

September 1, 2021

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

Re: Navarro County - Workers' Compensation Program Renewal Questionnaire

Dear Ms. Terri Gillen,

Thank you for participating in TAC Risk Management Pool's Workers' Compensation Program. As we prepare your January 1, 2022, renewal, there are a few questions we need you to answer so that we can provide you the most comprehensive and cost-effective Workers' Compensation Coverage possible. To ensure that we have up-to-date information, please fill out each tab of the attached questionnaire 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.

Please complete the Workers' Compensation Renewal Questionnaire and return it and any supplemental documents by <u>Thursday, September 30, 2021</u>:

- WC Renewal Questionnaire tab please respond to all questions and have the County Judge or presiding official of Political Subdivision sign and return with excel questionnaire. *Please note:* An actual electronic signature is required we can not accept a typed signature.
- Estimated Payroll Please use the Estimated Payroll tab in the Excel worksheet to update your payroll and employee count by classification. This tab includes your 2020 actual payroll plus a 2% increase. If you do not return the worksheet with updated payroll information, your renewal will be processed with the 2020 actual payroll plus 2% as listed in the worksheet.
 - Please use **"Estimated 2022 Payroll Amount" (Column F)** to update payroll
 - o Please use "Estimated 2022 Number of Employees" (Column G) to update employee count
 - Please use **"Note" (Column H)** for any payroll or employee increase/decrease that vary significantly from the Payroll + 2% column, if you could provide a brief reason for changes



- **Optional Coverages** This tab is used to report your decisions regarding optional coverage for certain categories of personnel and volunteers. Only changes need to be reported, if all is staying the same no need to make selections. *Please note:* addition or removal of Optional Coverage under Chapter 504 Labor Code requires a Commissioners Court resolution with majority vote. Instructions regarding how to report payroll for optional coverages may be found in the classification resource guide.
- Employee Concentration This tab is to report the number of employees working within each of your buildings. Please indicate if location is being removed, provide updated employee count, and add any new locations.
- Aircraft and Aircraft and Pilot Info Cont *Please note:* These tabs only need to be completed if you own or lease an aircraft and if you employ any pilots.
- Watercraft Info *Please note:* The tab only needs to be completed if you own, lease or charter any watercraft <u>over 26 feet in length</u>.
- Workers' Compensation Alliance Election Form *Please note:* The form only needs to be completed, if you wish to make changes to your current Alliance participation. Should you choose to use this cost saving network, you will receive a 4% discount on your renewal.

Please complete the worksheets in the attached Excel workbook, save the document, and submit the completed workbook by replying to the email with the workbook attached. If you need help completing the **Workers' Compensation Renewal Questionnaire**, please contact me at 800-456-5974 or yolandam@county.org.

We value your membership 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 Mondragon Member Service Representative



POLITICAL SUBDIVISION WORKERS' COMPENSATION ALLIANCE

ELECTION FORM

ONLY COMPLETE IF MAKING CHANGES TO CURRENT SELECTION

OPTIONS		Effective Date
I elect to participate in the Political Subdivision Workers' Compensation Alliance.	Ø	
I elect not to participate in the Political Subdivision Workers' Compensation Alliance.		

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Signature of Pool Coordinator

Terri Gillen County Auditor Printed Name and Title

<u>10 - 8 - 202(</u> Date



Workers' Compensation Renewal Questionnaire

Navarro County

Coverage Period: January 1, 2022 through January 1, 2023

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. Yolanda Mondragon

Email: yolandam@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: Ms. Terri Gillen	Email: tgillen@navarrocounty.org
Office Phone Number: (903) 654-3095	Fax Number: (903) 654-3097
Mailing Address: 300 W 3rd Ave Ste 4	City, State, Zip: Corsicana, TX, 75110

General Information

	Yes or No
1. Do you use a manned aircraft in any capacity?	No
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 Aircraft and Pilot info tabs.	
2. 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?	No
4. Do you engage in manufacturing, handling, transporting, distributing, or storing explosives or explosive substances (other than gasoline)?	No
5. Do you perform any underground, subaqueous, or tunneling operations?	No
6. Do you provide group transportation for employees to and from the workplace?	Yes
If Yes:	
* Average number of employees in a vehicle per trip:	3
* Maximum number of employees in a vehicle per trip:	4
* Average number of daily trips:	5
7. Do you have a County Fire Department that contracts with the state or National Forest Service to fight wildland fires?	No
If Yes: Please advise in the last 5 years for each fire the number of employees and duration in the explanation box below.	and the second
For any "Yes" responses to the questions above, please provide a brief explanation:	

Unreported Claims

	Yes or No
. 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
If yes, please describe:	105
Has the situation been reported to TAC Claims Department?	Yes

Member Name:Navarro 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.



Please enter the estimated payroll and the number of employees for calendar year 2022 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 : Navarro County

Coverage Period: January 1, 2022 through January 1, 2023

Rating Class Code	Rating Class Description	2020 Actual Payroll +2%	Current Number of Employees	Current Number of Volunteers	Estimated 2022 Payroll Amount	Estimated 2022 Number of Employees	Note
07422	Aircraft Ambulance			· · · · · · · · · · · · · · · · · · ·			
07418	Aircraft Oper. (Patrol, Ambulan)						
07423	Airport						
07721	Ambulance						
09016	Amusement Park, Exhibition Center						
08391 09014	Auto Mechanics Bldg. Maintenance & Janitors	\$121,169	3		132,056	3	Employee's rec'd \$1.20 raise for FY22
05403	Carpentry (NOC)						
09220	Cemetery Operations						
04511	Chemical Analyst/Assayers						
08809	Chief Of Commissions & Directors						
08810	Clerical	\$5,528,581	117		6,022,370	120	Employee's rec'd \$1.20 raise for FY22
05606	Co. & Drain Dist. Commissioners	\$303,444	4		299,168	4	
08006	Commodity DistRetail Grocery						
05203	Concrete Construction-Bridges						
07380	Drivers						
08811	Election Personnel	\$31,496	2		30,000	3	
05190	Electrical Wiring W/In Buildings						
08601 07704	Engineers, Surveyors						
09402	Firefighters & Drivers						
06319	Garbage Collection & Drivers Gas/Water Main Connection Constr						
09060	Golf Course						
08828	Homemaker Service						
08833	Hospital Professional & Clerical	\$823,761	17		872,636	19	Ured new employees
09040	Hospital, All Others	020,701	17		072,030	19	Hired new employees
09033	Housing Authority & Drivers						
09032	Housing Authority Mgrs & Emplys						
04519	Insect Control						
08709	Inspectors, Sampiers, Or Weighers Of Merchandise On Vessels Or Docks Classification						
06229	Irrigation/Drainage Construct						
08812	Jurors						
08742	Juv Probation, Collectors, Sales	\$221,440	4		217,147	4	
07722	Juvenile Detention Officers						
06219	Landfill Operation & Drivers, Excavation NOC						
07590	Landfill, Garbage Reduction						
07720	Law Enforcement	\$6,075,699	123		6,441,681	126	Employee's rec'd \$2.40 raise for FY22
08820	Law Office	\$478,026	7		521,500	8	Hired new employee
08838	Library/Museum-Prof. & Clerical						
08829	Nursing Home Employees						
05191	Office Technician						
09015	Parking Lots & Drivers						
09102	Parks & Recreation						
08227	Permanent Yard Employees	\$205,476	4		198,905	4	
08832	Physician Med.Lab. Minor Emer. Clinic						
04299	Printing						
08264 09079	Recycling Or Shredding Workers & Drivers Restaurant, Food Preparation						
05506	Road Employees-Paving, Repaving	\$1,075,631	27		1,133,195	27	Employee's rec'd \$1.20 raise for FY22
09101	Schools - All Other Employees						
07580	Sewage Disposal Plant Operations						
	Stevedoring						
07327							

Rating Class Code	Rating Class Description	2020 Actual Payro	ll +2%	Current Number of Employees	Current Number of Volunteers	Estimated 2022 Payroll Amount	Estimated 2022 Number of Employees	Note
09061	Swimming Pools							
09019	Toll Bridge Employees		-			,		
08831	Vet Hospital & Animal Control	•. •					• •	, .
08859	Volunteers - All Others		\$32,364		3	32,364	3	<u> </u>
08857	Volunteers - Emergency Medical Personnel	•						• •
08855	Volunteers - Fire Fighters			•		,		· ·
08856	Volunteers - Law Enforcement		\$55,182		10	55,182	10	
08292	Warehousing NOC And Driver		-		-	-		
07520	Waterworks Operation & Drivers					•		
03365	Welder							
08868	Youth & Community Cntr Directors	•			•	• •	-	-

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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 : Navarro County

Coverage Period: January 1, 2022 through January 1, 2023

Current Optional Coverages Elected

Elected Officials

Volunteers - Law Enforcement Volunteers - All Others Election Workers (non-employees)

Statistics	LY COMPLETE IF MAKING CHANGES TO CURRENT OPTIONAL COVERAGES E	ELECTED	
1.	ELECTED OFFICIALS Does your governing body desire this coverage?	Enter Yes or No: Yes	es
	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.	Enter Yes or No: Yes	2S
	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.		
3.	JURORS		
	Does your governing body desire coverage of Jurors? If yes, enter the estimated payroll on the payroll tab.	Enter Yes or No: No)
4.	ELECTION WORKERS (NON-EMPLOYEES)		
	Does your governing body desire coverage of election personnel? If yes, enter the estimated payroll on the payroll tab.	Enter Yes or No: Yes	S
	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.		



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 valid. Update the employee counts for all locations. Add new locations at the bottom.

Member Name : Navarro County

Coverage Period: January 1, 2022 through January 1, 2023

							*Complete th 200 or more	is section if a lo employees	cation has
Policy Effective Date	Structure Identifier	Local Address	Employee Count	Remove Location	Updated Employee Count	Maximum Employees At One Time	Number of Stories	Construction Code	Year Built
01/01/2022	ANNEX1-ADMIN	601 N. 13TH ST., CORSICANA, TX, 75110	36		37	7			
01/01/2022	COMMUNITY SUPERVISION & CORRECTIONS - ANNEX 3	800 N MAIN ST, CORSICANA, TX, 75110	1		1	L			
01/01/2022	COUNTY COURTHOUSE	300 W. THIRD AVE., CORSICANA, TX, 751104672	94		98	3			
01/01/2022	COUNTY MAINTENANCE FACILITY PCT.#1	4201 W. HWY 22, CORSICANA, TX, 75110	7		7	7			
01/01/2022	COUNTY MAINTENANCE FACILITY PCT.#2	907 N W SECOND ST , KERENS , TX, 75144	8		8	3			
01/01/2022	COUNTY MAINTENANCE FACILITY PCT.#3	17500 FM 709 N, DAWSON, TX, 76639	3		5	5			
01/01/2022	COUNTY MAINTENANCE FACILITY PCT.#3	700 D AUSTIN AVE ,RICHLAND ,TX,76681	5		3	3			
01/01/2022	COUNTY MAINTENANCE FACILITY PCT.#4	104 E SECOND ST, BLOOMING GROVE, TX, 76626	8		8	3			
01/01/2022	DOUGLAS BLDG. 1 - PINK	313 W. 3RD. AVE., CORSICANA, TX, 751104672	3		3	3			
01/01/2022	DOUGLAS BLDG. 3 - JUVENILE PROBATION	315 W. THIRD AVE., CORSICANA, TX, 751104672	4		4	ł			
01/01/2022	JAIL	312 W. SECOND AVE, CORSICANA, TX, 75110	71		71	1			
01/01/2022	JUSTICE CENTER ANNEX	312 W. SECOND AVE, CORSICANA, TX, 75110	25		27	7			
01/01/2022	OFFICES	8404 ESTERS ROAD, IRVING, TX, 75063	11		11	L			
01/01/2022	SHERIFF OFFICES	312 W. SECOND AVE, CORSICANA, TX, 75110	45		48	3			
New									

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 : Navarro County

Coverage Period: January 1, 2022 through January 1, 2023

										Aire	craft Type:	S. A.S.		(Ownership		Month	ly Avg.	Tot	tal Seats	Avg. En
Hangar Address	Make and Model	Year Built	Federal Registration #	Amphibious? [YES/NO]	Jet	Prop.	Helicopter	Other	Owned	Regularly Chartered	Leased	Fractional Ownership (list %)	Flight Hours	# of Trips	Crew	Passenger	Crew				
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yees Per Trip	If Aircraft is Charte			Is a waiver of subrogation	If employees fly on aircraft that are not owned, leased or regularly	Select all ac	tivities you perl
Passenger	Name of Charterer/Lessor	Limits of ilability	Description of general use and usual destination(s):	required by any charterer? [YES/NO]	If employees fly on aircraft that are not owned, leased or regularly, chartered, please describe. If aircraft is regularly chartered or leased, attach a copy of the contract.	Aerial	Law Enforcement
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onn with the ai	rcraft listed.	Please selec	t all that apply.											
Flight Instruction	Traffic				Patrolling Pipelines, Power Lines or Canals	Carrying People or Cargo for Hire	Crop Seeding, Dusting or Spraying	Logging/ Timber hauling	Low Altitude	Oil or Mineral Exploration	Air Racing	Weather Control	Stunt Flying	Organ Procurement
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	Indicate	lf you own, leas	ses or regularly charters any:					Do you limit the number of	
None of these activities	Gliders	Experimental	Lighter-than-air aircraft (hot air balloons, airships, etc.)	Transportation to/from offshore oil or gas facilities	Powered Parachutes	Kit-built (home-built)	Any trips outside U.S. in past two years? [YES/ NO]	Do you limit the number of employees on board an aircraft at any one time? [YES/ NO]	Do you have night restrictions? [YES/.NO]
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Complete the following information for each pilot flying on behalf of the Member in any capacity (Employee, chartered, pilot, volunteer, etc.)

Member Name : Navarro County

Coverage Period: January 1, 2022 through January 1, 2023

	Pilot's Address, City, State, Zip Code	State, Zip Code DOB	Employed by	Pilot in command experience								1						
Pilot's Full Name				TOMP STONE TO	Total hours		den den berg				FFA pilot ratings now held: Please list the date ob							
			applicant? [YES/NO]	Full Time Pilot? [YES/NO]		Multi	Rotor	Hours last 12 months	Hours last 90 days	Total Instrument	Total Night	Student	Private	Commercial	Flight Instructor	ATP	AMEL	ASES
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alned		· · · · · · · · · · · · · · · · · · ·	Biennial flight review or equivalent		Last Ins	trument competency check	Last recurrent/transition course					
istrument	Rotorcraft	Please list any Aircraft for which you are type rated:	Date	Type of aircraft	. Date	Type of aircraft	Date	School or Instructor	Please provide details of last course			
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and the second	
As Pilot in command or as copilot, have you been involved in any aircraft incidents or accidents? If yes, explain.	As Pilot in-command or as copilot, have you had or been found guilty of any federal air regulations or violations? If yes, explain.
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If you have any watercraft over 26' in length, please fill out the form below for each watercraft.

Member Name : Navarro County

Coverage Period: January 1, 2022 through January 1, 2023

Watercraft Type Make Model Model Year Length Horse Power Owned | Leased | Chartered Number of Crew Passenger Capacity Use Frequency of Use Primary Body of Water

Is Protection and Indemnity coverage provided for each watercraft listed above? If "No" Please Explain: