



**TEXAS ASSOCIATION of COUNTIES
RISK MANAGEMENT POOL**

Workers' Compensation Renewal Questionnaire

Montague County

Coverage Period: January 1, 2021 through January 1, 2022

Thank you for participating in the TAC Risk Management Pool's Workers' Compensation 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.

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 (listed below) at 800-456-5974.

Member Service Representative: Ms. Yolanda Mondragon

Email: yolandam@county.org

Pool Coordinator/Workers' Compensation Coordinator

Our records indicate that the Member has designated the individual below as the contact 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.

Contact: Ms. Laura Moore

Email: l.moore@co.montague.tx.us

Office Phone Number: (940) 894-2401

Fax Number: (940) 894-3999

Mailing Address: PO Box 475

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

General Information

	Yes or No
1. Do you use a manned aircraft in any capacity?	NO
If Yes: Are your pilots employees?	
If yes, please complete the Aircraft and Aircraft and Pilot info tabs.	
Are your pilots volunteers?	
If yes, and you desire to include Workers' Compensation coverage please complete the Aircraft and Aircraft and Pilot info tabs.	
2. Do you have operations involving the loading, unloading, repair, or construction of watercraft or vessels, including work performed on barges or docks?	NO
3. Do you own, operate, or maintain a railroad, or own, lease, operate, or repair railroad equipment?	NO
4. Do you engage in manufacturing, handling, transporting, distributing, or storing explosives or explosive substances (other than gasoline)?	NO
5. Do you perform any underground, subaqueous, or tunneling operations?	NO
6. Do you provide group transportation for employees to and from the workplace?	NO
If Yes:	
* Average number of employees in a vehicle per trip:	
* Maximum number of employees in a vehicle per trip:	
* Average number of daily trips:	
7. Do you have a County Fire Department that contracts with the state or National Forest Service to fight wildland fires?	NO
If Yes: Please advise in the last 5 years for each fire the number of employees and duration in the explanation box below.	
For any "Yes" responses to the questions above, please provide a brief explanation:	

Unreported Claims

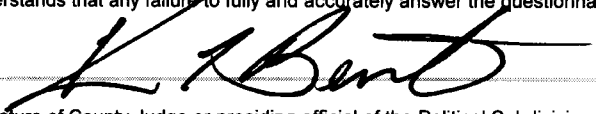
	Yes or No
1. Are you, or any officer or employee, aware of, or have knowledge of any circumstance, occurrence, fact or event which is likely to be a basis of a claim, either now or in the future?	NO
If yes, please describe:	NO
2. Has the situation been reported to TAC Claims Department?	NO

Acknowledgement and Acceptance

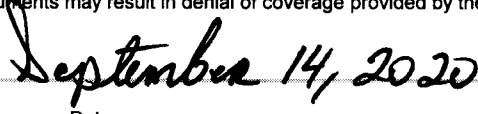
Member Name: Montague County

Member acknowledges that the information submitted in this questionnaire 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 applicable Coverage Document, including any endorsements and the Contribution and Coverage Declaration, issued to a covered Member.

If the Member makes no changes, the Pool will assume the Member is reporting for the same information as in the previous applicable Coverage Period. The Member understands that any failure to fully and accurately answer the questionnaire and any attached documents may result in denial of coverage provided by the Pool.



Signature of County Judge or presiding official of the Political Subdivision



Date



**POLITICAL SUBDIVISION WORKERS' COMPENSATION ALLIANCE
ELECTION FORM**

OPTIONS	Effective Date
I elect to participate in the Political Subdivision Workers' Compensation Alliance.	<input type="checkbox"/>
I elect not to participate in the Political Subdivision Workers' Compensation Alliance.	<input type="checkbox"/>
<ul style="list-style-type: none">• Only make selection if making changes to current selection	

Member Name

Signature of Pool Coordinator

Printed Name and Title

Date



TEXAS ASSOCIATION of COUNTIES RISK MANAGEMENT POOL

Please enter the estimated payroll and the number of employees for calendar year 2021 in the highlighted columns.

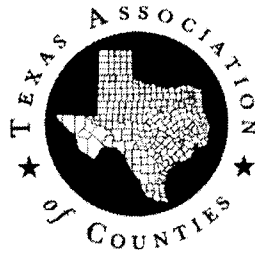
Only include payroll for Elected Officials if your Commissioners Court has selected this Optional Coverage. For Optional Coverages, refer to the next tab for instructions on reporting this payroll.

Member Name : Montague County

Coverage Period: January 1, 2021 through January 1, 2022

Rating Class Code	Rating Class Description	Payroll - 2%	Current Number of Employees	Current Number of Volunteers	Estimated 2021 Payroll Amount	Estimated 2021 Number of Employees	Note
07422	Aircraft Ambulance						
07418	Aircraft Oper. (Patrol, Ambulan)						
07423	Airport						
07721	Ambulance						
09016	Amusement Park, Exhibition Center						
08391	Auto Mechanics						
09014	Bldg. Maintenance & Janitors	\$82,155	2		\$83,040.00	2	
05403	Carpentry (NOC)						
09220	Cemetery Operations						
04511	Chemical Analyst/Assayers						
08809	Chief Of Commissions & Directors						
08810	Clerical	\$1,274,232	41		\$1,164,105.00	29	
05606	Co. & Drain Dist. Commissioners	\$236,452	4		\$230,938.00	4	
08006	Commodity Dist.-Retail Grocery						
05203	Concrete Construction-Bridges						
07380	Drivers						
08811	Election Personnel						
05190	Electrical Wiring W/In Buildings						
08601	Engineers, Surveyors						
07704	Firefighters & Drivers						
09402	Garbage Collection & Drivers						
06319	Gas/Water Main Connection Constr						
09060	Golf Course						
08828	Homemaker Service						
08833	Hospital Professional & Clerical						
09040	Hospital, All Others						
09033	Housing Authority & Drivers						
09032	Housing Authority Mgrs & Empls						
04519	Insect Control						
08709	Inspectors, Samplers, Or Weighers Of Merchandise On Vessels Or Docks Classification						
06229	Irrigation/Drainage Construct.						
08812	Jurors						
08742	Juv Probation, Collectors, Sales	\$440,008	7		\$519,130.00	11	
07722	Juvenile Detention Officers						
06219	Landfill Operation & Drivers, Excavation NOC						
07590	Landfill, Garbage Reduction						
07720	Law Enforcement	\$1,683,159	39		\$1,663,775.00	37	
08820	Law Office	\$250,644	6		\$314,053.00	5	
08838	Library/Museum-Prof. & Clerical						
08829	Nursing Home Employees						
05191	Office Technician						
09015	Parking Lots & Drivers						
09102	Parks & Recreation						
08227	Permanent Yard Employees						
08832	Physician Med.Lab. Minor Emer. Clinic						
04299	Printing						
08264	Recycling Or Shredding Workers & Drivers						

Rating Class Code	Rating Class Description	Payroll + 2%	Current Number of Employees	Current Number of Volunteers	Estimated 2021 Payroll Amount	Estimated 2021 Number of Employees	Note
09079	Restaurant, Food Preparation						
05506	Road Employees-Paving, Repaving	\$936,983	32		\$933,289.00	34	
09101	Schools - All Other Employees						
07580	Sewage Disposal Plant Operations						
07327	Stevedoring						
08017	Store Clerks						
09061	Swimming Pools						
09019	Toll Bridge Employees						
08831	Vet Hospital & Animal Control						
08859	Volunteers - All Others						
08857	Volunteers - Emergency Medical Personnel						
08855	Volunteers - Fire Fighters						
08856	Volunteers - Law Enforcement						
08292	Warehousing NOC And Driver						
07520	Waterworks Operation & Drivers						
03365	Welder						
08868	Youth & Community Cntr Directors						



DNR 15

September 1, 2020

Ms. Laura Moore
Montague County Administrative Assistant County Judge
PO Box 475
Montague, TX 76251-0475

Re: Montague County – Workers’ Compensation Program Renewal Questionnaire

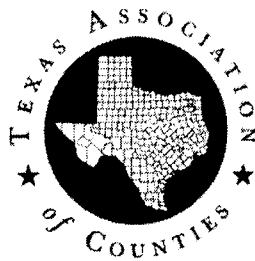
Dear Ms. Moore,

Thank you for participating in TAC Risk Management Pool’s Workers’ Compensation Program. As we prepare your January 1, 2021 renewal, there are a few questions we need you to answer so that we can provide you the most comprehensive and cost effective Workers’ Compensation Coverage possible. To ensure that we have up-to-date information, please fill out each tab of the attached questionnaire 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.

Please complete the Workers’ Compensation Renewal Questionnaire and return it and any supplemental documents by Wednesday, September 30, 2020:

- **WC Renewal Questionnaire tab** – please respond to all questions and have the County Judge or presiding official of Political Subdivision sign and return with excel questionnaire.
- **Estimated Payroll** – Please use the Estimated Payroll tab in the Excel worksheet to update your payroll and employee count by classification. This tab includes your 2019 actual payroll plus a 2% increase. If you do not return the worksheet with updated payroll information, your renewal will be processed with the 2019 actual payroll plus 2% as listed in the worksheet.
 - Please use **“Estimated 2021 Payroll Amount” (Column F)** to update payroll
 - Please use **“Estimated 2021 Number of Employees” (Column G)** to update employee count
 - Please use **“Note” (Column H)** for any payroll or employee increase/decrease that vary significantly from the Payroll + 2% column, if you could provide a brief reason for changes
- **Optional Coverages** – This tab is used to report your decisions regarding optional coverage for certain categories of personnel and volunteers. Please note the instructions regarding how to report payroll for



optional coverages. Only changes need to be reported, if all is staying the same no need to make selections. *Please note addition or removal of Optional Coverage under Chapter 504 Labor Code requires a Commissioners Court resolution with majority vote.*

- **Employee Concentration** – This tab is to report the number of employees working within each of your buildings. Please indicate if location is being removed, provide updated employee count and add any new locations.
- **Aircraft and Aircraft and Pilot Info Cont** – These tabs only need to be completed if you own or lease an aircraft and if you employ any pilots.
- **Watercraft Info** – This tab only needs to be completed if you own, lease or charter any watercraft over 26 feet in length.
- **Workers' Compensation Alliance Election Form** – *Please note: The form only needs to be completed, if you wish to make changes to your current Alliance participation.* Should you choose to use this cost saving network, you will receive a 4% discount on your renewal. Please complete the form following this letter indicating whether or not you choose to participate.

Please complete the worksheets in the attached Excel workbook, save the document, and submit the completed workbook by replying to the email with the workbook attached. If you need help completing the **Workers' Compensation Renewal Questionnaire**, please contact me at 800-456-5974 or yolandam@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,

Yolanda Mondragon
Member Service Representative