



TEXAS ASSOCIATION *of* COUNTIES RISK MANAGEMENT POOL

Liability Renewal Questionnaire

Member: Tyler County

Coverage Period: July 1, 2025 through July 1, 2026

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
- Privacy or Security Event Liability and Expense Coverage
- 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.

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

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:	127	0	0	Full Time = 35 or more hours per week
Part Time Employees:	46			Part Time = Less than 35 hours per week
Volunteers:	88			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				

1. How many law enforcement watercrafts under 26 feet, do you own? N/A

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. Does your county own an airport? ☒ Yes ☐ No

If yes, who operates the airport? Tyler County

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)

Privacy or Security Event Liability and Expense Coverage

Current Privacy or Security Event Liability and Expense Deductible: \$5,000

To make changes to your current Privacy or Security Event Liability and Expense coverage, please complete the section below

Coverage	Currently Included	Add to Coverage	Reject from Coverage	Current Limit	Change Limit	Limit Options
Privacy or Security Event Liability and Expense	<input checked="" type="checkbox"/>			\$500,000	<input type="checkbox"/>	<input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$2,000,000
Business Interruption	<input checked="" type="checkbox"/>			\$50,000 / \$50,000		
Electronic Equipment and Data Recovery	<input checked="" type="checkbox"/>			\$50,000 / \$50,000		
eCrime	<input checked="" type="checkbox"/>			\$25,000 / \$25,000		
Extortion	<input checked="" type="checkbox"/>			\$10,000 / \$10,000		

Internal Cyber Security Point of Contact:

Name	Leann Monk	Title	County Treasurer
Telephone	409 283 3054	Email	lmonk.cotreas@co.tyler.tx.us

Please complete all the following questions concerning the Information Technology environment within your organization. These questions are intended to be answered by an IT Director (or equivalent professional) with adequate knowledge of the organization's cybersecurity measures and protocols. All questions require completion for Privacy or Security Event Liability coverage. Increased limits will require underwriting review for consideration.

To be considered for a \$1M Privacy or Security Event Liability and Expense limit the following must be met satisfactorily:

1. Our staff receive mandatory cybersecurity awareness training at least annually on expectations of staff to recognize common cyber-attacks, such as social engineering and phishing, to report possible cybersecurity incidents or other types of cyber-attacks, and to know who to report cybersecurity issues/problems to.
 - a. No, we do not receive mandatory cybersecurity awareness training annually.
 - ☒ b. Yes, we are required to participate in mandatory cybersecurity awareness training at least annually.
2. Our staff logs in to their web-based email using multi-factor authentication (e.g., receiving a text message to validate log in).
 - ☒ a. True
 - b. False
3. Our critical and sensitive data is backed up, stored and encrypted offline on a different logical or physical network such as a cloud backup to support recovery from a catastrophic cyber incident if required.
 - ☒ a. True, but our backups are not stored offline on a different logical network location; they are connected to our IT network, and they are encrypted.
 - b. True, our backups are offline (in a different logical network) and encrypted.
 - c. True, our backups are offline (such as a manual hard drive backup), but they are not encrypted.
 - d. False, we do not back up our critical or sensitive data.

To be considered for a \$2M Privacy or Security Event Liability and Expense limit the following must be met satisfactorily in addition to the questions noted above:

4. My organization/county has formalized IT and cybersecurity policies and plans that document, for example, guidelines for acceptable use of IT, passwords, reporting of unusual activity (e.g., workstation locking up or not functioning properly), cybersecurity training, and cyber incident response.
 - a. We have no documented policies or plans.
 - b. We have some documented policies, procedures, and plans, but there are known gaps.
 - ☒ c. We have a robust, well documented IT and cybersecurity program that is current.
5. Our organization/county requires multi-factor authentication for remote access to our network (both cloud-hosted and on-premises, including Virtual Private Networks (VPNs))
 - ☒ a. True
 - b. False
6. We review our organizations' IT and cybersecurity policies, procedures, and plans at least annually and we make updates/changes based on changes in the organization, the cybersecurity environment, and technology.
 - ☒ a. True
 - b. False
7. In the case of a cybersecurity incident, we report the incident to.
 - a. Cyber Insurance Provider
 - ☒ b. Cyber Insurance Provider and Law Enforcement
 - c. Cyber Insurance Provider, Law Enforcement, and Cyber Incident Support Vendors (may include Cyber Forensics, Cyber Legal Support, and other Cyber Incident support)
 - d. None of the Above

8. We have staff (either internal staff or outsourced contractors/vendors) who are responsible for maintaining our IT systems and applying maintenance and cybersecurity patches to software on the workstations within our organization.
- a. No, we do not have staff/contractors who perform this function.
 - ☒ b. Yes, we do have staff/contractors who perform this function.
9. We have cybersecurity tools and systems that monitor who is on our network, when they are on the network, and what network resources they are using.
- ☒ a. True
 - b. False
10. We have implemented email content filtering and web content filtering to identify unauthorized activity, malicious attachments, and other prohibited activity that may negatively impact our IT network and systems.
- ☒ a. True
 - b. False
11. We conduct interactive or simulated social engineering (i.e., KnowBe4 phishing emails) training.
- a. True
 - ☒ b. False
12. We have implemented tools (e.g., Endpoint Detection and Response tools such as Microsoft Defender for endpoints, CrowdStrike Falcon, or Malwarebytes Endpoint Security) to automatically monitor, log, and report unusual and unauthorized activities that occur on our IT workstations.
- ☒ a. True
 - b. False
13. We have software/hardware that is no longer supported by the manufacturer or vendor but is active on our IT network.
- a. Yes, we have outdated hardware or software on our network that is no longer supported by the manufacturer or vendor.
 - ☒ b. No, we do not have any hardware or software on our IT network that is no longer supported by the manufacturer or vendor.
 - c. I do not know.
14. We have a formal Disaster Recovery Plan and a formal Business Continuity Plan that guides us in setting the priority of system (applications / systems / databases) restoration to recover from a cyber incident that impacts our business operations.
- ☒ a. True
 - b. False

Money Transfer Controls

15. Are employees who are responsible for disbursing or transmitting funds provided anti-fraud training, including detection of social engineering, phishing, business email compromise, and other scams, on at least an annual basis?
- ☒ a. Yes
 - b. No
16. When a vendor or supplier requests any change to its account details (including routing numbers and account numbers), do you confirm requested changes via an out-of-band authentication (a method other than the original means of request)? For example, if a request is made by email, a follow-up phone call is placed to confirm that the supplier or vendor made the request.
- ☒ a. Yes
 - b. No

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 checked="" type="checkbox"/>		<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	
Include: sheriff, deputies, armed investigators, armed bailiffs, constables, jail admins, jailers, other front line personnel		Include: probation officers, detention center guards, boot camp instructors		Include: dispatchers, unarmed prosecutors' investigators, jail nurses, cooks, clerical, unarmed bailiffs, other personnel		Include: all reserve and auxiliary officers and employees	
Class A	Full Time:	Class B	Full Time:	Class C	Full Time:	Class D	Full Time:
	Part Time:		Part Time:		Part Time:		Part Time:
	37		2		1		Ø
	6		1		3		Ø

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:

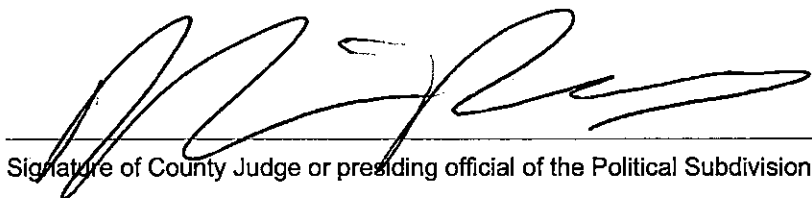
Has the situation been reported to TAC Claims Department? Yes ☐ No ☐

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



Date