



TEXAS ASSOCIATION of COUNTIES RISK MANAGEMENT POOL

18th, 249th & 413th Judicial District CSCD Renewal Application

Questions about completing this application should be directed to your Member Services Representative at 800-456-5974.

General Information

- Name of Political Subdivision: 18th, 249th & 413th Judicial District CSCD
- Mailing Address: 1102 E Kilpatrick St Ste B Cleburne, TX 76031-1902
 Contact Person: Ms. Margaret Cook Email: margaret@johnsoncountytexas.org
 Contact Phone Number: (817) 556-6382 Contact Fax Number: (817) 556-6385
- Total Number of applicant's employees including elected officials:
58 Full Time 1 Part Time n/a Volunteers

* Please note contact changes in form already sent to TAC.

Full time = 35 hours or more a week / Part time = Permanent employee less than 35 hours / Volunteer = actively serving

- Please attach statutory authority and current description of operations, including organizational chart.

Coverage Renewing

Renewal coverage period: **December 01, 2013 - December 01, 2014**

Please review your current coverage. If you wish to renew as expiring please select the coverages you desire to renew with no changes and coverage will renew as it currently stands. If you wish to renew with changes as shown on the application select the coverages you desire to change and complete the appropriate Optional Coverage sections.

Renew with no Changes

Public Officials Liability

Renew with changes as shown on application

Public Officials Liability

Signature

The questions in this application seek information from applicant that may be used by the Pool in processing the application and in assessing coverage needs of the applicant. The questions posed, or any wording of the application, should not and may not be relied upon by applicant as implying that coverage exists for any particular claim or class of claims. The only coverage available is described in the Coverage Document, including Declarations and any endorsements, issued to a covered political subdivision.

I/WE accept notice that any failure to answer any application portion or question fully and accurately may compromise coverage provided by the Pool to the applicant under the coverage document and that any coverage issued for Public Officials Liability and Law Enforcement Liability will apply on a "CLAIMS MADE BASIS."

[Signature]
Signature of County Judge (or Presiding official of the political subdivision)

11/12/13
Date

Public Officials Liability

Current Coverage Information:

Deductible: \$2,500

Basic and Included coverages:

Limits of Liability

\$2,000,000 limit per occurrence / \$2,000,000 aggregate
Criminal & Malicious Acts and Omissions, defense costs only
Takings, defense costs only
Punitive Damages: \$1,000,000 sublimit within coverage limit
Back Wages: \$25,000 sublimit within coverage limit

You have the following optional coverages:

None

Optional Coverage

If you wish to make changes to your Public Officials Liability coverage please select from the options below.

Punitive Damages in addition to basic limits: [] *Accept [x] Reject

*Requested limit [] \$50,000 [] \$100,000 [] \$1,000,000

Claims Review

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? [x] *Yes [] No

*If yes, have all of these claims been reported to TAC Claims Department? [x] Yes [] No
If no, please complete and attach a Claim Data Report for each situation.