



TEXAS ASSOCIATION of COUNTIES RISK MANAGEMENT POOL

Johnson County 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: Johnson County
- Mailing Address: 1102 East Kilpatrick, Suite B Cleburne, TX 76031-1902
 Contact Person: Ms. Kelli Davis Email: kdavis@johnsoncountytexas.org
 Contact Phone Number: (817) 556-6382 Contact Fax Number: 817-556-6385
- Total Number of applicant's employees including elected officials:
549 Full Time 23 Part Time 0 Volunteers

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

Coverage Renewing

Renewal coverage period: **May 15, 2014 - May 15, 2015**

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

- Auto Liability
- Auto Physical Damage
- Crime
- General Liability

Renew with changes as shown on application

- Auto Liability
- Auto Physical Damage
- Crime
- General 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.

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

2-24-14
Date

Auto Liability

Current Coverage Information:

Deductible: \$0

Included coverage:

Personal Injury Protection: \$5,000 limit per person

You have the following optional coverages:

None

If you wish to make changes to your Auto Liability coverage please select from the options below:

Optional coverage:

Uninsured / Underinsured Motorist Coverage: Accept Reject Request increase (specify limits)

Standard Limits provided are:

Bodily Injury: \$30,000 / per person
 \$60,000 / per occurrence

Bodily Injury \$ _____ per person
 \$ _____ per occurrence

Property Damage: \$25,000 / per occurrence

\$ _____ per occurrence

Please return your Vehicle Schedule (review and make any necessary changes)

Auto Physical Damage

Current Coverage Information:

Collision Deductible: \$1,000 **Comprehensive Deductible:** \$1,000

Please return your Vehicle Schedule (review and make any necessary changes)

Current Coverage Information:

Deductible: \$0

You have the following optional coverages:

None

If you wish to make changes to your General Liability coverage please select from the options below:

Optional coverage:

Hospital premises: Accept Reject

Airport premises: Accept Reject

Law Enforcement Watercraft: please provide description, attach additional sheet if necessary:

Year/Make/ Model: _____ Registration #: _____ Length: _____

Passenger/Crew Max Capacity: _____ Use: _____

Current Coverage

Deductible: \$1,000

<u>Included Coverage:</u>	<u>Limits:</u>
Computer Fraud and Funds Transfer Fraud	\$ 100,000
Public Employee Dishonesty	\$ 100,000
Forgery or Alteration	\$ 100,000
Theft, Disappearance and Destruction	\$ 100,000
Robbery and Safe Burglary	\$ 100,000
Counterfeit Currency	\$ 100,000

To renew coverage as it currently stands, skip the **Optional Limits** section below.

To change current coverage, complete the **Optional Limits** section below.

Optional Limits

To change the Crime coverage limits, select from the options below:

Limit Options:

Public Employee Dishonesty:

\$100,000 \$150,000