



# TEXAS ASSOCIATION of COUNTIES RISK MANAGEMENT POOL

## Liability Renewal Questionnaire

Member: Tyler County

Coverage Period: July 1, 2024 through July 1, 2025

---

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:

- Auto Liability
- Auto Physical Damage
- General Liability
- Public Officials Liability
- Law Enforcement Liability

Your Vehicle Schedule is attached to this renewal questionnaire. We ask that you review your Vehicle Schedule carefully and report any of the following:

- Sold or totaled vehicles
- Newly purchased or obtained vehicles

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 Nelly Cano at 800-456-5974 or [nellyc@county.org](mailto:nellyc@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: Jackie Skinner

Email: [jskinner.aud@co.tyler.tx.us](mailto:jskinner.aud@co.tyler.tx.us)

---

Phone Number: (409) 283-3652

Fax Number: (409) 283-6305

---

Address: PO Box 2039

City, State, Zip: Woodville TX, 75979

---

**Liability Renewal Questions**

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

	Total	Airport	Hospital	
Full Time Employees:	114	0	0	Full Time = 35 or more hours per week
Part Time Employees:	34			Part Time = Less than 35 hours per week
Volunteers:	1			Volunteer = Actively serving

**Auto Liability**

Current Auto Liability Deductible: \$0

To make changes to your current Auto Liability coverage, please complete the section below:

Coverage	Currently Included	Add to Coverage	Reject from Coverage	Current Limit	Change Limit	Limit Options
Auto Liability	<input checked="" type="checkbox"/>			\$100,000/\$300,000/\$100,000	<input type="checkbox"/>	<input type="checkbox"/> \$100k/\$300k/\$100k <input type="checkbox"/> \$250k/\$500k/\$250k <input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$2,000,000
Personal Injury Protection	<input checked="" type="checkbox"/>		<input type="checkbox"/> Reject	\$5,000		
Uninsured / Underinsured Motorist		<input type="checkbox"/> Add				

**Vehicle Schedule Verification**

Yes, I have reviewed Tyler County's Vehicle Schedule, and made corrections and updates which are incorporated into this Liability Renewal Questionnaire.

**Auto Physical Damage**

Current Auto Physical Damage Collision Deductible: \$1,000  
 Current Auto Physical Damage Comprehensive Deductible: \$1,000

**General Liability**

Current General Liability Deductible: \$0

To make changes to your current General Liability coverage, please complete the section below:

Coverage	Currently Included	Add to Coverage	Reject from Coverage	Current Limit	Change Limit	Limit Options
General Liability	<input checked="" type="checkbox"/>			\$100,000/\$300,000/\$100,000	<input type="checkbox"/>	<input type="checkbox"/> \$100k/\$300k/\$100k <input type="checkbox"/> \$250k/\$500k/\$250k <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$2,000,000
Unmanned Aircraft		<input type="checkbox"/> Add				

- How many law enforcement watercrafts under 26 feet, do you own? N/A
- If Unmanned Aircraft is selected, please complete the following for each Unmanned Aircraft: N/A
  - U.A.S./ Drone Model and Value \_\_\_\_\_
  - Weight in lbs including all attachments \_\_\_\_\_
  - Year and Serial Number \_\_\_\_\_
  - Description of use \_\_\_\_\_
  - Operator Name \_\_\_\_\_
  - Date of Receipt of FAA COA & Registration Number as applicable \_\_\_\_\_
  - Total U.A.S./Drone flight hours \_\_\_\_\_
  - Description of Training Certifications \_\_\_\_\_

3. Does your county own an airport?  Yes  No Tyler County

If yes, who operates the airport? \_\_\_\_\_

If the airport is privately operated, the Pool recommends Tyler County request a currently dated Certificate of Insurance issued by the airport operator's insurance agent or company that names the County as an Additional Insured and includes the following coverage as applicable:

- General Liability
- Professional Liability (airport facility operations)
- Employment Practices Liability
- Property (if the County owns the building)

**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 (included coverage limit is \$50,000/\$100,000)		<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

**Law Enforcement Liability**

Current Law Enforcement Liability Deductible: \$5,000

To make changes to your current Law Enforcement Liability coverage, please complete the section below:

Coverage	Currently Included	Add to Coverage	Reject from Coverage	Current Limit	Change Limit	Limit Options
Law Enforcement Liability	<input checked="" type="checkbox"/>			\$2,000,000	<input type="checkbox"/>	<input type="checkbox"/> \$2,000,000 <input type="checkbox"/> \$3,000,000
District Judge	<input checked="" type="checkbox"/>		<input type="checkbox"/> Reject			
District Attorney	<input type="checkbox"/>	<input type="checkbox"/> Add	<input type="checkbox"/> Reject			
Unmanned Aircraft		<input type="checkbox"/> Add				

1. Please review the list of law enforcement departments and agencies below and add or delete as appropriate:

*Example: Sheriff's Department, Constables' Offices, Detention Facilities*

- Tyler County Constable's Office
- Tyler County Employees Of The District Attorney's Office
- Tyler County Juvenile Probation Department
- Tyler County Sheriff's Office

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

2. If Unmanned Aircraft is selected, please complete the following for each Unmanned Aircraft: **N/A**

- a. U.A.S./ Drone Model and Value \_\_\_\_\_
- b. Weight in lbs including all attachments \_\_\_\_\_
- c. Year and Serial Number \_\_\_\_\_
- d. Description of use \_\_\_\_\_
- e. Operator Name \_\_\_\_\_
- f. Date of Receipt of FAA COA & Registration Number as applicable \_\_\_\_\_
- g. Total U.A.S./Drone flight hours \_\_\_\_\_
- h. Description of Training Certifications \_\_\_\_\_

3. Please provide below, the current budgeted number of Law Enforcement personnel for all law enforcement office, department, and agency listed above. If no Juvenile - Class B personnel are reported, coverage will not be provided for these personnel.

NOTE: Full time = 35 or more hours per week. Part Time = Less than 35 hours per week

Actively Engaged		Juvenile		Other		Reserves	
<b>Include:</b> sheriff, deputies, armed investigators, armed bailiffs, constables, jail admins, jailers, other front line personnel		<b>Include:</b> probation officers, detention center guards, boot camp instructors		<b>Include:</b> dispatchers, unarmed prosecutors' investigators, jail nurses, cooks, clerical, unarmed bailiffs, other personnel		<b>Include:</b> all reserve and auxiliary officers and employees	
Class A	Full Time: 31	Class B	Full Time: 2	Class C	Full Time: 1	Class D	Full Time: <del>0</del>
	Part Time: 8		Part Time: <del>0</del>		Part Time: 3		Part Time: <del>0</del>

4. Does Tyler County participate in a Law Enforcement Task Force? Yes  No

If yes, do you lead this Task Force? Yes No

Name of Law Enforcement Task Force: \_\_\_\_\_

5. Do you participate in a Mutual Aid Agreement? Yes  No

If yes, list name of Mutual Aid Agreement City of Woodville & City of Ivanhoe

6. Is any law enforcement officer, office, department or agency for which coverage is requested under any criminal or administrative investigation? Yes  No

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

7. Does Tyler County own a Jail Facility and/or Detention Facility?  Yes  No

If yes, who operates the Jail Facility?

Tyler County

If yes, who operates the Detention Facility?

N/A

If the Jail Facility or Detention Facility is privately operated, the Pool recommends Tyler County request a currently dated Certificate of Insurance issued by the facility operator's insurance agent or company that names the County as an Additional Insured and includes the following coverage as applicable:

General Liability

Professional Liability

Employment Practices Liability

Property (if the County owns the building)

8. If Tyler County operates a Jail Facility and/or Detention Facility, please provide a copy of the Certificate of Compliance from the Texas Commissions of Jail Standards.

9. If a copy of the Certificate of Compliance is not held, attach information on actions being taken to bring facility into compliance. NOTE: Failure to provide Certificate of Compliance from the Texas Commissions of Jail Standards may result in the jail being excluded from coverage.

**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:

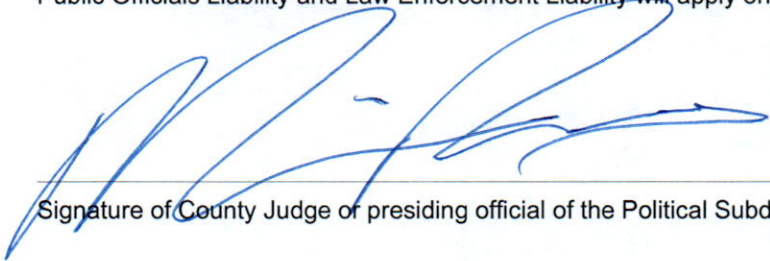
Has the situation been reported to TAC Claims Department? Yes  No

**Acknowledgement and Acceptance**

Tyler 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

4/9/2024

Date