

Workers' Compensation Renewal Questionnaire

Montague County

Coverage Period: January 1, 2026 through January 1, 2027

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.

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: brittanyd@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

General Information

1. Do you use a manned aircraft in any capacity?

If Yes: Are your pilots employees?	110
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	s 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 No
5. Do you perform any underground, subaqueous, or tunneling operations?	
6. Do you provide group transportation for employees to and from the workplace?	No No
If Yes:	No
* 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.	NO
For any "Yes" responses to the questions above, please provide a brief explanation:	

Unreported Calms

Yes or No

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?

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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



Please enter the estimated payroll and the number of employees for calendar year 2026 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, 2026 through January 1, 2027

Rating Class Code N	Badgo Class Description 202	24 Actual Payroll +2%	Current Current Number of Number of Employees Volunteers	Estimated 2026 Payroll Amount	Estimated 2026 Number of Note Employees
07422	Aircraft Ambulance		·		
07418	Aircraft Oper. (Patrol, Ambulan)				
07423	Airport				
07721	Ambulance				
09016	Amusement Park, Exhibition Center				
08391	Auto Mechanics				
09014	Bldg. Maintenance & Janitors	\$158,779	3	\$170,665	3
05403	Carpentry (NOC)				
09220	Cemetery Operations				
04511	Chemical Analyst/Assayers				
08809	Chief Of Commissions & Directors				
08810	Clerical	\$2,504,912	51	\$2,715,795	52
05606	Co. & Drain Dist, Commissioners	\$308,870	4	\$322,814	4
08006	Commodity DistRetail Grocery				
05203	Concrete Construction-Bridges				
07380	Drivers				
08811	Election Personnel	\$2,875	28	\$3,000	30
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	\$20,400	500	\$20,400	500
08742	Juv Probation, Collectors, Sales	\$281,887	3	\$296,360	4
07722	Juvenile Detention Officers	420 1,000.	•	0200,000	•
06219	Landfill Operation & Drivers, Excavation NOC				
07590	Landfill, Garbage Reduction				
07720	Law Enforcement	\$1,683,108	35	\$1,815,106	35
08820	Law Office	\$379,560	6	\$412,118	8
08838	Library/Museum-Prof. & Clerical	43.4 ,444	•	****	
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	\$1,077,441	35	\$1,186,314	30
09101	Schools - All Other Employees				
07580	Sewage Disposal Plant Operations				

Rating Class Code	Flator Class Description	JUNEAU 1009 1848 - 2017 P. T. SEW T. T. B. S. L. F. B.	Current Current Number of Number of Implayees Volunteers	Estimated 2026 Payroli Amount	Estimated 2026 Number of Employees	Note
07327	Stevedoring					
08017	Store Clerks					
09061	Swimming Pools					
09019	Toli Bridge Employees					
08831	Vet Hospital & Animal Control					
08859	Volunteers - All Others					
08857	Volunteers - Emergency Medical Personnel					
08855	Volunteers - Fire Fighters					
08856	Volunteers - Law Enforcement	\$44,147	8	\$45,000	8	
08292	Warehousing NOC And Driver					
07520	Waterworks Operation & Drivers					
03365	Welder					
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, 2026 through January 1, 2027

Current Optional Coverages Elected

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

ONLY COMPLETE IF MAKING CHANGES TO CURRENT OPTIONAL COVERAGES ELECTED	
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١.	ELECTED OFFICIALS		heli Mile in e
	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.		
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.		
١.	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 employed election staff should be reported under Clerical.		



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, 2026 through January 1, 2027

	YearB								
employees	Number of Construction Stories Code								
200 or more employees	Number of Stories								
	Maximum Employees At One Time								
	Updated Employee Count	31	30	50	7	7	7	35	
	Remove								
	Employee Count	31	56	ထ	9	7	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 S Date	01/01/2026	01/01/2026	01/01/2026	01/01/2026	01/01/2026	01/01/2026	01/01/2026	New

Location(s)

Built

*Complete this section if a location has



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, 2026 through January 1, 2027

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- 19 THE	Fractional Ownership (list %)											
	Fr											
Ownership:	Lessed											
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	Other											
Aircraff Type:	Helicopter			ï								
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東京の中では、American Communication Communicatio												

Is a waiver of subrogation	[YES/NO]						
《《《··································	Ilability Description of general use and usual destination(s):						
Chartened or Leased	Heblity						
If Aircraft is Charte	Charterer/Lessor						
Monthly Avg. Total Seats Avg. Employees Per Trip If Alroraft le	Crew Passenger Crew Passenger						
Avg. Em	Crew						
ital Seats	Раѕѕепрег						
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Avg.	Trips		L				
Fort	Hours						

Construction of the Constr	Flight Traffic Fire Mosquito Aerial Photography, Surveying, instruction Control Fighting Abatement Mapping or News Reporting						
Select all activities you perform with the aircraft listed. Please select all that apply.	d, Aeriai Law Flight Traffic Fire Mosquito Advertising Enforcement Instruction Control Fighting Abatement						
esse sele	Fire						
rcraft listed.	Confol						
orm with the ai	Filght Instruction						
tivities you per	Law Enforcement						
Solect all ac	Advertising						
Temployees fit on aircraft that are not owned, leased or requisity	chartered, please describe. If aircraft is regularly chartered or leased, attach a copy of the contract.						

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Indicate if you own, leas	Gildeirs Experimental									
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A Land Comment	eopie or Hire									
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Do you have night restrictions? [YES! NO]					
Any trips outside U.S. in employees on board an alroraft at past two years? [YES/ NO] any one time? [YES/ NO]					
Any trips outside U.S. in past two years? [YES/NO]					
Kit-built (home-built)					
Powered Kit-bulh Parachutes (home-built)					
Transportation toffrom offshore oil or gas facilities					
es or regularly charters any: Lightor-then-air aircraft (hot air Transportation toffrom balloons, airahips, etc.) offshore oil or gas facilitie					



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, 2026 through January 1, 2027

ice Iours last 90 days									
Pilot in command experience ours Hours last 12 Hours last 12 Hours last 15 Hours last									
in co kotor				†					
	:								·
Single									
Full Time Pliot? YES/NO									
Employed by applicant?									
DOB									-
Pliof's Address, City, State, Zip Gode									
Plore Full Name									

Biennia Date											
Please list any Aircraft for which you are type rated:	100 kg - 100										
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date obtained ASES Instrument Rotorcraft											
date ob											
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gs now held. Please list the date obtained Flight ATP AMEL ASES Instru											
FA pilot ratin Commercia	1. The state of th	-									
Private											
Total Night											
Total								:			

Last recurrent transition course	Please provide details of last course											
AND THE STATE OF LAST RECURSE	Date School or Instructor											
Last instrument competency check	Type of all craft											
iflight review of equivalent	Type of aliciraft Date							:				

accidents? If yes, ex				
or as copilot, have you been involved in any aircraft incidents or accidents? If yes, explain.				
you been involved in a				
nd or as copilot, have				
As Pilot Incommand:				

explain.				
Wolations? If yes				
air regulations or				:
ility of any federal				
or teen found gr				
ollot, nave you ha			11	
As Pilot in command or as copilot, have you had or been found guilfy of any federal air regulations or violations? If yes, explain.				
As Pilot in-				



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, 2026 through January 1, 2027

Watercraft Type

Make

Model

Model Year

Length

Horse Power

Owned Meased | Chartered

Number of Crew

Flassenger Capacity

Use

Erequency of Use

Primary Body of Water

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