

Workers' Compensation Renewal Questionnaire

Montague County

Coverage Period: January 1, 2024 through January 1, 2025

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: Hon. Jennifer Fenoglio Email: j.fenoglio@co.montague.tx.us

Office Phone Number: (940) 894-2161 Fax Nu

Fax Number: 940-894-3110

Mailing Address: PO Box 186

City, State, Zip: Montague, TX, 76251

	Yes or N
Do you use a manned aircraft in any capacity?	NO
If Yes. Are your pilots employees?	NO
If yes, please complete the Aircraft and Aircraft and Pilot info tabs.	
Are your pilots volunteers?	NO
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
5. 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
 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:	
2. Has the situation been reported to TAC Claims Department?	

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	ation 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 de	niat of coverage provided by the Pool.
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4	- Lacastoras
Signature of County Judge or presiding official of the Political Subdivision	Date



Please enter the estimated payroll and the number of employees for calendar year 2024 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, 2024 through January 1, 2025

Rating Class Code	Rating Class Description	2022 Actual Payroll +2%	Current Number of Employees	Current Number of Volunteers	Estimated 2024 Payroll Amount	Estimated 2024 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	\$88,906	3		99888.63	3		
05403	Carpentry (NOC)							
09220	Cemetery Operations							
04511	Chemical Analyst/Assayers							
08809	Chief Of Commissions & Directors							
08810	Clerical	\$1,833,147	52		1700238.87	44		
05606	Co. & Drain Dist. Commissioners	\$260,895	4		200230.22	4		
08006	Commodity DistRetail Grocery							
05203	Concrete Construction-Bridges							
07380	Drivers							
08811	Election Personnel	\$17,958	28		17958	28		
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 & Emplys							
04519	Insect Control							
08709	Inspectors, Samplers, Or Weighers Of Merchandise On Vessels Or Docks Classification							
06229	Irrigation/Drainage Construct.							
08812	Jurors	\$15,606	500		20000	500		
08742	Juv Probation, Collectors, Sales	\$247,614	4		182028.34	3		
07722	Juvenile Detention Officers							
06219	Landfill Operation & Drivers, Excavation NOC							
07590	Landfill, Garbage Reduction							
07720	Law Enforcement	\$1,425,927	34		1182985.12	38		
08820	Law Office	\$422,229	6		289354.42	6		
08838	Library/Museum-Prof. & Clerical	* 132,1323	322		/#25503/MI#	550		
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							
09079	Restaurant, Food Preparation							
05506	Road Employees-Paving, Repaving	\$1,002,168	35		809711.75	35		
09101	Schools - All Other Employees	-,,552,155						
07580	Sewage Disposal Plant Operations							
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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	\$43,281	8	43281	8	
08292	Warehousing NOC And Driver					
07520	Waterworks Operation & Drivers					

03365 Weider

08868 Youth & Community Cntr Directors



If you wish to add additional coverages, please make your selection in the form below.

Please note, Chapter 504 Labor Code requires political subdivisions to have a majority vote to add or remove optional coverages for Volunteers, Elected Officials, Election Workers (non-employees) or Jurors.

Member Name: Montague County

Coverage Period: January 1, 2024 through January 1, 2025

Current Optional Coverages Elected

should be reported under Clerical.

Elected Officials

Jurors Volunteers - Law Enforcement Election Workers (non-employees)

01	NLY COMPLETE IF MAKING CHANGES	TO CURRENT	OPTIONAL	COVERAGES	ELECTED
1.	ELECTED OFFICIALS				

71	ILI COMPLETE IF MAKING CHANGES TO CORRENT OF HONAL COVERAGES E	LECTED	
	ELECTED OFFICIALS Does your governing body desire this coverage?	Enter Yes or No:	
	If yes, include the estimated payroll of all elected officials on the payroll tab, based on the job responsibility of the elected official. If no, do not report the estimated payroll of any elected official.		
	VOLUNTEERS Does your governing body desire this coverage? If yes, enter the estimated payroll on the payroll tab. Four classifications are available: Volunteers - Firefighters, Volunteers - Law Enforcement, Volunteers - Emergency Medical Personnel, and Volunteers - All Others. You may choose to cover any or all classifications.	Enter Yes or No:	
	Please note: You can calculate annual salary by using \$5,200 per volunteer, or if you have an auditable record of hours that each volunteer was on duty or participating in sponsored training you may determine the "salary" by multiplying the number of hours by the hourly wage that would have been used if the services had been provided by an employee.		
.	JURORS Does your governing body desire coverage of Jurors? If yes, enter the estimated payroll on the payroll tab.	Enter Yes or No:	
•	ELECTION WORKERS (NON-EMPLOYEES) Does your governing body desire coverage of election personnel? If yes, enter the estimated payroll on the payroll tab. Please note: Election Personnel refers to temporary or contract personnel paid for service in the conduct of an election. Do not include payroll for county employees. County employed election staff	Enter Yes or No:	



Please update your list of locations and the number of employees at each location. Place an X in the 'Remove Location' column if this location is no longer valid. Update the employee counts for all locations. Add new locations at the bottom.

Member Name: Montague County

Coverage Period: January 1, 2024 through January 1, 2025

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employees	Number of Construction Stories Code								
200 or more	Number of Stories								
	Maximum Employees At One Time			6	10		2		
	Updated Employee Count	31	29	0,	2,	1	•	3,	
	Remove								
	Employee	30	28	11	2	10	9	35	
	Local Address	101 E FRANKLIN STREET, MONTAGUE, TX, 76251	11339 ST HWY 59 N,MONTAGUE ,TX,76251	HIGHWAY 455 SOUTH, FORESTBURG, TX, 76239	200 ST HWY 59 S,BOWIE,TX,76230	303 AUSTIN STREET, NOCONA, TX, 76255	8 CAPPS CORNER ROAD, SAINT JO, TX, 76265	100 GRAND STREET, MONTAGUE, TX, 76251	
	Structure Identifier	COURTHOUSE	COURTHOUSE ANNEX	PCT BARN #1	PCT BARN #2	PCT BARN #3	PCT BARN #4	SHERIFF	
	Policy Effective Date	01/01/2024	01/01/2024	01/01/2024	01/01/2024	01/01/2024	01/01/2024	01/01/2024	New

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*Complete this section if a location has

Location(s)



If you own or lease an aircraft, or employ pilots please fill out the form below for each Aircraft and Pilot.

If your pilots are only volunteers and you desire to include Workers' Compensation coverage complete this section.

Member Name: Montague County

Coverage Period: January 1, 2024 through January 1, 2025

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Hangar Address	Make and Model	Year Built	Federal Registration #	Amphibious? [YES/NO]	Jet	Prop.	Helicopter	Other	Owned	Prop. Helicopter Other Owned Chartered	Leased	Fractional Ownership (list %)
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Complete the following information for each pilot flying on behalf of the Member in any capacity (Employee, chartered, pilot, volunteer, etc.)

Member Name: Montague County

Coverage Period: January 1, 2024 through January 1, 2025

ence		Hours last 90 days											
Pilot in command experience		Hours last 12 Hours last months 90 days											
ot in cor	S	Rotor											
Pi	Total hours	Multi											
	To	Single											
		Full Time Pilot? [YES/NO]											
	Employed by	applicant? [YES/NO]											
		800											
		Pilot's Address, City, State, Zip Code											
		Pilot's Full Name											

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If you have any watercraft over 26' in length, please fill out the form below for each watercraft.

Member Name : Montague County

Coverage Period: January 1, 2024 through January 1, 2025

Watercraft Type
Make
Model
Model Year
Length
Horse Power
Owned Leased Chartered
Number of Crew
Passenger Capacity
Use
Frequency of Use
Primary Body of Water

Is Protection and Indemnity coverage provided for each watercraft listed above?

If "No" Please Explain: