



13

June 1, 2021

Terri Gillen
Navarro County Auditor
300 W 3rd Ave Ste 4
Corsicana, TX 75110

Re: Navarro County – Liability Renewal Questionnaire

Thank you for participating in TAC Risk Management Pool's Liability Programs. As we prepare your October 2021 renewal, there are a few questions we need you to answer so that we can provide you the most comprehensive and cost effective Liability coverage possible. To ensure that we have up-to-date information, please fill out each page 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.

The Liability Coverage enhancements that were approved by the Pool board members are:

- **General Liability:** Added new section Crisis Management Coverage with an included sublimit of \$100,000 per coverage period for Crisis Management.
- **Public Officials Liability:** Removed coverage extension sublimits for Privacy or Security Event coverage. Privacy response expenses, Regulatory Penalties, Regulatory Proceedings, and Claims Expenses no longer have separate sublimits.

Please complete the Liability Renewal Questionnaire and return it and any supplemental documents within 30 days. If you need help completing the Liability Renewal Questionnaire, please contact me at 800-456-5974, by fax at 512-478-1426, or email me at yolandam@county.org.



We value your continued participation 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,

Yolanda R. Mondragon

Yolanda Mondragon

Member Service Representative



TEXAS ASSOCIATION *of* COUNTIES RISK MANAGEMENT POOL

Liability Renewal Questionnaire

Member: Navarro County

Coverage Period: October 1, 2021 through October 1, 2022

Thank you for participating in the TAC Risk Management Pool's Liability 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.**

The following coverage is eligible for renewal:

- Public Officials Liability

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 Yolanda Mondragon at 800-456-5974 or yolandam@county.org.

Pool Coordinator

Our records indicate that the Member has designated the individual below as the Pool Coordinator 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.

Pool Coordinator: Terri Gillen

Email: tgillen@navarrocounty.org

Phone Number: (903) 654-3095

Fax Number: (903) 654-3097

Address: 300 W 3rd Ave Ste 4

City, State, Zip: Corsicana TX, 75110

Liability Renewal Questions

1. Please update the total number of Navarro County employees, including elected officials.

	Total	Airport	Hospital	
Full Time Employees:	307			Full Time = 35 or more hours per week
Part Time Employees:	30			Part Time = Less than 35 hours per week
Volunteers:				Volunteer = Actively serving

Public Officials Liability

Current Public Officials Liability Deductible: \$5,000

To make changes to your current Public Officials coverage, please complete the section below:

Coverage	Currently Included	Add to Coverage	Reject from Coverage	Current Limit	Change Limit	Limit Options
Public Officials Liability	<input checked="" type="checkbox"/>			\$2,000,000	<input type="checkbox"/>	<input type="checkbox"/> \$2,000,000 <input type="checkbox"/> \$3,000,000
District Attorney	<input checked="" type="checkbox"/>		<input type="checkbox"/> Reject			
District Judge	<input checked="" type="checkbox"/>		<input type="checkbox"/> Reject			
Back Wages - Optional Increased Limits <small>(included coverage limit is \$50,000/\$100,000)</small>		<input type="checkbox"/> Add			<input type="checkbox"/>	<input type="checkbox"/> \$50,000/\$100,000 <input type="checkbox"/> \$100,000/\$250,000 <input type="checkbox"/> \$250,000/\$500,000 <input type="checkbox"/> \$500,000/\$1,000,000 <input type="checkbox"/> \$1,000,000/\$1,000,000

Unreported Claims

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, please describe:

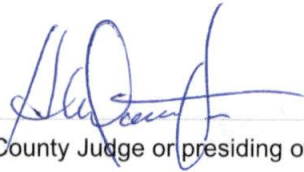
Has the situation been reported to TAC Claims Department? Yes No

Acknowledgement and Acceptance

Navarro County (Member) acknowledges that the information submitted in this questionnaire and Auto Schedule 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 Member. The questions posed, or any wording of the questionnaire, should not and may not be relied upon by Member as implying that coverage exists for any particular claim or class of claims. The only coverage provided by the Pool to Member is as described in the applicable Coverage Document, including any endorsements and the Contribution and Coverage Declaration, issued to a covered Member.

Member acknowledges and agrees that vehicles not listed on the attached vehicle schedule, and/or additionally identified by Member as an update to the attached vehicle schedule, will not be provided coverage during the Coverage Period.

If Member makes no changes, the Pool will assume Member is requesting renewal for the same Liability Coverage as in the previous applicable Coverage Period. Member understands that any failure to fully and accurately answer the questionnaire and any attached schedules may result in denial of coverage provided by the Pool. 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

6-14-21

Date