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 Info	rmation
 Name of Political Subdivision: 18th, 249th & 413th Jud Mailing Address: 1102 E Kilpatrick St Ste B Cleburne Contact Person: Ms. Margaret Cook Email: margaret@ Contact Phone Number: (817) 556-6382 Contact Fax N Total Number of applicant's employees including elect 58 Full Time Part Time 	e TX 76031-1902 * Picase note Control Piohnsoncountytx.org changes in form The fumber: (817) 556-6385 a Meady sent to The ted officials:
Full time = 35 hours or more a week / Part time = Permanent emp	ployee less than 35 hours / Volunteer = actively serving
4. Please attach statutory authority and current description	on of operations, including organizational chart.
Coverage Rea	newing
Renewal coverage period: Decemb	ber 01, 2013 - December 01, 2014
Please review your current coverage. If you wish to renew to renew with no changes and coverage will renew as it cu as shown on the application select the coverages you desir Coverage sections. Renew with no Changes Public Officials Liability	rently stands. If you wish to renew with changes re to change and complete the appropriate Optional Renew with changes as shown on application Public Officials Liability
Signatur	re
The questions in this application seek information from application and in assessing coverage needs of the application, should not and may not be relied upon by any particular claim or class of claims. The only coverage as including Declarations and any endorsements, issued to a contract of the contra	icant. The questions posed, or any wording of applicant as implying that coverage exists for vailable is described in the Coverage Document,
I/WE accept notice that any failure to answer any application compromise coverage provided by the Pool to the applicant coverage issued for Public Officials Liability and Law Enformation BASIS."	t under the coverage document and that any reement Liability will apply on a "CLAIMS MADE
Signature of County Judge (or Presiding official of the political	I subdivision) Date
organism or comity large for clearing outries of the bolifical	supplivision) Date '

Claim Data Report

INSTRUCTIONS FOR COMPLETION:

- This form is to be completed by the applicant regarding any claim or suit during the past five (5) years, or any facts, circumstances, acts, errors or omissions of which the applicant is aware which may give rise to a claim.
- COMPLETE ONE FORM FOR EACH SUCH CLAIM OR CIRCUMSTANCE, Please photocopy this blank report if additional "Claim Data Reports" are required.
- Please attach a separate sheet if space is insufficient to answer any question fully.
- ALL questions must be answered completely.
- Please print or type.

1. Legal Name of Public Entity:	N/A	
2. Full name of individual(s) inv	olved or named	d in the claim:
3. Full name of claimant(s):		
4. Indicate whether: Claim / Suit	·	Incident:
		Date of Claim:
6. Additional defendants (if any)	•	
7. IF CLOSED: Total Loss Paid, in	ncluding Dedu	ctible: \$
	gal Expenses F	Paid: \$
8. IF PENDING:		
Claimant's settlement demand:		Defendant's offer of settlement: \$
Amounts Paid to Date for:	Loss \$	Expenses \$
	Loss \$	Expenses \$
Deductible Amount:	\$	
If claim is in suit, indicate amour	ıt asked in sum	mons: \$
9. Insurer Name (if any):		
10. Description of claim (Provide onecessary.)	enough informat	ion to allow evaluation, attaching a separate sheet if
a. Alleged act, error or on	nission upon w	hich claimant bases claim:
b. Description of the type	and extent of i	njury or damage allegedly sustained:
I understand information submitt	ed herein beco	mes a part of the proposal and is subject to the
Signature:	Dat	e:

TAC RMP PO and LE INDIV CLAIM DATA REPORT



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