



# 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 E Kilpatrick St Ste B Cleburne, TX 76031-1902**  
 Contact Person: **Mr. Ralph McBroom** Email: **ramcbroom@johnsoncountytexas.org**  
 Contact Phone Number: **(817) 556-6384** Contact Fax Number: **(817) 556-6385**
- Total Number of applicant's employees *including elected officials*:

	Total	Airport	Hospital	
Full Time:	553			Full time = 35 hours or more a week
Part Time:	23			Part time = Permanent employee less than 35 hours
Volunteers	0			Volunteer = Actively serving

### Renewing Coverage(s)


Review the following pages and make any necessary changes.

**Coverage Period:**  
May 15, 2015 - May 15, 2016

- Coverages to Renew:**
- Auto Liability
  - Auto Physical Damage
  - General Liability
  - Crime

### 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.

  
 \_\_\_\_\_  
 Signature of County Judge (or Presiding official of the political subdivision)

4-13-15  
 \_\_\_\_\_  
 Date

## Auto Liability

### Current Coverage

**Deductible:** \$0

**Included Coverage:**

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

**Optional Coverage currently selected:**

None

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

To add coverage, complete the **Optional Coverage** section below.

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### Optional Coverage

Note: The Coverage below is not currently selected.

**Uninsured / Underinsured Motorist Coverage:**  **Accept**  **Request increase** (call for available limit options)

Minimum limits provided are:

Bodily Injury: \$30,000 / per person

\$60,000 / per occurrence

Property Damage: \$25,000 / per occurrence

## Auto Physical Damage

### Current Coverage

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

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

**Return vehicle schedule (review and make any necessary changes).**

# General Liability

## Current Coverage

**Deductible:** \$0

**Optional Coverage currently selected:**

None

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

To add coverage, complete the **Optional Coverage** section below.

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## Optional Coverage

Note: The coverage below is not currently selected.

**Airport Premises Liability:**  Accept

**Hospital Premises Liability:**  Accept

**Law Enforcement Liability Watercraft:**  Accept

**Provide watercraft information, attach additional sheet if necessary:**

Year/Make/ Model: \_\_\_\_\_ Registration #: \_\_\_\_\_ Length: \_\_\_\_\_

Passenger/Crew Max Capacity: \_\_\_\_\_ Use: \_\_\_\_\_

# Crime

## Current Coverage

**Deductible:** \$1,000

**Included Coverage:**

**Limits:**

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.

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## Optional Limits

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

**Limit Options:**

**Public Employee Dishonesty:**

\$100,000     \$150,000