

September 1, 2015

Randy Gillespie Johnson County HR Director 2 N Main St Rm 215 Cleburne, TX 76033

Re: Johnson County - Workers' Compensation Program Renewal Questionnaire

Thank you for participating in TAC Risk Management Pool's Workers' Compensation Program. As we prepare your January 1, 2016 renewal, there are a few questions we need you to answer so that we can provide you the most comprehensive and cost effective Workers' Compensation Coverage possible. To ensure that we have up-to-date information, please fill out each tab of the attached questionnaire completely and make any changes directly to the document. You can also provide supplemental sheets as necessary. Please note that omitted information may result in an exclusion from coverage.

The Interlocal Participation Agreement, Section 4. Annual Contribution, 4.01 requires that the member timely submit to the Pool documentation necessary for the Pool to properly underwrite the renewal.

Please complete the Workers' Compensation Renewal Questionnaire and return it and any supplemental documents by <u>September 30, 2015</u>:

- <u>Estimated Payroll</u> Please use the Estimated Payroll tab in the Excel worksheet to update your payroll and employee count by classification. This tab includes your 2015 estimated payroll plus a 2% increase. If you do not return the worksheet with updated payroll information, your renewal will be processed with the 2015 estimated payroll plus 2% as listed in the worksheet.
- Optional Coverages This tab is used to report your decisions regarding optional coverage for certain categories of personnel and volunteers. Please note the instructions regarding how to report payroll for optional coverages.
- <u>Employee Concentration</u> This tab is to report the number of employees working within each of your buildings.
- <u>Aircraft and Pilot</u> This tab only needs to be completed if you own or lease an aircraft or if you employ any pilots.

• <u>Watercraft Info</u>- This tab only needs to be completed if you own, lease or charter any watercraft over 26'.

If you need help completing the **Workers' Compensation Renewal Questionnaire**, please contact me at 800-456-5974 or kathiel@county.org. Please complete the worksheets in the attached Excel workbook, save the document, and submit the completed workbook by replying to the email with the workbook attached.

We value your membership in the TAC Risk Management Pool and look forward to another successful year! Please do not hesitate to contact me if you would like to discuss your coverage options.

Sincerely,

Kathie Lopez

Karlie Lope

Member Services Representative

WORKERS' COMPENSATION COST WORKSHEET

Policy Period: January 01, 2016 - January 01, 2017

Member Name: Johnson County

Contract No.: 1260

ΔΙΙΙ	IANCE	ELECT	ION	FORM
~ L. L.				

X	I authorize participation in the Political Sub	odivision Workers' Compensation Alliance.
	I elect not to participate in the Political Sub	odivision Workers' Compensation Alliance.
Signa	ature of Pool Coordinator	
/	HR Director	9/17/15
Title		Date of Signature

Please Remit to: Texas Association of Counties Risk Management Pool P.O. Box 2131 Austin, TX 78768



Member Name: Johnson County

Coverage Period: January 1, 2016 through January 1, 2017

changes directly to this document. You can also provide supplemental sheets as necessary. NOTE: Omitted information may result in an exclusion for the Pool to properly underwrite the renewal. To ensure that we have up-to-date information, please fill out each page completely and make any questions we need you to answer so that we can provide you the most comprehensive and cost effective coverage possible. Pursuant to the Interlocal Participation Agreement, Section 4. Annual Contribution, 4.01 requires that the member timely submit to the Pool documentation necessary Thank you for participating in the TAC Risk Management Pool's Workers' Compensation program. As we prepare your renewal, there are a few

completing the Renewal Questionnaire, please contact your Member Services Representative (listed below) at 800-456-5974. We value your membership in the TAC Risk Management Pool and look forward to another successful year! If you have any questions or need help

Member Service Representative: Ms. Kathie Lopez, AU

Email: kathiel@county.org

Our records indicate that the Member has designated the individual below as the Workers' Compensation Coordinator for this coverage. If the Member wishes to change or update Workers' Compensation Coordinator information, please make the necessary changes below

Workers' Compensation Coordinator: Mr. Randy Gillespie

Email: randyg@johnsoncountytx.org

Office Phone Number: (817) 556-6350

Fax Number: 817-556-6899

Mailing Address: 2 N. Main St

City, State, Zip: Cleburne, TX 76033

ieneral Information

3. Do you engage in manufacturing, handling, transporting, distributing, or storing explosives or explosive substances (other than gasoline)? 5. Do you provide group transportation for employees to and from the workplace? 4. Do you perform any underground, subaqueous, or tunneling operations? 2. Do you own, operate, or maintain a railroad, or own, lease, operate, or repair railroad equipment? barges or docks? 1. Do you have operations involving the loading, unloading, repair, or construction of watercraft or vessels, including work performed on

For any "Yes" responses to the questions above, please provide a brief explanation:

* Average number of daily trips:

* Average number of employees in a vehicle per trip:

* Maximum number of employees in a vehicle per trip:

Yes or No

a basis of a claim, either now or in the future? 1. Are you, or any officer or employee, aware of, or have knowledge of any circumstance, occurrence, fact or event which is likely to be

N_O

2. Has the situation been reported to TAC Claims Department?

Acknowledgementand Acceptance

Member Name: Johnson County

of claims. The only coverage provided by the Pool to the Member is as described in the applicable Coverage Document, including any endorsements wording of the questionnaire, should not and may not be relied upon by the Member as implying that coverage exists for any particular claim or class submitted may be used by the Pool in processing the renewal and in assessing the coverage needs of the Member. The questions posed, or any and the Contribution and Coverage Declaration, issued to a covered Member. Member acknowledges that the information submitted in this questionnaire is true and accurate, including all known potential claims. The information

of coverage provided by the Pool. If the Member makes no changes, the Pool will assume the Member is reporting for the same information as in the previous applicable Coverage Period. The Member understands that any failure to fully and accurately answer the questionnaire and any attached documents may result in denial

Harrison Harrison

3-101 - 101-B

Signature of County Judge or presiding official of the Political Subdivision

Date



If you wish to add additional coverages, please make your selection in the form below.

remove optional coverages for Volunteers, Elected Officials, Election Workers (non-employees) or Please note, Chapter 504 Labor Code requires political subdivisions to have a majority vote to add or

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ELECTED OFFICIALS		
Does your governing body desire this coverage?	Enter Yes or No:	Yes
If yes, include the estimated payroll of all elected officials on the payroll tab, based on the job responsibility of the elected official. If no, do not report the estimated payroll of any elected official.	ed on the job responsibility of the el	lected official.
VOLUNTEERS	1	
Does your governing body desire this coverage?	Enter Yes or No:	No
If yes, enter the estimated payroll on the payroll tab. Four classifications are available: Volunteers - Fireitginers, Volunteers - Enforcement, Volunteers - Emergency Medical Personnel, and Volunteers - All Others. You may choose to cover any or all classifications.	illable: Volunteers - Frerighters, Vo Dthers. You may choose to cover a	any or all
Please note: You can calculate annual salary by using \$5,200 per volunteer, or if you have an auditable record of hours that each volunteer was on duty or participating in sponsored training you may determine the "salary" by multiplying the number of hours by the	f you have an auditable record of hi he "salary" by multiplying the numb	ours that each ber of hours by the
hourly wage that would have been used if the services had been provided by an employee	employee.	
SCRCRO	7	
Does your governing body desire coverage of Jurors?	Enter Yes or No:	No
If yes, enter the estimated payroll on the payroll tab.		

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Please note: Election Personnel refers to temporary or contract personnel paid for service in the conduct of an election. Do not include payroll for county employees. County employed election staff should be reported under Clerical.

If yes, enter the estimated payroll on the payroll tab.

Does your governing body desire coverage of election personnel?

Enter Yes or No:

ELECTION WORKERS (NON-EMPLOYEES)



location. Place an X in the 'Remove Location' column if this location is no Please update your list of locations and the number of employees at each locations at the bottom. longer valid. Update the employee counts for all locations. Add new

Member Name: Johnson County

*Complete this section if a location has 200 or more employees

-Building information

Prec. 1 2744 W Prec. 2 3425 C Prec. 3 10420 Prec. 4 4300 E	ns/ME	Alvarado Sub. 206 N. Bank Bldg. 1 Main Law Enforcement Ct 1102 E Jail 1800 R	•	204 S. BUFFALO AVE 01/01/2016 Guinn Justice Ctr 76033
2744 W. FM 4, Cieburne IX 76033 3425 CR 920, Crowley TX 76036 10420 E. FM 917, Lillian TX 76061 4300 E. FM 4, Cieburne TX 76031	810 E. Kilpatrick, Cleburne TX 76031 103 S. Walnut, Cleburne TX 76033 226 Featherstone, Cleburne TX 76033 425 W. Chambers, Cleburne TX 76033	Alvarado Sub. 205 N. Baugh, Alvarado 17, 76009 Bank Bidg. 1 Main St., Cleburne TX 76033 Law Enforcement Ct 1102 E. Kilpatrick, Cleburne TX 76031 Jail 1800 Ridgemar Dr., Cleburne TX 76031	Sum: 2 N. Main St., Cleburne TX 76033 247 Elk Dr., Burleson TX 76028	ENUE, CLEBURNE, TX
20 21 23		59 150 23	0 52 16	130



Please enter the estimated payroll and the number of employees for calendar year 2016 in the highlighted columns.

Only include payroll for Elected Officials if your Commissioners Court has selected this Optional Coverage. For Optional Coverages, refer to the next tab for instructions on reporting this payroll.

Member Name: Johnson County

Coverage Effective Date: 01/01/2016

80060	56060	88100	88090	45110	92200	54030	90140	83910	90160	77210	74230	74180	74220	Rating Class Co
Commodity DistRetail Grocery	Co. & Drain Dist. Commissioners	Clerical	Chief Of Commissions & Directors	Chemical Analyst/Assayers	Cemetery Operations	Carpentry (Noc)	Bldg. Maintenance & Janitors	Auto Mechanics	Amusement Park, Exhibition Center	Ambulance	Airport	Aircraft Oper. (Patrol, Ambulan)	Aircraft Ambulance	Rating Class Code Rating Class Description
\$0	\$409,535	\$9,822,223	\$0	\$172,963	\$0	\$0	\$438,204	\$0	\$0	\$0	\$0	\$0	\$0	Estimated Current 2015 Payroil Number of + 2% Employees
	4 336,360.00 4	295 10,595,534,00 274		3 122913			14 531,124:00 118							Estimated Estimated of 2016 Payroll 2016 Number es Amount of Employees Notes

88380	88200	77200	62190	75900	87420	77220	88120	62290	87090	45190	90320	90330	88330	90400	88280	90600	63190	94020	77040	86010	51900	88110	73800	52030
Library/Museum-Prof. & Clerical	Law Office	Law Enforcement	Landfill Operation & Drivers, Excavation Noc	Landfill, Garbage Reduction	Juv Probation, Collectors, Sales	Juvenile Detention Officers	Jurors	lrrigation/Drainage Construct.	Inspectors or Weighers of Merchandise on Vessels or Docks	Insect Control	Housing Authority Mgrs & Emplys	Housing Authority & Drivers	Hospital Professional & Clerical	Hospital, All Others	Homemaker Service	Golf Course	Gas/Water Main Connection Constr	Garbage Collection & Drivers	Firefighters & Drivers	Engineers, Surveyors	Electrical Wiring W/In Buildings	Election Personnel	Drivers	Concrete Construction-Bridges
\$0	\$2,878,514	\$4,607,973	\$0	\$0	\$999,460	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$190,030	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$ 0	\$0	\$ 0	\$O
0	41 3,137,405.00 49	For Juvenile Deten 97 4,734,752.00 98 class code 077220			21 944,538 00 19	このない はない はない はない はない はない マンド・マンド・マンド・マンド・マンド・マンド・マンド・マンド・マンド・マンド・							6 198,629.00 6					こうかん かんけい こうかん はんかん はんしゅう はんしゅう しゅうしゅう しゅうしゅう しゅうしゅう しゅうしゅう しゅうしゅう しゅうしゅう しゅうしゅう かんしょう かんしゅう かんしゅう かんしゅう しゅうしゅう しゅうしゅう						
		For Juvenile Detention Officers, Refer to class code 077220.																						

573	\$22,637,862	Sum:	
	\$0	Youth & Community Cntr Directors	88680
	\$0	Welder	33650
	\$0	Waterworks Operation & Drivers	75200
	\$0	Warehousing NOC and Driver	82920
	\$0	Vet Hospital & Animal Control	88310
	\$0	Toll Bridge Employees	90190
	\$0	Swimming Pools	90610
	\$0	Store Clerks	80170
	\$0	Stevedoring	73270
	\$0	Sewage Disposal Plant Operations	75800
	\$0	Schools - All Other Employees	91010
86 3056254 77	\$2,993,866	Road Employees-Paving, Repaving	55060
	\$0	Restaurant, Food Preparation	90790
	\$0	Recycling Or Shredding Workers & Drivers	82640
	\$0	Printing	42990
	\$0	Physician Med.Lab. Minor Emer. Clinic	88320
	\$0	Permanent Yard Employees	82270
6 161,109,00 7	\$125,092	Parks & Recreation	91020
0	\$0	Parking Lots & Drivers	90150
	\$0	Office Technician	51910
	\$0	Nursing Home Employees	88290