

# Workers' Compensation Renewal Questionnaire

### Montague County

Coverage Period: January 1, 2025 through January 1, 2026

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. Brittany Davis

Email: brittanvd@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 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?  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
<ol> <li>Do you engage in manufacturing, handling, transporting, distributing, or storing explosives or explosive substances (other than gasoline)?</li> </ol>	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? 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 Maniber makes no changes, the Pool will assume the Member is reporting for the same inform failure to fully and accurately answer the questionnaire and any attached documents may result in de	
	Create
Signature of County Judge or presiding efficial of the Political Subdivision.	·



# Please enter the estimated payroll and the number of employees for calendar year 2025 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, 2025 through January 1, 2026

Rating Class Code	Rating Class Description	2023 Antual Payroll +2%	Current Number of Employees	Current Number of Voluntarys	Estimated 2025 Payrolf Amount	Estimated 2025 Number of Employees	350	iotin.	
07422	Aircraft Ambulance								
07416	Airmati Oper. (Pairm, Ameulan)								
07423	Airport								
07721	Ambulance								
02016	Amusement Park, Exhibition Centur								
09391	Auto Medianics								
09014	Blog. Maintenance & Janitors	\$133,778	34		\$150,000.00	3			
05463	Carpintry (NGC)								
09270	Cemetery Operations								
04511	Charried Analyst/Assayers								
20890	Chief Of Commissions & Directors								
(प्रस्ता) प्र	Cencel	\$1,920,971	7676		\$2,000,000,00	51			
05/108	Co. & Drain Clea. Commissioners	\$270,080	140		1287 333 00	4			
08008	Commodity Blad, Retail Shoomy								
05203	Concrete Construction-Bringes								
07380	Drivers								
08811	Elizabe Personnal	\$17,956	28		517, 956 00	28			
25190	Electrical Wiring W/In Buildings								
08501	Engineers, Surveyors								
AOT TO	Firefighters & Drivers								
09407	Garbage Collection & Drivers								
050/19	Gas/Water Main Connection Constr								
09860	Galf Colins								
08826	Homemaker Service								
08933	прация Ріфевания & Сельй								
TE9046	Hospital All Others								
CHING	Houseg Authory & Dowers								
00032	Housing Authority Mgrs 8 Emptys								
84519	Insect Control								
08709	Impectors, Sampers, Or Winghirs Of Merchandher On Vesselli Or Docks Crassification								
06229	rigation/Drimage Continue.								
09512	Jurois	\$15,606	900		\$15 R05 OD	SELLO			
08742	July Probation, Collectors, Sales	\$260,916			\$287,000.00	3			
07722	Juvenile Detection Officers								
86219	Landfill Operation & Drivers, Exceptation NOC								
TF 590	Landfill, Garbage Réduction								
07720	Law Enforcement	\$1,728,687	34		\$1,750,000.00	35			
08820	Law Office	5.197 5H	, ls		\$500,000,00	В			
08835	Ubraryimuseum-Prof. & Clerical								
08829	Number Home Employees								
05191	Office Technician								
DED15	Paning Lois & Drivess								
06402	Parks & Recreation								
08227	Patrolankol Yang Employees								
38832	Physician Med Lab Minds Brown, Clinic								
04229	Printing								
06254	Recycling Or Streeding Workers & Drivers								
CHICKEN S	Restaurant, Food Pressonion								
0550E	Road Employees-Paving, Repaying	\$679.57	6 35		\$1,000,000.00	35			
00101	Schools - All Other Employees								
07580	Sewage Disposal Plant Operations								

07327 08017 Store Clarks 09081 Swimming Pools 09019 Tot Bridge Employees 09031 Vot Floopflat & Asimst Control

Volunteers - Emergency Medical Personnel

00005 Valuations - Pine Fighters Volunteers - Law Enforcement 98292 Wirehousing MOC And Driver

07520 Webswiche Operation & Drivers

Volunteers - All Others

03365 Webber

G0000 Yearth & Community Chir Directors.

\$43,261

8 \$44,000.00



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, 2025 through January 1, 2026

### **Current Optional Coverages Elected**

should be reported under Clerical.

Elected Officials

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

	LT COMPLETE IF MAIONG CHANGES TO CURRENT OPTIONAL COVERAGES E	
1.	ELECTED OFFICIALS  Does your governing body desire this coverage?	Enter Yes or No:
	Does your governing body basite this coverage?	Cile les di 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.	
2	VOLUNTEERS	
	Does your governing body desire this coverage?	Enter Yes or No:
	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.	
	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.	
3.	JURORS	
	Does your governing body desire coverage of Jurors?	Enter Yes or No:
	If yes, enter the estimated payroll on the payroll tab.	
4.	ELECTION WORKERS (NON-EMPLOYEES)	
	Does your governing body desire coverage of election personnel?	Enter Yes or No:
	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 employee election staff	Ī



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, 2025 through January 1, 2026

"Complete tols swollow the fehilifier has 300 or more englevens	Member of Construction Year Built Stories Code	
	Updated Maximum Employees At Count One Time 26 8 6 11 66	
	oyee Remove	
	Employee  Local Addrese  Count  101 E FRANKLIN STREET.MONTAGUE, TX,76251  31  11839 ST HWY 58 N,MONTAGUE, TX,76251  200 ST HWY 58 S,BOWIE, TX,76230  303 AUSTIN STREET, NOCONA TX,76255  8 CAPPS CORNER ROAD, SAINT JO, TX, 76251  100 GRAND STREET, MONTAGUE, TX,76251  34	
Coverage Ferious James 7, Susta priority of the	Structure Identifier COURTHOUSE ANNEX PCT BARN #1 POT BARN #2 PCT BARN #3 PCT BARN #4 SCHEBIEF	
Coverage	Polley	New Location(s)



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

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

Member Name: Montague County

Coverage Period: January 1, 2025 through January 1, 2026

Year Built Federal Registration # TriES/NOT Jet Prop. Helicopter Other Owned Charlered Leased Own	Į	3	THE PARTY OF		ŀ	Aircraff Type	f Typu;				Ownership	
	Hangar Address	Year Built	Federal Registration #	2	-	_	allcopter	Other	Owned	Regularly Chartered	Lossod	Ownership (11st %)
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Is a waiver of subrogation	required by any charterer? [YES/NO]						
	Description of general use and usual destination(s):						
ed or Leased	Limits of						
If Aircraft is Charter	Name of Charterer/Lessor						
loyess Per Trip	Pussooger						
Avg. Employee	Crew						
Total Seats	Passangar						
Tota	Crew						
Monthly Avg.	# of Trips						
Month	Filght						

If employees fly on aircraft that are not owned, leased or regularly	Select all ac	Select all activities you perform with the alroraff listed. Please select all that apply	orm with the al	rofatt listed.	Piesse sales	all that apply.	
chartered, please describe. If aircraft is regularly chartered or leased,	Advertising	Law	Flight	Traffic	Fire	Mosquito	Aertal Photography, Surveying, Macoing or News Recorded
מווסט שנו אלאל ארטוב פרווים							

Indicate If you own, leas	Experimental						
Indicate II	Gliders						
	None of these activities						
	Organ Procurement						
	Stunt						
	Weather						
	Air Racing						
	Oll or Mineral Exploration						
	Low						
	Logging/Timber						
	Crop Seeding, Dusting or Spraying						
	Carrying People or Cargo for Hire						
	Patrolling Pipelines, Power Lines or Canals						

es or regularly charters eny:		Į		Any biles mileide !! S in	Do you limit the number of	Dr. Volt hele ninht
Lighter-than-sir aircraft (hot air ballcons, airships, etc.)	Transportation toffrom	Powered Parachutes	Kit-bull (horne-built)	past two years? [YES! NO]	employees on board an alreaff at any one time? [YES/ NO]	5



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, 2025 through January 1, 2026

Coverage renou. Sanaty 1, soco mossi seriory							of in con	Pilot in command experience	nce
			Employed by			Total hours	8		
Pilot's Full Name	Pilor's Address, City, State, Zip Code	800	applicant? [YES/NO]	Full Time Pilot? [YES/NO]	Single	BULLET	Rotor	Hours lest 12	Hours last
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Biennia	Date											
	Please list any Aircraft for which you are type rated;											
	Rotorcraft											
tained	Instrument											
date of	ASES											
list the	AMEL											
Please	ATP											
s now held:	Filght Instructor											
FFA pliot ratings now held: Please list the date obtained	Commercial											
Ē	Private											
	Student											
	Total											
	Total											

Last recurrent/transition course	Please provide details of lest course												
Last recurren	Date School or Instructor												
Last Instrument competency chock													
flight review or aquivalent													

As Pilot in command or as copilot, have you been involved in any aircraft incidents or accidents? If yes, explain,

As Pilot in-command or as copilot, have you had or been found guilty of any federal air regulations or violations? If yes, explain.



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, 2025 through January 1, 2026

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: