



# TEXAS ASSOCIATION of COUNTIES RISK MANAGEMENT POOL

## Liability Renewal Questionnaire

Member: Montague County

Coverage Period: March 1, 2019 through March 1, 2020

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:

- Auto Liability
- Auto Physical Damage
- General Liability

Your Vehicle Schedule is attached to this renewal questionnaire. We ask that you review your Vehicle Schedule carefully and report any of the following:

- Sold or totaled vehicles
- Newly purchased or obtained vehicles

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: Laura Moore

Email: [l.moore@co.montague.tx.us](mailto:l.moore@co.montague.tx.us)

Phone Number: (940) 894-2401

Fax Number: (940) 894-3999

Address: PO Box 475

City, State, Zip: Montague TX, 76251-0475

**Liability Renewal Questions**

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

|                      | Total | Airport | Hospital |   |
|----------------------|-------|---------|----------|---|
| Full Time Employees: | 105   |         |          | Full Time = 35 or more hours per week   |
| Part Time Employees: | 26    |         |          | Part Time = Less than 35 hours per week |
| Volunteers:          | 8     |         |          | Volunteer = Actively serving            |

**Auto Liability**

Current Auto Liability Deductible: \$0

To make changes to your current Auto Liability coverage, please complete the section below:

| Coverage                          | Currently Included                  | Add to Coverage              | Reject from Coverage            | Current Limit                 | Change Limit             | Limit Options  |
|-----------------------------------|-------------------------------------|------------------------------|---------------------------------|-------------------------------|--------------------------|--|
| Auto Liability                    | <input checked="" type="checkbox"/> |                              |                                 | \$100,000/\$300,000/\$100,000 | <input type="checkbox"/> | <input type="checkbox"/> \$100k/\$300k/\$100k<br><input type="checkbox"/> \$250k/\$500k/\$250k<br><input type="checkbox"/> \$1,000,000<br><input type="checkbox"/> \$2,000,000 |
| Personal Injury Protection        | <input checked="" type="checkbox"/> |                              | <input type="checkbox"/> Reject | \$5,000                       |                          |  |
| Uninsured / Underinsured Motorist |                                     | <input type="checkbox"/> Add |                                 |                               | <input type="checkbox"/> | <input type="checkbox"/> \$30k/\$60k/\$25k<br><input type="checkbox"/> \$50k/\$100k/\$50k<br><input type="checkbox"/> \$100k/\$300k/\$100k                                     |

**Vehicle Schedule Verification**

Yes, I have reviewed Montague County's Vehicle Schedule, and made corrections and updates which are incorporated into this Liability Renewal Questionnaire.

**Auto Physical Damage**

Current Auto Physical Damage Collision Deductible: \$500  
 Current Auto Physical Damage Comprehensive Deductible: \$500

**General Liability**

Current General Liability Deductible: \$0

To make changes to your current General Liability coverage, please complete the section below:

| Coverage          | Currently Included                  | Add to Coverage                 | Reject from Coverage | Current Limit                 | Change Limit             | Limit Options  |
|-------------------|-------------------------------------|---------------------------------|----------------------|-------------------------------|--------------------------|--|
| General Liability | <input checked="" type="checkbox"/> |                                 |                      | \$100,000/\$300,000/\$100,000 | <input type="checkbox"/> | <input type="checkbox"/> \$100k/\$300k/\$100k<br><input type="checkbox"/> \$250k/\$500k/\$250k<br><input type="checkbox"/> \$500,000<br><input type="checkbox"/> \$1,000,000<br><input type="checkbox"/> \$2,000,000 |
| Unmanned Aircraft |                                     | <input type="checkbox"/><br>Add |                      |                               |                          |  |

- How many law enforcement watercrafts under 26 feet, do you own? 0
- If Unmanned Aircraft is selected, please complete the following for each Unmanned Aircraft:
  - U.A.S./ Drone Model \_\_\_\_\_
  - Weight in lbs including all attachments \_\_\_\_\_
  - Year \_\_\_\_\_
  - Description of use \_\_\_\_\_
  - Operator Name \_\_\_\_\_
  - Date of Receipt of FAA COA- copy will need to be submitted \_\_\_\_\_
  - Total U.A.S./Drone flight hours \_\_\_\_\_
  - Description of Training Certifications \_\_\_\_\_
- Does your county own an airport? Yes  No

If yes, who operates the airport? \_\_\_\_\_

If the airport is privately operated, the Pool recommends Montague County request a currently dated Certificate of Insurance issued by the airport operator's insurance agent or company that names the County as an Additional Insured and includes the following coverage as applicable:

- General Liability
- Professional Liability (airport facility operations)
- Employment Practices Liability
- Property (if the County owns the building)

## 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:

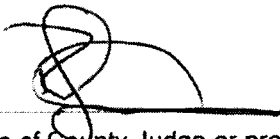
Has the situation been reported to TAC Claims Department? Yes No

## Acknowledgement 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.



Signature of County Judge or presiding official of the Political Subdivision



Date