REQUEST FOR AGENDA PLACEMENT FORM Submission Deadline - Tuesday, 12:00 PM before Court Dates

SUBMITTED BY: Randy Gillesp	oie TODAY'S DATE: September 14, 2018
<u>DEPARTMENT</u> : Personnel	
SIGNATURE OF DEPARTMENT	<u>Γ HEAD</u> : Randy Gillespie
REQUESTED AGENDA DATE:	September 24, 2018
Compensation Program with Texas A County Judge's Signature and allow Pool Coordinator. PERSON(S) TO PRESENT ITEM:	
SUPPORT MATERIAL: (Must e	nclose supporting documentation)
TIME: 5 minutes (Anticipated number of minutes needed to	ACTION ITEM:X WORKSHOP: o discuss item) CONSENT: EXECUTIVE:
STAFF NOTICE:	
COUNTY ATTORNEY:AUDITOR: PERSONNEL:BUDGET COORDINATOR:	PUBLIC WORKS:
	npleted by County Judge's Office********* SSIGNED AGENDA DATE:
	BY COUNTY JUDGE'S OFFICE
COLID T MEMBER ADDROYAL	Date



Workers' Compensation Renewal Questionnaire

Johnson County

Coverage Period: January 1, 2019 through January 1, 2020

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. Sabrina Pena

Email: sabrinap@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@iohnsoncountvtx.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

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 Pilot info tabs. Do you have operations involving the loading, unloading, repair, or construction of watercraft or vessels, including work performed on barges or docks? No Do you own, operate, or maintain a railroad, or own, lease, operate, or repair railroad equipment? Do you engage in manufacturing, handling, transporting, distributing, or storing explosives or explosive substances (other than gasoline)? No Do you perform any underground, subaqueous, or tunneling operations? No Do you provide group transportation for employees to and from the workplace? No 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 Do you have a County Fire Department that contracts with the state or National Forest Service to fight wildland fires?	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. Do you have operations involving the loading, unloading, repair, or construction of watercraft or vessels, including work performed on barges or docks? Do you own, operate, or maintain a railroad, or own, lease, operate, or repair railroad equipment? Do you engage in manufacturing, handling, transporting, distributing, or storing explosives or explosive substances (other than gasoline)?	No No
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	*Average number of daily trips:	No
	. Do you have a County Fire Department that contracts with the state or National Forest Service to fight wildland fires?	HISTORIAN AND A SIGN
If Yes: Please advise in the last 5 years for each fire the number of employees and duration in the explanation box below.	If Yes: Please advise in the last 5 years for each fire the number of employees and duration in the explanation box below.	englessessessesses {

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

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.

Signature of County Judge or presiding official of the Political Subdivision

Date

9/24/18



Please enter the estimated payroll and the number of employees for calendar year 2018 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 Period: January 1, 2019 through January 1, 2020

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09014	Bldg. Maintenance & Janitors	\$576,330	17	ig The common of the common of	\$633,682.00	18		
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09220	Cemetery Operations		ļ.		4160 066 60		Carlotter to a decimal and	
04511	Chemical Analyst/Assayers	\$120,186	3	A. Carana	\$139,855.00	3		
08809	Chief Of Commissions & Directors	644 640 600	007		#40 007 004 00	207		
08810	Clerical Co. & Drain Dist. Commissioners	\$11,249,690	287	20 miles 20 f	\$12,207,321.00 \$420,374.00	287		
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07704	Firefighters & Drivers		San arangan da		and the second second	West 1 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -		And the second
09402	Garbage Collection & Drivers				The second second	en agent agent agent en	The second second	The second of the second secon
06319	Gas/Water Main Connection Constr			Same Carlos established (1997). Same Carlos established (1997).	Service and a service of	Santa de la companya		e de la companya del companya de la companya del companya de la co
09060	Golf Course							
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08833	Hospital Professional & Clerical	\$203,348	5	and the state of t	\$244,833.00	6		the contract of the second of the second
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07590	Landfill, Garbage Reduction			Barrier Barrier	and the second	t pomponga or sen i in in v	on the year of the ending	Carlos Carlos Company and Com-
07720	Law Enforcement	\$5,114,435	103		\$6,133,123.00	100	inen international and	
08820	Law Office	\$2,827,291	50	The state of the s	\$3,459,779.00	50		man and a second of
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08829	Nursing Home Employees					s raise in a la l	promise and a second	
05191	Office Technician							e established
09015	Parking Lots & Drivers				er e e e e e e e e e e e e e e e e e e			
09102	Parks & Recreation	\$163,860	5		\$195,096.00	5		
08227	Permanent Yard Employees							
08832	Physician Med.Lab. Minor Emer. Clinic		The state of the s					

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08264	Recycling Or Shredding Workers & Drivers		etter Service and a service	and the state of t	and the second second second	sance sancential and a second	estar Meriko, esta esta esta esta esta esta esta esta
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09079	Restaurant, Food Preparation		7	The Carl Area of the Control		a conservation and and	
05506	Road Employees-Paving, Repaving	\$2,707,895	77		\$3,442,188.00	77	
09101	Schools - All Other Employees	į.					
07580	Sewage Disposal Plant Operations		T				
07327	Stevedoring			the street of the second		2000	A CONTRACT OF THE PROPERTY OF
08017	Store Clerks	ber en an armen en ande	Manuar to Comment of the Comment	The second secon	en e		particular programmes and the control of the contro
09061	Swimming Pools			g in the company of the part through		ingeneral and the second of	- Commission of the Commission
09019	Toll Bridge Employees			The second second second		e Significant construction of the contract of the Contract of the contract of	Company of the Compan
08831	Vet Hospital & Animal Control		The second second second	n San San San San San San San San San San	all a superior and the second state of	and the second of the second o	ing distribution of the second
08859	Volunteers - All Others	i Santanan arabahan kalendaran salah salah	entre de la companya del companya de la companya de la companya del companya de la companya de l	To the state of th	and the second second	Service Service of the service of th	en aktuar e kasakka la gyasak e ingalak a kanala a kanal
08857	Volunteers - Emergency Medical Personnel						
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08292	Warehousing NOC And Driver						
07320	Waterworks Operation & Drivers Welder	San a san a san a siy		The second section of the second	and the second second	en anno e e e e e e e e	And the second of the second o
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		\$24,218,225	\$570		\$27,960,739.00	\$570.00	



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

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

Member Name: Johnson County

Coverage Period: January 1, 2019 through January 1, 2020

Current Optional Coverages Elected

Elected Officials

OPTIONAL COVERAGE CHANGES ONLY

ELECTED OFFICIALS

Does your governing body desire this coverage?

Enter Yes or No: Yes

Enter Yes or No: No

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.

2. VOLUNTEERS

Does your governing body desire this coverage?

If yes, enter the estimated payroll on the payroll tab. Four classifications are available: Volunteers - Firefighters, Volunteers - Law Enforcement, Volunteers - Emergency Medical Personnel, and Volunteers - All Others. You may choose to cover any or all classifications.

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 hourly wage that would have been used if the services had been provided by an employee.

JURORS

Does your governing body desire coverage of Jurors? If yes, enter the estimated payroll on the payroll tab.

Enter Yes or No: No

No

ELECTION WORKERS (NON-EMPLOYEES)

Does your governing body desire coverage of election personnel?

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

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.

Enter Yes or No: No

No



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

Member Name: Johnson County

Coverage Period: January 1, 2019 through January 1, 2020

Location(s)



If you own or lease an aircraft, or employ pilots please fill out the form below for each Aircraft and Pilot.

If your pilots are only volunteers and you desire to include Workers' Compensation coverage complete this section.

Member Name: Johnson County

Coverage Period: January 1, 2019 through January 1, 2020

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volunteer, etc.) Complete the following information for each pilot flying on behalf of the Member in any capacity (Employee, chartered, pilot,

Member Name: Johnson County

Coverage Period: January 1, 2019 through January 1, 2020

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Please provide details of last course	School or Instructor	शिवाद	Type of directif	២៨៤	Type of aircraft
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							As Pilot in command or as copilot have you been involved in any aircraft incidents or accidents? If yes, explain
							lved in any aircraft incidents or acci
							idents? If yes, explain

As Pilot in-command or as copilot, have you had or been lound guilly of any federal dirregulations of violations? If yes, explaine



If you have any watercraft over 26' in length, please fill out the form below for each watercraft.

Member Name: Johnson County

Coverage Period: January 1, 2019 through January 1, 2020

Watercraft Typ	e
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Is Protection and Indemnity coverage provided for each watercraft listed above?

f "No" Please Explain