



# TEXAS ASSOCIATION of COUNTIES RISK MANAGEMENT POOL

## Renewal Application for Public Officials Professional Liability Coverage (Claims-Made Basis)

*If you have questions regarding completion of this application, please contact us at: 1-800-456-5974; Facsimile Line: 1-512-478-1426; or E-mail Address: TACPools@county.org  
Please return this completed application to: Texas Association of Counties Risk Management Pool, P.O. Box 2131, Austin, Texas 78768*

### General Information

1. Name of Political Subdivision: Johnson County
2. Address (No. & Street or P.O. Box): 2 N Main Street  
City, State, Zip: Delburne, Tx. 76033
- Contact Name: Co Judge Roger Harmon E-mail Address: Roger.H@johnsoncountytexas.org  
Telephone Number: 817-556-6382 Fax Number: 817-556-6385
3. Population of county or applicant's political subdivision: 146,400 Source: web
4. Coverage Anniversary Date: 1/1/10

### Coverage Information

5. Total number of applicant's employees:  
553 Full time, including elected officials 40 Part-time (all others except full time) \_\_\_\_\_ Volu. teers
6. ~~Attach with this completed application~~ **THE LATEST AUDITED FINANCIAL STATEMENT**
7. List in the space below all boards, commissions, authorities, or other units operating under the jurisdiction of the county (or political subdivision) and within an apportionment of its total operating budget. Please indicate which units presently carry their own Public Officials Liability Insurance.  
If no such units are in operation, indicate here: N/A

Board / Commission / Authority	Budget	Carries Separate Insurance

**(NOTE:** Listing under this question does not ensure coverage, such coverage being limited to the terms and definitions of the coverage document.)

## Coverage Information

8. Provide details of any general liability policy which may provide coverage for the applicant:

- a) Carrier: TAC Effective Date: \_\_\_\_\_ Limits of Liability: \_\_\_\_\_  
 b) Does coverage include Discrimination? Yes  No   
 c) Does coverage include Personal Injury? Yes  No   
 d) Does coverage include Public Officials as additional insureds? Yes  No   
 e) If the applicant does not carry General Liability Insurance or Coverage, state the self-insured retention and limit of liability of the excess insurance for the self-insurance program. If there is no self-insurance program, indicate here: \_\_\_\_\_

9. The basic coverage excludes punitive damages or exemplary damages. However, this coverage can be added by endorsement for an additional contribution.

NOTE: Your current coverage:  does not include endorsement for punitive or exemplary damages.  is endorsed to include punitive or exemplary damages for the limit of:

\_\_\_\_\_ \$50,000., \_\_\_\_\_ \$100,000., or  \$1,000,000.

AND it is:  included within the limits of liability, or  in addition to the limits of liability.

**FOR RENEWAL COVERAGE**, do you wish to include endorsement for punitive or exemplary damages?  Yes\*  No

\*IF YES: a) Advise limit desired: \_\_\_\_\_ \$50,000., \_\_\_\_\_ \$100,000., or  \$1,000,000.; and

b) Advise if you desire this limit:  included within the limits of liability, or  in addition to the limits of liability.

10. The basic coverage excludes the operations of airports and hospitals. However, these operations can be added by endorsement for an additional contribution. **This coverage is only available when the applicant is a county.**

NOTE: Your current coverage \_\_\_\_\_ does /  does not include endorsement for Airport Board;  
 \_\_\_\_\_ does /  does not include endorsement for Hospital Board.

**FOR RENEWAL COVERAGE**, do you wish to include coverage for:

Airport Board  Yes\*  No (\*If YES, complete and attach the "Airport Board Supplement" along with the airport's financial statements.)

Hospital Board  Yes\*  No (\*If YES, complete and attach the "Hospital Board Supplement" along with the hospital's financial statements.)

11. "Errors and Omissions" coverage for the County Clerk and/or District Clerk can be added by endorsement for an additional contribution. Coverage can be provided for County Clerks, per Section 82.003 of the Texas Local Government Code, and for District Clerks, per Section 51.302(c) of the Texas Government Code. The amount of coverage required by these statutes is based upon the maximum amount of fees collected in any year during the term of office preceding the term for which the coverage is to be obtained. **This coverage is only available when the applicant is a county.**

NOTE: Your current coverage:

does / \_\_\_\_\_ does not include endorsement for County Clerk with a limit of \$ 500,000 ;  
 does / \_\_\_\_\_ does not include endorsement for District Clerk with a limit of \$ 500,000 .

**FOR RENEWAL COVERAGE**, do you wish to include coverage for:

County Clerk  Yes\*  No  
 District Clerk  Yes\*  No

\*IF YES, provide the following:

a) If current coverage is not with TAC, a copy of the expiring policy's Declarations Page, or provide:  
 Carrier name: \_\_\_\_\_ Expiring Coverage Limit: \_\_\_\_\_ and Premium \_\_\_\_\_

b) Completed "County / District Clerk Supplement", listing current Clerks and Deputy Clerks.

	Year	Amount of County Fees Collected	Limit of Liability Required
County Clerk:	<u>2009</u>	<u>\$1,159,143.10</u>	<u>\$500,000.00</u>
District Clerk:	<u>2009</u>	<u>\$1,132,026.44</u>	<u>\$500,000.00</u>

## Claims History

16. Have you, or any member of your staff, become aware of or have any knowledge whatsoever of any circumstances, occurrences, facts or events which are likely to be a basis of a claim either now or in the future, which have not been indicated under above Question #15?  
\_\_\_\_\_ Yes\*  No

\*IF YES, have all of these been reported to TAC Claims Department?  
\_\_\_\_\_ Yes \_\_\_\_\_ No\*\*

\*\*IF NO, please explain below and provide details by attaching a completed "Individual Claim Data Report":


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## Other Information

The questions in this application seek information from applicant which may be used by the Pool in processing the application or in assessing coverage needs of political subdivisions. The questions posed, or any wording of the application, should not and may not be relied upon by applicant as having an implication that there exists coverage for any particular claim, or class of claims, whenever made. The provisions of coverage are located in the issued Coverage Document, including Declarations and any endorsements, provided to a covered political subdivision.

I/WE accept notice that any coverage which may be issued will apply on a "CLAIMS MADE BASIS," and that any failure to answer any application portion or question fully and accurately compromises coverage provided by the Pool to the applicant pursuant to the terms of the Coverage Document.

Signature:  Title: County Judge Date: 11-9-09  
County Judge (or presiding official of the political subdivision)

SIGNING THIS FORM DOES NOT BIND THE APPLICANT POLITICAL SUBDIVISION OR THE POOL TO COMPLETE THE COVERAGE. Application must be signed and dated by the County judge (or applicable presiding official) to be considered for quotation.

### COVERAGES AVAILABLE THROUGH THE TEXAS ASSOCIATION OF COUNTIES

Automobile Physical Damage

Crime

Property

Automobile Liability

General Liability

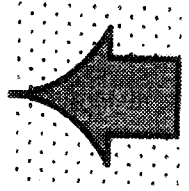
Law Enforcement Liability

Public Officials Liability

Workers' Compensation

Unemployment Fund

Group Health



PLEASE SEND THIS APPLICATION TO:  
TEXAS ASSOCIATION OF COUNTIES RISK MANAGEMENT POOL  
P.O. BOX 2131  
AUSTIN, TEXAS 78768  
TEXAS TOLL FREE: (800) 456-5974  
FAX: (512) 478-1426  
www.county.org



# TEXAS ASSOCIATION of COUNTIES RISK MANAGEMENT POOL

## Renewal Application for Law Enforcement Professional Liability Coverage (Claims-Made Basis)

If you have questions regarding completion of this application, please contact us at: 1-800-456-5974; Facsimile Line: 1-512-478-1426; or E-mail: TACPools@county.org  
Please return this completed application to: Texas Association of Counties County Government Risk Management Pool, P.O. Box 2131, Austin, Texas 78768

### General Information

- Name of Political Subdivision: Johnson County
- Address (No. & Street or P.O. Box): 2 N Main Street  
City, State, Zip: Delaware, TX 76033  
Contact Name: Co. Judge Roger Harmon E-mail Address: rogerh@johnsoncountytx.org  
Telephone Number: 817-556-6382 Fax Number: 817-556-6385
- a) Population of county or applicant's political subdivision: 146,400 Source: web  
b) Number of political subdivision's employees:  
553 Full time, including elected officials 40 Part-time (all others except full time) \_\_\_\_\_ Volunteers
- Coverage Anniversary Date: 1/1/10

### Coverage Information

5. The basic coverage excludes punitive damages or exemplary damages. However, this coverage can be added by endorsement for an additional contribution.

NOTE: Your current coverage:  does not include endorsement for punitive or exemplary damages.  
 is endorsed to include punitive or exemplary damages for the limit of:  
 \_\_\_\_\_ \$50,000., \_\_\_\_\_ \$100,000., or  \$1,000,000.  
 AND it is:  included within the limits of liability, or  
 in addition to the limits of liability.

**FOR RENEWAL COVERAGE**, do you wish to include endorsement for punitive or exemplary damages?  YES\* \_\_\_\_\_ NO

\*IF YES: a) Advise limit desired: \_\_\_\_\_ \$50,000., \_\_\_\_\_ \$100,000., or  \$1,000,000.; and  
 b) Advise if you desire this limit: \_\_\_\_\_ included within the limits of liability, or  
 \_\_\_\_\_ in addition to the limits of liability.

6. Limited coverage for the District Judge, for service on a Juvenile Board whose jurisdiction includes the applicant county, can be added by endorsement for an additional contribution. Note: this endorsement is only available if Question #9 of this application includes staffing under Class B. **This coverage is only available when the applicant is a county.**

NOTE: Your current coverage: no  does not include endorsement for the District Judge.  
 is endorsed to include District Judge.

**FOR RENEWAL COVERAGE**, do you wish to include endorsement for the District Judge?  YES \_\_\_\_\_ NO

## Claims History

16. Have you, or any member of your staff, become aware of, or have any knowledge whatsoever, of any circumstances, occurrences, facts or events which are likely to be a basis of a claim, either now or in the future?

\_\_\_ YES\*  NO

**\*IF YES**, have all of these been reported to TAC Claims Department?

\_\_\_ YES \_\_\_ NO\*\*

**\*\*IF NO**, please explain below and attach a completed "Individual Claim Data Report".


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## Other Information

The questions in this application seek information from applicant which may be used by the Pool in processing the application or in assessing coverage needs of political subdivisions. The questions posed, or any wording of the application, should not and may not be relied upon by applicant as having an implication that there exists coverage for any particular claim, or class of claims, whenever made. The provisions of coverage are located in the issued Coverage Document, including Declarations and any endorsements, provided to a covered political subdivision.

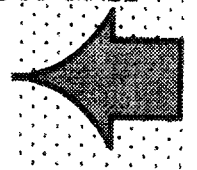
I/WE accept notice that any coverage which may be issued will apply on a "CLAIMS MADE BASIS," and that any failure to answer any application portion or question fully and accurately compromises coverage provided by the Pool to the applicant pursuant to the terms of the Coverage Document.

Signature:   
County Judge (or presiding official of the political subdivision)

Title: County Judge

Date: 11-9-09

SIGNING THIS FORM DOES NOT BIND THE APPLICANT POLITICAL SUBDIVISION OR THE POOL TO COMPLETE THE COVERAGE. Application must be signed and dated by the County Judge (or applicable presiding official) to be considered for quotation.



### COVERAGES AVAILABLE THROUGH THE TEXAS ASSOCIATION OF COUNTIES

Automobile Physical Damage

Crime

Property

Automobile Liability

General Liability

Law Enforcement Liability

Public Officials Liability

Workers' Compensation

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# TEXAS ASSOCIATION of COUNTIES RISK MANAGEMENT POOL

## Renewal Application for Public Officials Professional Liability Coverage (Claims-Made Basis)

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Please return this completed application to: Texas Association of Counties Risk Management Pool, P.O. Box 2131, Austin, Texas 78768*

### General Information

1. Name of Political Subdivision: 18<sup>th</sup>, 24<sup>th</sup> & 413<sup>th</sup> Judicial District CSCD
2. Address (No. & Street or P.O. Box): 2 N Main Street  
 City, State, Zip: Cleburne, TX 76033
- Contact Name: Co. Judge Roger Harmon E-mail Address: RogerHe.johnsoncountytx.org  
 Telephone Number: 817-556-6382 Fax Number: 817-556-6385
3. Population of county or applicant's political subdivision: \_\_\_\_\_ Source: \_\_\_\_\_
4. Coverage Anniversary Date: 1/1/10

### Coverage Information

5. Total number of applicant's employees:  
66 Full time, including elected officials    2 Part-time (all others except full time)     Volunteers

~~6. Attach with this completed application THE LATEST AUDITED FINANCIAL STATEMENT~~

7. List in the space below all boards, commissions, authorities, or other units operating under the jurisdiction of the county (or political subdivision) and within an apportionment of its total operating budget. Please indicate which units presently carry their own Public Officials Liability Insurance.  
 If no such units are in operation, indicate here: N/A

Board / Commission / Authority	Budget	Carries Separate Insurance
<u>N/A</u>		

**(NOTE:** Listing under this question does not ensure coverage, such coverage being limited to the terms and definitions of the coverage document.)

*Jolyon, CSCD DIRECTOR  
9/23/09*

# Coverage Information

8. Provide details of any general liability policy which may provide coverage for the applicant:
- a) Carrier: \_\_\_\_\_ Effective Date: \_\_\_\_\_ Limits of Liability: \_\_\_\_\_
- b) Does coverage include Discrimination? \_\_\_\_\_ Yes \_\_\_\_\_ No
- c) Does coverage include Personal Injury? \_\_\_\_\_ Yes \_\_\_\_\_ No
- d) Does coverage include Public Officials as additional insureds? \_\_\_\_\_ Yes \_\_\_\_\_ No
- e) If the applicant does not carry General Liability Insurance or Coverage, state the self-insured retention and limit of liability of the excess insurance for the self-insurance program. If there is no self-insurance program, indicate here: \_\_\_\_\_

9. The basic coverage excludes punitive damages or exemplary damages. However, this coverage can be added by endorsement for an additional contribution.
- NOTE: Your current coverage: \_\_\_\_\_ does not include endorsement for punitive or exemplary damages.  is endorsed to include punitive or exemplary damages for the limit of:

\_\_\_\_\_ \$50,000., \_\_\_\_\_ \$100,000., or  \$1,000,000.

AND it is:  included within the limits of liability, or \_\_\_\_\_ in addition to the limits of liability.

**FOR RENEWAL COVERAGE**, do you wish to include endorsement for punitive or exemplary damages?  Yes\* \_\_\_\_\_ No

\*IF YES: a) Advise limit desired: \_\_\_\_\_

b) Advise if you desire this limit:  \$50,000., \_\_\_\_\_ \$100,000., or  \$1,000,000.; and \_\_\_\_\_ included within the limits of liability, or \_\_\_\_\_ in addition to the limits of liability.

10. The basic coverage excludes the operations of airports and hospitals. However, these operations can be added by endorsement for an additional contribution. **This coverage is only available when the applicant is a county.**

NOTE: Your current coverage \_\_\_\_\_ does /  does not include endorsement for Airport Board; \_\_\_\_\_ does /  does not include endorsement for Hospital Board.

**FOR RENEWAL COVERAGE**, do you wish to include coverage for:

Airport Board \_\_\_\_\_ Yes\*  No (\*If YES, complete and attach the "Airport Board Supplement" along with the airport's financial statements.)

Hospital Board \_\_\_\_\_ Yes\*  No (\*If YES, complete and attach the "Hospital Board Supplement" along with the hospital's financial statements.)

11. "Errors and Omissions" coverage for the County Clerk and/or District Clerk can be added by endorsement for an additional contribution. Coverage can be provided for County Clerks, per Section 82.003 of the Texas Local Government Code, and for District Clerks, per Section 51.302(c) of the Texas Government Code. The amount of coverage required by these statutes is based upon the maximum amount of fees collected in any year during the term of office preceding the term for which the coverage is to be obtained. **This coverage is only available when the applicant is a county.**

NOTE: Your current coverage: \_\_\_\_\_ does /  does not include endorsement for County Clerk with a limit of \$ \_\_\_\_\_; \_\_\_\_\_ does /  does not include endorsement for District Clerk with a limit of \$ \_\_\_\_\_.

**FOR RENEWAL COVERAGE**, do you wish to include coverage for: County Clerk \_\_\_\_\_ Yes\*  No; District Clerk \_\_\_\_\_ Yes\*  No

\*IF YES, provide the following:

- a) If current coverage is not with TAC, a copy of the expiring policy's Declarations Page, or provide: Carrier name: \_\_\_\_\_ Expiring Coverage Limit: \_\_\_\_\_ and Premium \_\_\_\_\_

- b) Completed "County / District Clerk Supplement", listing current Clerks and Deputy Clerks.

c)

	Year	Amount of <u>County Fees</u> Collected	Limit of Liability Required
County Clerk:	_____	\$ _____	\$ _____
District Clerk:	_____	\$ _____	\$ _____

*J. Lybster* CSCD DIRECTOR  
9/23/09

## Claims History

16. Have you, or any member of your staff, become aware of or have any knowledge whatsoever of any circumstances, occurrences, facts or events which are likely to be a basis of a claim either now or in the future, which have not been indicated under above, Question #15?

\_\_\_\_ Yes\*  No

**\*IF YES**, have all of these been reported to TAC Claims Department?

\_\_\_\_ Yes \_\_\_\_ No\*\*

**\*\*IF NO**, please explain below and provide details by attaching a completed "Individual Claim Data Report":

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## Other Information

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I/WE accept notice that any coverage which may be issued will apply on a "CLAIMS MADE BASIS," and that any failure to answer application portion or question fully and accurately compromises coverage provided by the Pool to the applicant pursuant to the terms of the Coverage Document.

Signature: *Ronald Johnson* Title: County Judge Date: 11-9-09  
County Judge (or presiding official of the political subdivision)

SIGNING THIS FORM DOES NOT BIND THE APPLICANT POLITICAL SUBDIVISION OR THE POOL TO COMPLETE THE COVERAGE. Application must be signed and dated by the County Judge (or applicable presiding official) to be considered for quotation.

### COVERAGES AVAILABLE THROUGH THE TEXAS ASSOCIATION OF COUNTIES

Automobile Physical Damage

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Automobile Liability

General Liability

Law Enforcement Liability

Public Officials Liability

Workers' Compensation

Unemployment Fund

Group Health

*Johnson, CSCD Director*  
*9/23/09*

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