



# TEXAS ASSOCIATION of COUNTIES RISK MANAGEMENT POOL

## Johnson County Renewal Application

Questions about completing this application should be directed to your Member Services Representative at 800-456-5974.

### General Information

- Name of Political Subdivision: **Johnson County**
- Mailing Address: **1102 E Kilpatrick St Ste B Cleburne, TX 76031-1902**  
 Contact Person: **Ms. Margaret Cook** Email: **margaret@johnsoncountytexas.org**  
 Contact Phone Number: **(817) 556-6382** Contact Fax Number: **(817) 556-6385**
- Total Number of applicant's employees including elected officials:  
 518 \_\_\_\_\_ Full Time <sup>27</sup> \_\_\_\_\_ Part Time n/a \_\_\_\_\_ Volunteers

Full time = 35 hours or more a week / Part time = Permanent employee less than 35 hours / Volunteer = actively serving

### Coverage Renewing

Renewal coverage period: **December 07, 2013 - December 07, 2014**

Please review your current coverage. If you wish to renew as expiring please select the coverages you desire to renew with no changes and coverage will renew as it currently stands. If you wish to renew with changes as shown on the application select the coverages you desire to change and complete the appropriate Optional Coverage sections.

#### Renew with no Changes

- Public Officials Liability
- Law Enforcement Liability

#### Renew with changes as shown on application

- Public Officials Liability
- Law Enforcement Liability

Signature

The questions in this application seek information from applicant that may be used by the Pool in processing the application and in assessing coverage needs of the applicant. The questions posed, or any wording of the application, should not and may not be relied upon by applicant as implying that coverage exists for any particular claim or class of claims. The only coverage available is described in the Coverage Document, including Declarations and any endorsements, issued to a covered political subdivision.

I/WE accept notice that any failure to answer any application portion or question fully and accurately may compromise coverage provided by the Pool to the applicant under the coverage document and that any coverage issued for Public Officials Liability and Law Enforcement Liability will apply on a "CLAIMS MADE BASIS."

Signature of County Judge (or Presiding official of the political subdivision)

11/12/13  
Date

Public Officials Liability

Current Coverage Information:

Deductible: \$10,000

Basic and Included coverages:

Limits of Liability

\$2,000,000 limit per occurrence / \$2,000,000 aggregate
Criminal & Malicious Acts and Omissions, defense costs only
County Attorney
Takings, defense costs only
Punitive Damages: \$1,000,000 sublimit within coverage limit
Back Wages: \$25,000 sublimit within coverage limit

You have the following optional coverages:

County Clerks \$500,000 Limit
District Clerk \$500,000 Limit

Optional Coverage

If you wish to make changes to your Public Officials Liability coverage please select from the options below.

Punitive Damages in addition to basic limits: [ ] \*Accept [x] Reject

\*Requested limit: [ ] \$50,000 [ ] \$100,000 [ ] \$1,000,000

District Judge: [ ] Accept [x] Reject

District Attorney: [ ] Accept [x] Reject

Hospital: [ ] Accept [x] Reject

Airport: [ ] Accept [x] Reject

Please complete and attach the County/District Clerk supplement as applicable.

Errors and Omissions coverage for:

County Clerk: [x] Accept [ ] Reject

District Clerk: [x] Accept [ ] Reject

Claims Review

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? [x] \*Yes [ ] No

\*If yes, have all of these claims been reported to TAC Claims Department? [x] Yes [ ] \*No

If no, please complete and attach a Claim Data Report for each situation.

County/District Clerk Supplement

Coverage is requested for the following specifically named individuals:

**Total County Clerk fees:** \$ 2,264,473.00 **Desired limit:** \$ 500,000

**County Clerk:** Becky Williams

**Deputy County Clerks**

|                   |                 |                 |                             |
|-------------------|-----------------|-----------------|-----------------------------|
| Karen Alexander   | Juliana Vara    | Melissa Lewis   | Lori Davis                  |
| Jeanne Barham     | Kristie Walker  | April Long      | Wendelyne Dyess             |
| Carly Casey       | Josie Westbrook | Shirley Mason   | Olga Miller                 |
| Robbie Deen       | Barbara Steele  | Andrea Ortegon  | Cheryl Montgomery           |
| Elizabeth Fidaigo | Nedia Stevenson | Courtney Osier  | Frances Moore               |
| Erin Foreman      | Linda Bailey    | Rhonda Parnell  | Heidi Pierce                |
| Lyeta Gilreath    | Erika Campbell  | Flor Ponce      | Nancy Pryor                 |
| Mary Hall         | Deirdre Coslow  | Donalda Shue    | Leslie Shuler               |
| Deborah Allison   | Michelle Davis  | Cindy Steadman  | Sally Tunnell               |
| Carla Hester      | Wayne Ann Davis | Justine Tillman | Cheryl Woolsey Vicky McPhee |

**Total District Clerk fees:** \$ 1,142,936.86 **Desired limit:** \$ 500,000

**District Clerk:** David Lloyd

**Deputy District Clerks**

|                |                |                 |
|----------------|----------------|-----------------|
| Carolyn McCoy  | Artrie Allen   | Michelle Mason  |
| Sherri Porter  | Cynthia Garcia | Whitney Popoy   |
| Christina Nino | Tina Snell     | Rita Campbell   |
| Gina Mullins   |                | Rachel Bleth    |
| Audrey Emerson |                | Patricia Sawyer |
| Bonnie Lain    |                | Teresa Health   |
| Kayla George   |                | Renee Alexander |
| Tracy Barber   |                | Chris Taylor    |
| Sally Vanslyke |                | Betty Murrah    |
| David Mantoath |                | Dorothy Saski   |

**Note: Coverage will only be provided to the named individuals identified and any individuals whose names are submitted to the pool in writing.**

Law Enforcement Liability

**Current Coverage Information:**

**Deductible:** \$15,000

**Basic and Included coverages:**

**Limits of Liability**

\$2,000,000 limit per occurrence / \$2,000,000 aggregate  
Criminal & Malicious Acts and Omissions, defense costs only  
Punitive Damages: \$1,000,000 sublimit within coverage limits

**You have the following optional coverages:**

None

**Covered Parties:**

- Johnson County Sheriff's Office
- Johnson County Constables' Offices
- Johnson County Employees of the District Attorney's Office
- Johnson County Attorney's Office
- Johnson County Juvenile Probation Department

Optional Coverage

If you wish to make changes to your Law Enforcement Liability coverage please select from the options below.

**Punitive Damages in addition to basic limits:**  \*Accept  Reject

**\*Requested limit:**  \$50,000  \$100,000  \$1,000,000

**District Judge:**  Accept  Reject

**Covered Parties:** for which you are applying for coverage (example Sheriff's Dept., Constables' Offices, Detention Facilities)

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**Law Enforcement Staff Count Information**

Please indicate the total number of officers and other staff by time worked for each classification listed below. Include County personnel, County approved volunteers, Juvenile Staff and reserves for all Law Enforcement Covered Parties listed in your expiring coverage conditions. If less than 100% of your Juvenile Staff salary is paid by you please indicate the percentage. If no Juvenile Staff is reported there will be no coverage for these personnel.

**Classification**

|                               | Full Time | 75% | 50% | 25% |
|-------------------------------|-----------|-----|-----|-----|
| <b>Armed/Actively engaged</b> | 146       |     |     |     |
| <b>Juvenile</b>               | 22        |     | 4   |     |
| <b>Other/Unarmed staff</b>    | 52        |     |     | 1   |

**Armed/Actively engaged:** Include Sheriff, Deputies, Investigators, Other front line personnel, Jail Administrators and Jailers, Constables, Deputies, Bailiffs

**Juvenile:** Include County Probation Officers, Detention Center Guards, Boot Camp instructors

**Other/Unarmed staff:** Include Dispatchers, Clerical, Prosecutors' Investigators, Bailiffs, Reserve, Auxiliary, Jail Nurses, Cooks, other

**Jail Facilities**

1. Please provide a copy of your Certificate of Compliance from the Texas Commissions of Jail Standards.
2. If you do not hold a Certificate of Compliance, please provide information on action being taken to bring facility into compliance.
3. Is the facility operating under any variance?  \*Yes  No  
\*If yes, attach approved variances.
4. Please provide a copy of your policy relating to private or off duty employment, (including moonlighting for other employers). The policy must require approval by a supervisor, for each law enforcement office, department or agency for which coverage is applied.

Detention Facilities

Facility Name:  
Johnson Co. Corrections Center

- Type of Facility
- Max  Med  
 Temporary  Lock Up  
 County Correctional Center  Other  
 Juvenile Detention Center

Number of cells: 872 beds

Facility Name:  
\_\_\_\_\_

- Type of Facility
- Max  Med  
 Temporary  Lock Up  
 County Correctional Center  Other  
 Juvenile Detention Center

Number of cells: \_\_\_\_\_

Facility Name:  
\_\_\_\_\_

- Type of Facility
- Max  Med  
 Temporary  Lock Up  
 County Correctional Center  Other  
 Juvenile Detention Center

Number of cells: \_\_\_\_\_

Claims Review

1. Is any law enforcement officer, office, department or agency for which coverage is applied under any criminal or administrative investigation? \*Yes:  No:

2. If yes, provide details or circumstances which are unprivileged public information

\_\_\_\_\_

3. 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?  \*Yes  No

\*If yes, have all of these claims been reported to TAC Claims Department?  Yes  \*No  
If no, please complete and attach a Claim Data Report for each situation.

Claim Data Report

INSTRUCTIONS FOR COMPLETION:

- This form is to be completed by the applicant regarding any claim or suit during the past five (5) years, or any facts, circumstances, acts, errors or omissions of which the applicant is aware which may give rise to a claim.
- COMPLETE ONE FORM FOR EACH SUCH CLAIM OR CIRCUMSTANCE. Please photocopy this blank report if additional "Claim Data Reports" are required.
- Please attach a separate sheet if space is insufficient to answer any question fully.
- ALL questions must be answered completely.
- Please print or type.

1. Legal Name of Public Entity: N/A
2. Full name of individual(s) involved or named in the claim: \_\_\_\_\_
3. Full name of claimant(s): \_\_\_\_\_
4. Indicate whether: Claim / Suit: \_\_\_\_\_ Incident: \_\_\_\_\_
5. Date of alleged error: \_\_\_\_\_ Date of Claim: \_\_\_\_\_
6. Additional defendants (if any): \_\_\_\_\_

7. IF CLOSED: Total Loss Paid, including Deductible: \$ \_\_\_\_\_  
 Legal Expenses Paid: \$ \_\_\_\_\_

8. IF PENDING:

|                               |               |                                  |          |
|-------------------------------|---------------|----------------------------------|----------|
| Claimant's settlement demand: | \$ _____      | Defendant's offer of settlement: | \$ _____ |
| Amounts Paid to Date for:     | Loss \$ _____ | Expenses \$ _____                |          |
| Amounts Reserved for:         | Loss \$ _____ | Expenses \$ _____                |          |
| Deductible Amount:            | \$ _____      |                                  |          |

If claim is in suit, indicate amount asked in summons: \$ \_\_\_\_\_

9. Insurer Name (if any): \_\_\_\_\_

10. Description of claim (Provide enough information to allow evaluation, attaching a separate sheet if necessary.)

- a. Alleged act, error or omission upon which claimant bases claim: \_\_\_\_\_  
 \_\_\_\_\_
- b. Description of the type and extent of injury or damage allegedly sustained: \_\_\_\_\_  
 \_\_\_\_\_

I understand information submitted herein becomes a part of the proposal and is subject to the same warranty and conditions.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_