



# TEXAS ASSOCIATION *of* COUNTIES RISK MANAGEMENT POOL

## Liability Renewal Questionnaire

Member: Montague County

Coverage Period: June 13, 2016 through June 13, 2017

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Thank you for participating in the TAC Risk Management Pool's Liability program. As we prepare your renewal, there are a few questions we need you to answer so that we can provide you the most comprehensive and cost effective coverage possible. Pursuant to the Interlocal Participation Agreement, Section 4. Annual Contribution, 4.01 requires that the member timely submit to the Pool documentation necessary for the Pool to properly underwrite the renewal. To ensure that we have up-to-date information, please fill out each page completely and make any changes directly to this document. You can also provide supplemental sheets as necessary. **NOTE: Omitted information may result in an exclusion from coverage.**

The following coverage is eligible for renewal:

- Public Officials Liability

We value your membership in the TAC Risk Management Pool and look forward to another successful year! If you have any questions or need help completing the Renewal Questionnaire, please contact your Member Services Representative Kathie Lopez at 800-456-5974 or [kathiel@county.org](mailto:kathiel@county.org).

Our records indicate that the Member has designated the individual below as the Pool Coordinator for this coverage. In accordance with the terms of the Interlocal Participation Agreement, the Pool Coordinator has express authority to represent and to bind the Member, and the Pool will not be required to contact any other individual regarding matters arising from or related to this Agreement. If the Member wishes to change or update the Pool Coordinator information, please make the necessary changes below.

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Pool Coordinator: Jennifer Essary

Email: [jessarymca@gmail.com](mailto:jessarymca@gmail.com)

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Phone Number: (940) 894-6090

Fax Number: (940) 894-3110

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Address: PO Box 56

City, State, Zip: Montague TX, 76251-0056

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1. Please update the total number of Montague County employees, including elected officials.

	Total	Airport	Hospital	
Full Time Employees:	106	0	0	Full Time = 35 or more hours per week
Part Time Employees:	35			Part Time = Less than 35 hours per week
Volunteers:	5			Volunteer = Actively serving

Current Public Officials Liability Deductible: \$1,000

To make changes to your current Public Officials coverage, please complete the section below:

Public Officials Liability	<input checked="" type="checkbox"/>		\$2,000,000	<input type="checkbox"/>	<input type="checkbox"/> \$2,000,000 <input type="checkbox"/> \$3,000,000
District Attorney		<input type="checkbox"/> Add			
District Judge		<input type="checkbox"/> Add			
Additional Punitive Damage - Increased Limits (\$1,000,000)		<input type="checkbox"/> Add			

Are you, or any officer or employee, aware of, or have knowledge of any circumstance, occurrence, fact or event which is likely to be a basis of a claim, either now or in the future? Yes **No**

If yes, please describe:

Has the situation been reported to TAC Claims Department? Yes No

Montague County (MEMBER) acknowledges that the information submitted in this questionnaire and Auto Schedule is true and accurate, including all known potential claims. The information submitted may be used by the Pool in processing the renewal and in assessing the coverage needs of MEMBER. The questions posed, or any wording of the questionnaire, should not and may not be relied upon by MEMBER as implying that coverage exists for any particular claim or class of claims. The only coverage provided by the Pool to MEMBER is as described in the applicable Coverage Document, including any endorsements and the Contribution and Coverage Declaration, issued to a covered MEMBER.

MEMBER acknowledges and agrees that vehicles not listed on the attached vehicle schedule, and/or additionally identified by MEMBER as an update to the attached vehicle schedule, will not be provided coverage during the Coverage Period.

If MEMBER makes no changes, the Pool will assume MEMBER is requesting renewal for the same Liability Coverage as in the previous applicable Coverage Period. MEMBER understands that any failure to fully and accurately answer the questionnaire and any attached schedules may result in denial of coverage provided by the Pool. Coverage issued for Public Officials Liability and Law Enforcement Liability will apply on a Claims Made Basis.



Signature of County Judge or presiding official of the Political Subdivision

22 February 2016

Date