.

Chubb
Risk Control Services
525 W. Monroe Street
Chicago, IL 60661

Phone: 1.866.357.3797
Fax: 215.640.5084
www.chubb.com

CHUBB®

losscontrolreq@chubb.com

**National Manager, Jurisdictional
Services**

**RE: RISK CONTROL SERVICES FOR TEXAS POLICYHOLDERS
Commercial Automobile Liability, General Liability, Professional Liability, and Medical
Professional Liability**

Chubb is required by Texas law and regulations to maintain or provide accident prevention services for its commercial automobile, general liability, professional liability, and medical professional liability policyholders. Chubb offers 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.

Chubb 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 e-mail, mail or fax a response to the appropriate address or fax number listed above. 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,

National Manager, Jurisdictional & Regulatory Services
Chubb Risk Control Services
525 W. Monroe Street
Chicago, IL 60661
or call toll free at: 1-866-357-3797

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 policy period.

(Signature)

(Phone #)

(Date)

Print Name: _____ **Policy #** _____

Company Name: _____

Address: _____

City, State, Zip: _____

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 09/01/2019 to 09/01/2020	Effective Date 09/01/2019
Issued By (Name of Insurance Company) ACE American Insurance Company			

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

CHUBB®

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

Chubb Healthcare provides medical professional liability, professional liability, general liability and/or commercial automobile liability policyholders with loss control services and programs to help them reduce the frequency and severity of losses or injuries in their business at no additional charge. If you would like more information on the specific services and programs that Chubb can provide, please contact Chubb Risk Control Services 525 W Monroe Street Chicago, IL 60661 or call 1-866-357-3797



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.

