



February 1, 2017

Jennifer Essary  
Montague County Auditor  
PO Box 56  
Montague, TX 76251-0056

Re: Montague County – Liability Renewal Questionnaire

Thank you for participating in TAC Risk Management Pool's Liability Programs. As we prepare your June 2017 renewal, there are a few questions we need you to answer so that we can provide you the most comprehensive and cost effective Liability coverage possible. To ensure that we have up-to-date information, please fill out each page completely and make any changes directly to the document. You can also provide supplemental sheets as necessary. Please note that omitted information may result in an exclusion from coverage.

*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.*

Some of the new Liability Coverage enhancements that we are presenting this year are:

- **Unmanned Aircraft:** Endorsements are now available under your Law Enforcement and General Liability coverage. If you have questions or need to add an Unmanned Aircraft, contact your Member Service Representative for further information.
- **Cyber Coverage:** Increased the limit for regulatory penalties and claims expenses under your Cyber Liability Coverage to a combined limit of \$250,000
- **General Liability:** Increased sublimit for Damage to Rented Premises from \$50,000 to \$100,000
- **General Liability:** Increased sublimit for Employee Benefits Liability from \$100,000 to \$500,000
- **Public Official and Law Enforcement Liability:** Amended wording for retro-active dates to reflect that full prior acts are provided unless otherwise noted on the CCD



**Please complete the Liability Renewal Questionnaire and return it and any supplemental documents within 30 days.** If you need help completing the Liability Renewal Questionnaire, please contact me at 800-456-5974 or [sabrinae@county.org](mailto:sabrinae@county.org).

We value your membership in the TAC Risk Management Pool and look forward to another successful year! Please do not hesitate to contact me if you would like to discuss your coverage options.

Sincerely,

A handwritten signature in cursive script that reads "Sabrina Peña".

Sabrina Pena

Member Service Representative



# TEXAS ASSOCIATION *of* COUNTIES RISK MANAGEMENT POOL

## Liability Renewal Questionnaire

Member: Montague County

Coverage Period: June 13, 2017 through June 13, 2018

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 Sabrina Pena at 800-456-5974 or [sabrinae@county.org](mailto:sabrinae@county.org).

### Pool Coordinator

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.

Pool Coordinator: Jennifer Essary

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

Phone Number: (940) 894-6090

Fax Number: (940) 894-3110

Address: PO Box 56

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

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

	Total	Airport	Hospital
Full Time Employees:	98	0	0
Part Time Employees:	23		
Volunteers:	1		

Full Time = 35 or more hours per week  
Part Time = Less than 35 hours per week  
Volunteer = Actively serving

**Public Officials Liability**

Current Public Officials Liability Deductible: \$1,000

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

Coverage	Currently Included	Add to Coverage	Relief from Coverage	Current Limit	Change Limit	Limit Options
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				
Back Wages - Optional Increased Limits <small>(Included coverage limit is \$50,000/\$100,000)</small>		<input type="checkbox"/> Add			<input type="checkbox"/>	<input type="checkbox"/> \$50,000/\$100,000 <input type="checkbox"/> \$100,000/\$250,000 <input type="checkbox"/> \$250,000/\$500,000 <input type="checkbox"/> \$500,000/\$1,000,000 <input type="checkbox"/> \$1,000,000/\$1,000,000

**Unreported Claims**

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:

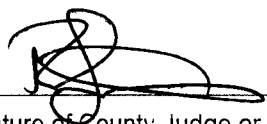
Has the situation been reported to TAC Claims Department? Yes No

**Acknowledgment and Acceptance**

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

13 February 2017  
Date