

REQUEST FOR AGENDA PLACEMENT FORM

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

SUBMITTED BY: CJO TODAY'S DATE: 09/20/2021

DEPARTMENT: CJO

SIGNATURE OF DEPARTMENT HEAD: _____

REQUESTED AGENDA DATE: 9/27/2021

SPECIFIC AGENDA WORDING:

Consideration of Law Enforcement Liability and Public Officials Liability
Quotes for \$2 Million and \$3 Million Limits

COMMISSIONERS COURT

SEP 27 2021

Approved
3 Million

PERSON(S) TO PRESENT ITEM:

SUPPORT MATERIAL: (Must enclose supporting documentation)

TIME: 2 min
(Anticipated number of minutes needed to discuss item)

ACTION ITEM:
WORKSHOP:
CONSENT:
EXECUTIVE:

STAFF NOTICE:

COUNTY ATTORNEY:

IT DEPARTMENT:

AUDITOR:

PURCHASING DEPARTMENT:

PERSONNEL:

PUBLIC WORKS:

BUDGET COORDINATOR:

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:

Abby Martinez

From: Paula G. Reid
Sent: Monday, September 20, 2021 4:06 PM
To: Kristi Shaw
Cc: Rachel Sitler; Abby Martinez; Bill Moore
Subject: FW: Johnson County Quotes
Attachments: Johnson County - \$2M Limit Liability Renewal Proposal.pdf; Johnson County - \$3M Limit Liability Renewal Proposal.pdf; KS.pdf

Follow Up Flag: Follow up
Flag Status: Flagged

Kristi- This will be on the September 27, 2021 Agenda.

(Abby-please add the info below to the attachment)

*Thank you,
Paula Reid*

From: Kristi Shaw <kshaw@johnsoncountytexas.org>
Sent: Monday, September 20, 2021 2:18 PM
To: Roger O. Harmon <RogerH@johnsoncountytexas.org>
Cc: Todd Kisel <toddk@county.org>; Ralph A. McBroom <ramcbroom@johnsoncountytexas.org>; Yolanda Mondragon <YolandaM@county.org>; Paula G. Reid <paular@johnsoncountytexas.org>
Subject: FW: Johnson County Quotes

Judge, Attached are the quotes for Public Officials Liability and Law Enforcement Liability that was asked for in our Questionnaire to TAC do you wish to leave it at the current limit?

Thanks
Kristi

From: Yolanda Mondragon <YolandaM@county.org>
Sent: Monday, September 20, 2021 1:36 PM
To: Kristi Shaw <kshaw@johnsoncountytexas.org>
Cc: Todd Kisel <toddk@county.org>; Ralph A. McBroom <ramcbroom@johnsoncountytexas.org>
Subject: Johnson County Quotes

*****JOHNSON COUNTY SECURITY NOTICE*****

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Kristi,

Attached, please find the Law Enforcement Liability and Public Officials Liability quotes for the \$2 million and \$3 million limits. I've also provided the contribution breakdown below. Please let me know if I can assist with any questions.

Johnson County 12-7-2021 to 12-7-2022		
Coverage Line	Current Limit \$2 million	\$3 Million
Law Enforcement Liability	\$149,550	\$174,254
Public Officials Liability	\$85,779	\$100,184
Total	\$235,329	\$274,440

Regards,

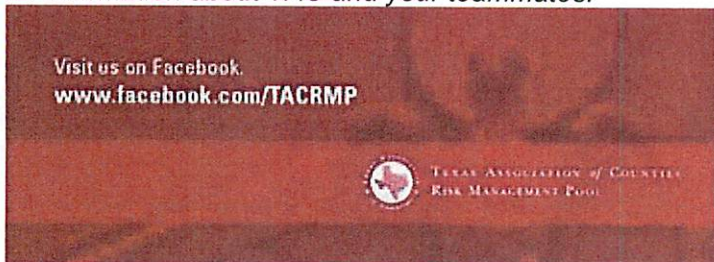


Yolanda Mondragon
Member Services Representative
Risk Management Services
yolandam@county.org | www.county.org

Office: (512) 478-8753
Toll-free (800) 456-5974
1210 San Antonio Street Austin, Texas 78701

The mission of the Texas Association of Counties is to unite counties to achieve better solutions.

TAC Way Fundamental #21. RESPECT CONFIDENTIALITY. Counties, their staff, families and medical professionals share information with us because they need and trust us. Honor that trust by keeping their information in confidence and taking appropriate steps to safeguard how and where it's used. The same is true for information about TAC and your teammates.





TEXAS ASSOCIATION *of* COUNTIES RISK MANAGEMENT POOL

Liability Contribution & Coverage Declarations - Proposal

Member: Johnson County

Coverage Period: December 7, 2021 through December 7, 2022

This proposal Contribution & Coverage Declarations (CCD) is part of the Coverage Documents between the Texas Association of Counties Risk Management Pool (Pool) and the Named Member shown above, subject to the terms, conditions, definitions, exclusions, and sub-limits contained in the Coverage Documents, any endorsements, and the Interlocal Participation Agreement (IPA).

LAW ENFORCEMENT LIABILITY		Retroactive Date	Limits of Liability	Deductible Per Claim	Contribution	Select Coverage
Law Enforcement Liability		12/07/2021	\$3,000,000 Per Claim \$3,000,000 Aggregate	\$15,000	\$168,631	<input type="checkbox"/>
Optional Coverage						
District Judge		12/07/2014	Per Endorsement		\$3,373	<input type="checkbox"/>
Unmanned Aircraft	Number of Unmanned Aircraft: 3	12/07/2017	Per Endorsement		\$2,250	<input type="checkbox"/>
Split Retroactive Coverage Dates						
Law Enforcement Liability		Full Prior Acts	\$2,000,000 Per Claim \$2,000,000 Aggregate			
Covered Law Enforcement Departments or Agency						
Johnson County Attorney's Office Johnson County Constable's Offices Johnson County Employees Of The District Attorney's Office Johnson County Juvenile Probation Department Johnson County Sheriff's Office						
LAW ENFORCEMENT LIABILITY CONTRIBUTION					\$174,254	

PUBLIC OFFICIALS LIABILITY	Retroactive Date	Limits of Liability	Deductible Per Claim	Contribution	Select Coverage
Public Officials Liability	12/07/2021	\$3,000,000 Per Claim \$3,000,000 Aggregate	\$10,000	\$96,333	<input type="checkbox"/>
Privacy or Security Event Liability and Expense Coverage	12/07/2017	\$2,000,000 General Aggregate	\$10,000		<input type="checkbox"/>
Optional Coverage					
District Judge	12/07/2014	Per Endorsement		\$1,927	<input type="checkbox"/>
District Attorney	12/07/2014	Per Endorsement		\$1,927	<input type="checkbox"/>
Split Coverage Retroactive Coverage Dates					
Public Officials Liability	Full Prior Acts	\$2,000,000 Per Claim \$2,000,000 Aggregate			
Privacy or Security Event Liability and Expense Coverage	05/01/2015	\$1,000,000 General Aggregate			
PUBLIC OFFICIALS LIABILITY CONTRIBUTION				\$100,186	
TOTAL CONTRIBUTIONS				\$274,440	

NOTICE OF ACCIDENT/CLAIM

Notice of an accident or claim (including service of process, if any) is to be delivered immediately to the Pool via the Texas Association of Counties Claims Department at:

Texas Association of Counties
Attention: CLAIMS
P. O. Box 2131
Austin, Texas 78768
Fax Number: 512-615-8942
Email: claims-cs@county.org

Any notice of claim and/or related documents should be mailed to the above immediately or by fax or email.

CONDITIONS

Coverage: This CCD is to outline limits, deductibles, and contributions only. All coverage is subject to the terms, conditions, definitions, exclusions, and sub-limits described in the Coverage Documents, any endorsements, and the IPA.

Claims Reporting: The Named Member shall submit claims to the Pool as set forth in each applicable Coverage Document or as otherwise required by the Pool or state law.

Failure to Maintain Coverage: The Named Member's failure to maintain at least one coverage through the Pool will result in the automatic and immediate termination of the IPA.

Named Member Compliance: By executing the IPA, the Named Member agrees to comply with and abide by the Pool's Bylaws, applicable Coverage Documents, and the Pool's policies, as now in effect and as amended.

Payment of Annual Contribution: The Named Member shall pay contributions as outlined on invoices and as per the terms of the IPA.

Pool's Right to Audit: The Pool has the right, but no obligation, to audit and inspect the Named Member's operations and property at any time upon reasonable notice and during regular business hours, as the Pool deems necessary to protect the interest of the Pool.

Property Appraisal: Property coverage is blanket and based on Replacement Cost. The Pool will provide a formal physical appraisal of the Member's property on a periodic basis and the Member agrees to accept the values provided by the Pool's appraisal firm. Member agrees to report all buildings and contents prior to renewal.

Pool Coordinator: The Named Member shall appoint a Pool Coordinator. The name of the Pool Coordinator and the address for which notices may be given by the Pool shall be set forth in the space provided at the end of the IPA. The Pool Coordinator shall promptly provide the Pool with any required information.

The Named Member may change its Pool Coordinator and the address for notice by giving written notice to Pool of the change before the effective date of the change.

Any failure or omission of the Named Member's Pool Coordinator shall be deemed a failure or omission of the Named Member. The Pool is not required to contact any other individual regarding the Named Member's business except the named Pool Coordinator unless notice or contact to another individual is required by applicable law. Any notice given by Pool or its contractor to the Pool Coordinator or such individual as is designated by law for a particular notice, shall be deemed notice to the Named Member.

Split Retroactive Coverage Dates: Means the period of time between the Split Retroactive Coverage Dates shown on the CCD and the Retroactive Date shown on the CCD.

Submission of Information: The Named Member shall timely submit to the Pool documentation necessary for the Pool to use to determine the risk to be covered for the next renewal period and to properly underwrite the risk exposure. The Pool will provide forms identifying the information requested.

Termination and Renewal: The coverage outlined in this CCD may be terminated or not renewed by either party as outlined in the IPA or applicable Coverage Document.

Termination for Failure to Pay: Notwithstanding any other provision in the IPA, if any payment or contribution for coverage owed by the Named Member to the Pool is not paid as required by the IPA, the Pool may cancel coverage or terminate coverage and the IPA, as the Pool deems appropriate, in accordance with the Pool's Bylaws and the applicable Coverage Document. The Named Member shall remain obligated for such unpaid contribution or charge for the period preceding termination.

COVERAGE ACCEPTANCE

Acceptance is not valid unless received by Texas Association of Counties Risk Management Pool not later than 60 days from the proposal date, unless extension is granted by the Pool.


Coverage is subject to receipt of the signed Interlocal Participation Agreement and completed Proposal. Failure to disclose to the Pool known, past, present and potential claims, may result in termination of coverage.



Authorized signature

09/20/2021

Date

 27-21

Signature of County Judge Date
(or presiding official)