TEXAS ASSOCIATION *of* COUNTIES
RISK MANAGEMENT POOL

Workers' Compensation Renewal Questionnaire

Montague County

Coverage Period: January 1, 2027 through January 1, 2028

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: 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

	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

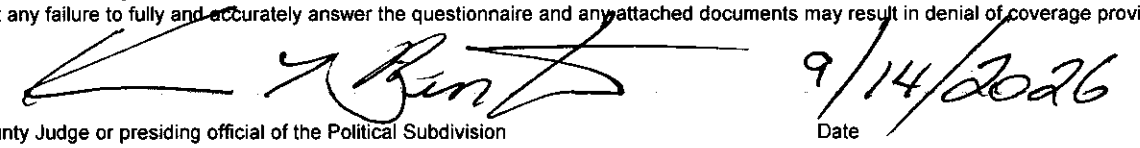
	Yes or No
1. Are you, or any officer or employee, aware of, or have knowledge of any circumstance, occurrence, fact or event which is likely to be a basis of a claim, either now or in the future?	No
If yes, please describe:	
2. Has the situation been reported to TAC Claims Department?	

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 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

9/14/2026

Date

TEXAS ASSOCIATION *of* COUNTIES
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Please enter the estimated payroll and the number of employees for calendar year 2027 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, 2027 through January 1, 2028

Rating Class Code	Rating Class Description	2025 Actual Payroll +2%	Current Number of Employees	Current Number of Volunteers	Estimated 2027 Payroll Amount	Estimated 2027 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	$169,887	3		$167,000	3	
05403	Carpentry (NOC)						
09220	Cemetery Operations						
04511	Chemical Analyst/Assayers						
08809	Chief Of Commissions & Directors						
08810	Clerical	$2,661,932	52		$2,610,000	52	
05606	Co. & Drain Dist. Commissioners	$399,899	4		$392,000	4	
08006	Commodity Dist.-Retail Grocery						
05203	Concrete Construction-Bridges						
07360	Drivers						
08811	Election Personnel	$18,317	30		$15,000	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	$15,918	500		$15,000	500	
08742	Juv Probation, Collectors, Sales	$316,961	4		$310,000	4	
07722	Juvenile Detention Officers						
06219	Landfill Operation & Drivers, Excavation NOC						
07590	Landfill, Garbage Reduction						
07720	Law Enforcement	$1,903,554	35		$1,866,000	35	
08820	Law Office	$468,958	8		$425,000	6	
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						
09079	Restaurant, Food Preparation						
05506	Road Employees-Paving, Repaving	$1,185,959	30		$1,163,000	30	
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	$44,880		8	$40,000	8	
08292	Warehousing NOC And Driver						
07520	Waterworks Operation & Drivers						
03365	Welder						
08868	Youth & Community Cntr Directors						

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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, 2027 through January 1, 2028

Current Optional Coverages Elected

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

ONLY COMPLETE IF MAKING CHANGES TO CURRENT OPTIONAL COVERAGES ELECTED

1. 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.

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 employed election staff should be reported under Clerical.

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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, 2027 through January 1, 2028

Policy Effective Date	Structure Identifier	Local Address	Employee Count	Remove Location	Updated Employee Count	Maximum Employees At One Time	*Complete this section if a location has 200 or more employees: Number of Stories	Construction Code	Year Built
01/01/2027	COURTHOUSE	101 E FRANKLIN STREET,MONTAGUE,TX,76251	31		32	32			
01/01/2027	COURTHOUSE ANNEX	11339 ST HWY 59 N,MONTAGUE ,TX,76251	30		31	31			
01/01/2027	PCT BARN #1	HIGHWAY 455 SOUTH,FORESTBURG,TX,76239	9		9	9			
01/01/2027	PCT BARN #2	200 ST HWY 59 S,BOWIE,TX,76230	7		6	6			
01/01/2027	PCT BARN #3	303 AUSTIN STREET,NOCONA,TX,76255	7		9	9			
01/01/2027	PCT BARN #4	8 CAPPS CORNER ROAD,SAINT JO,TX,76265	7		7	7			
01/01/2027	SHERIFF	100 GRAND STREET,MONTAGUE,TX,76251	35		37	37			
New Location(s)									
	ANIMAL SHELTER	704 FM 455, MONTAGUE,TX 76251		1	1	1			

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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, 2027 through January 1, 2028

Hangar Address	Make and Model	Year Built	Federal Registration #	Amphibious? [YES/NO]	Aircraft Type:				Ownership:			
					Jet	Prop.	Helicopter	Other	Owned	Regularly Chartered	Leased	Fractional Ownership (list %)

Monthly Avg.		Total Seats		Avg. Employees Per Trip		If Aircraft is Chartered or Leased			Is a waiver of subrogation required by any charterer? [YES/NO]
Flight Hours	# of Trips	Crew	Passenger	Crew	Passenger	Name of Charterer/Lessor	Limits of liability	Description of general use and usual destination(s):	

If employees fly on aircraft that are not owned, leased or regularly chartered, please describe. If aircraft is regularly chartered or leased, attach a copy of the contract.	Select all activities you perform with the aircraft listed. Please select all that apply.						
	Aerial Advertising	Law Enforcement	Flight Instruction	Traffic Control	Fire Fighting	Mosquito Abatement	Aerial Photography, Surveying, Mapping or News Reporting

											Indicate if you own, lea	
Patrolling Pipelines, Power Lines or Canals	Carrying People or Cargo for Hire	Crop Seeding, Dusting or Spraying	Logging/ Timber hauling	Low Altitude	Oil or Mineral Exploration	Air Racing	Weather Control	Stunt Flying	Organ Procurement	None of these activities	Gliders	Experimental

es or regularly charters any:				Any trips outside U.S. in past two years? [YES/ NO]	Do you limit the number of employees on board an aircraft at any one time? [YES/ NO]	Do you have night restrictions? [YES/ NO]
Lighter-than-air aircraft (hot air balloons, airships, etc.)	Transportation to/from offshore oil or gas facilities	Powered Parachutes	Kit-built (home-built)			

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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, 2027 through January 1, 2028

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

Total Instrument	Total Night	FFA pilot ratings now held: Please list the date obtained									Please list any Aircraft for which you are type rated:	Biennial Date
		Student	Private	Commercial	Flight Instructor	ATP	AMEL	ASES	Instrument	Rotorcraft		

flight review or equivalent	Last instrument competency check		Last recurrent/transition course		
Type of aircraft	Date	Type of aircraft	Date	School or instructor	Please provide details of last course

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.

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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, 2027 through January 1, 2028

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: