



Approved

Commissioners Court

SEP 26 2016

September 1, 2016

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

Re: Johnson County – Workers' Compensation Program Renewal Questionnaire

Dear Mr. Gillespie,

Thank you for participating in TAC Risk Management Pool's Workers' Compensation Program. As we prepare your January 1, 2017 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 September 30, 2016:

- **Estimated Payroll** – Please use the Estimated Payroll tab in the Excel worksheet to update your payroll and employee count by classification. This tab includes your 2015 actual payroll plus a 2% increase. If you do not return the worksheet with updated payroll information, your renewal will be processed with the 2015 actual 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.
- **Employee Concentration** – This tab is to report the number of employees working within each of your buildings.

- Aircraft and Aircraft and Pilot Info Cont – These tabs only needs to be completed if you own or lease an aircraft or if you employ any pilots.
- Watercraft Info – This tab only needs to be completed if you own, lease or charter any watercraft over 26 feet in length.
- Workers' Compensation Alliance Election Form – *Please note: The form only needs to be completed, if you wish to make changes to your current Alliance participation.* Should you choose to use this cost saving network, you will receive a 4% discount on your renewal. Please complete the form following this letter indicating whether or not you choose to participate.

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
Member Service Representative

Workers' Compensation Renewal Questionnaire

Johnson County

Coverage Period: January 1, 2017 through January 1, 2018

Thank you for participating in the TAC Risk Management Pool's Workers' Compensation program. As we prepare your renewal, there are a few 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 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 changes directly to this document. You can also provide supplemental sheets as necessary. NOTE: Omitted information may result in an exclusion from coverage.

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 completing the Renewal Questionnaire, please contact your Member Services Representative (listed below) at 800-456-5974.

Member Service Representative: Ms. Kathie Lopez, AU

Email: kathiel@county.org

Pool Coordinator/Workers' Compensation Coordinator

Our records indicate that the Member has designated the individual below as the contact for this coverage. In accordance with the terms of the Interlocal Participation Agreement, the Pool Coordinator has express authority to represent and to bind the Member, and the Pool will not be required to contact any other individual regarding matters arising from or related to this Agreement. If the Member wishes to change or update the Pool Coordinator information, please make the necessary changes below.

Contact: Mr. Randy Gillespie Email: randyg@johnsoncountytexas.org

Office Phone Number: (817) 556-66350 Fax Number: (817) 556-6899

Mailing Address: 2 N Main St Rm 215 City, State, Zip: Cleburne, TX, 76033

General Information

- | | Yes or No |
|--|-----------|
| 1. Do you use a manned aircraft in any capacity?
If Yes: Are your pilots employees?
If yes, please complete the Aircraft and Aircraft and Pilot info tabs.
Are your pilots volunteers?
If yes, and you desire to include Workers' Compensation coverage please complete the Aircraft and Aircraft and Pilot info tabs. | No |
| 2. Do you have operations involving the loading, unloading, repair, or construction of watercraft or vessels, including work performed on barges or docks? | No |
| 3. Do you own, operate, or maintain a railroad, or own, lease, operate, or repair railroad equipment? | No |
| 4. Do you engage in manufacturing, handling, transporting, distributing, or storing explosives or explosive substances (other than gasoline)? | No |
| 5. Do you perform any underground, subaqueous, or tunneling operations? | No |
| 6. Do you provide group transportation for employees to and from the workplace?
If Yes:
* Average number of employees in a vehicle per trip:
* Maximum number of employees in a vehicle per trip:
* Average number of daily trips: | No |
| 7. Do you have a County Fire Department that contracts with the state or National Forest Service to fight wildland fires?
If Yes: Please advise in the last 5 years for each fire the number of employees and duration in the explanation box below.
For any "Yes" responses to the questions above, please provide a brief explanation: | No |

Unreported Claims

- | | Yes or No |
|---|-----------|
| 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 a basis of a claim, either now or in the future?
If yes, please describe: | No |
| 2. Has the situation been reported to TAC Claims Department? | No |

Acknowledgement and Acceptance

Member Name: Johnson County

Member acknowledges that the information submitted in this questionnaire is true and accurate, including all known potential claims. The information 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 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 of claims. The only coverage provided by the Pool to the Member is as described in the applicable Coverage Document, including any endorsements and the Contribution and Coverage Declaration, issued to a covered Member.

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 of coverage provided by the Pool.



9/26/16

Signature of County Judge or presiding official of the Political Subdivision

Date