



# TEXAS ASSOCIATION *of* COUNTIES RISK MANAGEMENT POOL

## Property Renewal Questionnaire

Member: Montague County

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

Thank you for participating in the TAC Risk Management Pool's Property 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 property 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.

Property covered by the TAC Risk Management Pool is blanket and we use this opportunity prior to renewal to verify the property you own. Your Property Schedule is attached to this renewal questionnaire. We ask that you review the attached schedule carefully and report any of the following:

- Newly built or purchased structures
- Completion of new buildings or purchased buildings during the Coverage Period
- Sold or demolished structures
- Content changes +/- by 50%
- Major remodeling of any building that adds square footage
- Major renovation or refurbishing of a building that costs is over 50% of the building value
- Sold or totaled mobile equipment
- Newly purchased, leased or obtained mobile equipment
- Fine Arts valued above \$250,000

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 Yolanda Mondragon at 800-456-5974 or yolandam@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 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

Phone Number: (940) 894-2401

Fax Number: (940) 894-3999

Address: PO Box 475

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

**Property Renewal Questionnaire**

Current Property Deductible: \$1,000  
 Current Mobile Equipment Deductible: \$1,000  
 Current Crime Deductible: \$1,000

1. Are there any buildings, contents, mobile equipment and fine arts that have been sold or demolished? Yes  No   
 If yes, please mark the changes directly to the attached Property Schedule

2. Are there any buildings owned by the Member not listed on the attached schedule? Yes  No   
 If yes, please provide the following:

Building Name	Address	Building Value	Contents Value	Add to Coverage	Exclude from Coverage	Reason Excluded or not reported
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	

3. Will you be purchasing, building or acquiring any new structures within the upcoming coverage term that exceeds \$25,000,000 in value? Yes  No   
 If yes, please provide the following:

Building Name	Address	Building Value	Contents Value	Building Construction	Number of Stories	Square Footage

4. Are you undergoing any major construction for buildings currently reported? Yes  No   
**Include major remodeling, renovation or refurbishing of any building that costs over 50% of the building value and/or adds square footage to the currently listed area.**  
 If yes, please identify the building on the attached Property Schedule undergoing construction and describe the project including cost and estimated completion date.

5. Do you own any buildings that are occupied or leased to other parties? Yes  No   
 If yes, please identify the building on the attached Property Schedule that is leased and provide the name of the leasee.

6. Have any buildings been repurposed from their previously reported use? Yes  No  
 If yes, please identify the building on the attached Property Schedule and describe the repurposed use and any change in contents.

7. Are any buildings owned by Member currently vacant? Yes  No  
 If yes, please identify the building on the attached Property Schedule and provide the following:

Building Name	Date of Vacancy	Expected length of vacancy	Long term plans for building and reason for vacancy	Is building being maintained and secured? Please describe

8. For buildings located in Special Flood Hazard Zones, has flood coverage been obtained from National Flood Insurance Program (NFIP)? Yes  No  
 If yes, what amount of coverage has been purchased?

9. Are all Fine Arts valued above \$250,000 listed on the attached Property Schedule?  Yes  No  
 If no, please provide the following information:

Fine Arts Description	Location Name & Address	Fine Arts Value

10. Is all Mobile Equipment owned or leased by MEMBER listed on the attached Property Schedule?  Yes  No  
 If no, please provide the following information:

Department	Year	Make	Model	Serial Number	Actual Cash Value or Cost Now (if less than two years old)	Leased
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>

11. If any Mobile Equipment is leased, please provide the lessor's contact information:

Serial Number	Lessor Name	Lessor Address

12. Crime coverage with a \$250,000 limit is included at no additional cost to members participating in the TAC RMP's Property program.

To make changes to your current Crime Limit, please complete the section below:

Category	Current Limit	Change Limit	Limit Options
Crime	\$250,000	<input type="checkbox"/>	<input type="checkbox"/> \$250,000 <input type="checkbox"/> \$500,000

**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

**Property Schedule Verification**

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

**Acknowledgment and Acceptance**

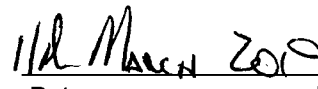
Member acknowledges that the information submitted in this questionnaire and Property, Mobile Equipment, and Fine Arts Schedule is true and accurate, including all known potential claims. The information submitted may be used by the Pool in processing the renewal and in assessing the coverage needs of the Member. The questions posed, or any wording of the questionnaire, should not and may not be relied upon by the Member as implying that coverage exists for any particular claim or class of claims. The only coverage provided by the Pool to the member is as described in the Coverage Document, including any endorsements and the Contribution and Coverage Declaration, issued to the Member.

Member acknowledges and agrees that any property marked as Excluded on the attached Property Schedule, or identified as Excluded by the MEMBER as an update to the attached property schedule, will not be provided coverage by the Pool during the Coverage Period.

If the Member makes no changes, the Pool will assume the Member is requesting renewal on the same property, fine arts and mobile equipment as the previous applicable Coverage Period. MEMBER understands that any failure to fully and accurately answer the questionnaire and update the attached schedule may result in the denial of coverage provided by the Pool.



\_\_\_\_\_  
Signature of County Judge or presiding official of the Political Subdivision



\_\_\_\_\_  
Date