

APR 9 2018

**REQUEST FOR AGENDA PLACEMENT FORM**

Submission Deadline - Tuesday, 12:00 PM before Court Dates

**SUBMITTED BY:** Ralph McBroom

**TODAY'S DATE:** March 28, 2018

**DEPARTMENT:** Purchasing

**DEPARTMENT HEAD:** Ralph McBroom

**REQUESTED AGENDA DATE:** April 9, 2018

**SPECIFIC AGENDA WORDING:** Authorize a release in the amount of \$8,794.34 from Tejas Seguros Group to Johnson County for an insurance claim for damages to guard rails on the Precinct 3 bridge on CR 401.

**PERSON(S) TO PRESENT ITEM:** Ralph McBroom C.P.M.

**SUPPORT MATERIAL:** (See attached)

**TIME:** 5 min

(Anticipated number of minutes needed to discuss item)

**ACTION ITEM:** X  
**WORKSHOP**

**CONSENT:**

**EXECUTIVE:**

**STAFF NOTICE:**

**COUNTY ATTORNEY:**

**AUDITOR:**

**PERSONNEL:**

**BUDGET COORDINATOR:**

**IT DEPARTMENT:**

**PURCHASING DEPARTMENT:**

**PUBLIC WORKS:**

**OTHER:**

\*\*\*\*\*This Section to be completed by County Judge's Office\*\*\*\*\*

ASSIGNED AGENDA DATE: \_\_\_\_\_

REQUEST RECEIVED BY COUNTY JUDGE'S OFFICE \_\_\_\_\_

COURT MEMBER APPROVAL \_\_\_\_\_ Date \_\_\_\_\_

# Tejas Seguros

Claims Division - po box 143279 irving, TX 75014-3279  
T - 866-424-9514 F - 866-424-9537

March 2, 2018

Johnson County Precinct 3  
10420 E FM 917  
Alvarado TX 76009

RE: Claim Number: TTX17146738  
Insured: Christa Mahurin  
Claimant: Johnson County Precinct 3  
Date of Loss: 12/16/2017

Dear Ms. Behrmann.

Old American County Mutual Fire Insurance Company has authorized Tejas Seguros Group to handle the recent claim made against the above referenced policy number. The claim has been assigned the claim number shown above. Please refer to this claim number when contacting Old American County Mutual Fire Insurance. Representatives from Old American County Mutual Fire Insurance will be contacting you throughout the claim process in order to properly investigate and respond to claims made under the policy.

Enclosed is a release in the amount of Eight Thousand, Seven Hundred, and Ninety Four Dollars and Thirty Four Cents (\$8,794.34) . This release is to be signed by a representative from Johnson County Precinct 3. Upon receipt of the properly signed and dated release, the settlement check will issued.

Please feel free to contact the undersigned if you have any questions or concerns.

Sincerely,

Tara Elwell

714-912-2484 x 274

Claims Department

the English Language on the undersigned's part has been fully addressed due to the full and accurate translation of this Release for the undersigned, said translation being acknowledged by the undersigned.

Signed, sealed and delivered this 9<sup>th</sup> day of April, 2018.

Claimant



Johnson County Precinct 3

County Judge

INDIANA ONLY: A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

NEW MEXICO ONLY: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.