



**UNDERWRITING APPLICATION  
PUBLIC SECTOR SERVICES**

\*Denotes required field

**GENERAL INFORMATION**

Type:  New  Renewal \*Previous Application (Renewal only) \_\_\_\_\_

*Name of Insured Gregg County Texas	*Federal ID Number 1-75-60000971-8	*Phone (903) 237-2690	Fax (903) 237-2695	*Proposed Effective Date 10/01/2019
*Address (Street, City, Zip Code) 101 E Methvin Street, Longview, 75801		*State Texas	*County County	
*Type of Public Entity: City, Town, Township, State, Special District, County, Utility (describe), other special district/agency (describe) County Government				*Current Population 123,500
Please describe utility or other special district/agency, public entity type County Entity				
*Entity Contact Kelli Davis, Gregg County or Susan Gola, McGriff, Seibal		Entity Web Address www.co.gregg.tx.us		*Phone
Financial / Accounting Contact Laurie Woloszyn Auditor laurie.woloszyn@co.gregg.tx.us				Phone (903) 237-2690

**AGENCY AND AGENT INFORMATION**

\*Are you a surplus lines agent?  Yes  No

*Name of Agent/Broker Contact	*E-mail Address	Travelers Agency No.
Name of Agency / Brokerage	Producer License No.	*Phone
Address (Street, City, State, Zip Code)		*Fax

**CLAIM HISTORY**

Please attach currently valued insurance company loss runs containing date of loss, paid loss and loss expense, reserved loss and loss expense and description of loss by line for the past 5 years.

**COVERAGES**

1. Proposed Effective Date ..... 10/01/2019

2. Proposed Expiration Date ..... 10/01/2020

3. Date Quote is Needed.....

4. Bid Date ..... 07/15/2009

5. Are you requesting any deductible in excess of \$25,000 for any of the following lines of business:  
Auto Liability, General Liability, Law Enforcement Liability, Public Entity Management Liability or Employment Practices Liability? .....  Yes  No

a. OR is any aggregate deductible requested? .....  Yes  No

b. OR Will this account include a self-insured retention? .....  Yes  No

If yes to any of the above, complete the Large Account Supplement found under the Misc Forms.

Coverage	Check If Requested	Coverage	Check if Requested
Auto (Auto Liability, Auto Physical Damage, Limited Transit)	<input checked="" type="checkbox"/>	Inland Marine	<input checked="" type="checkbox"/>
Crime	<input checked="" type="checkbox"/>	Law Enforcement Liability	<input checked="" type="checkbox"/>
Employment Practices Liability	<input checked="" type="checkbox"/>	Property	<input checked="" type="checkbox"/>
Equipment Breakdown	<input checked="" type="checkbox"/>	Public Entity Management Liability	<input checked="" type="checkbox"/>
General Liability	<input checked="" type="checkbox"/>	Unorelia optional	<input checked="" type="checkbox"/>
		Other Coverage	<input checked="" type="checkbox"/>

**AUTO**

**1. AUTOMOBILE LIABILITY**

	Liability Limit (CSL)	PIP	Medical Payments Limit	UM/UIM Limit	Liability Deductible
Option 1	\$ 1,000,000	\$ 0	\$	\$ 0	\$
Option 2	\$	\$	\$	\$	\$
	Select Covered Auto Symbols: 1, 2, 3, 4, 7, 8, 9 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Select Covered Auto Symbols: 5, 7 <input type="checkbox"/> <input type="checkbox"/>	Select Covered Auto Symbols: 2, 3, 4, 7, 8 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Select Covered Auto Symbols: 2, 3, 4, 6, 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

**2. AUTOMOBILE PHYSICAL DAMAGE**

	Comprehensive Deductible	Collision Deductible	
Option 1	\$ 1,000	\$ 1,000	
Option 2	\$	\$	
	Select Covered Auto Symbols: 2, 3, 4, 7, 8 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Select Covered Auto Symbols: 2, 3, 4, 7, 8 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	

- a. Hired Car Physical Damage .....  Yes  No
- b. Cost of Hire ..... \$ 5,000
- c. Comprehensive Deductible ..... \$ 1,000
- d. Collision Deductible ..... \$ 1,000

**3. GARAGEKEEPERS LEGAL LIABILITY**

Locations Covered *Each location must be listed separately:*

*See Schedule Attached*

Location	# of Vehicles	Limit		Deductible	
		Comprehensive	Collision	Comprehensive Per Auto/Per Loss	Collision Per Auto
Blanket <input checked="" type="checkbox"/>		\$ 1,000	\$ 1,000	\$ 60,000	\$ 60,000
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$

*Please attach a schedule of vehicles, including year, make, model, cost new, VIN #s and department. Also attach a schedule of drivers, including name, driver's license #, birthdate and identify emergency vehicle operators.*

- 4. Do you check Motor Vehicle records (MVRs) prior to hire? .....  Yes  No  
How often thereafter do you re-order MVRs? ..... once a year
- 5. Do you have criteria for MVR acceptability? .....  Yes  No
- 6. Do you provide driver training periodically for all drivers? .....  Yes  No
- 7. Are all accidents reviewed internally and corrective action taken? .....  Yes  No
- 8. Do you have a vehicle maintenance program? .....  Yes  No
- 9. Are drivers of 15-passenger vans specifically trained in the operation of these vehicles? .....  NA  Yes  No

10. If law enforcement vehicles are included in the automobile schedule and Law Enforcement Liability is not being requested, do you have the following policies and procedure?
- a. Vehicular Pursuit.....  Yes  No  
*Date of last Revision*..... 01/31/2002
- b. Patrol Driving & Response .....  Yes  No  
*Date of last Revision*..... 01/31/2002
- c. Transportation of Prisoners .....  Yes  No  
*Date of last Revision*..... 08/21/2009

**LIMITED TRANSIT**

11. Type of transportation service:
- Light rail  Scheduled bus route  Demand response / Para transit / Dial-A-Ride  
 Daycare / Day camp / Recreation programs  Social Services
12. Are new drivers subject to an orientation program on basic vehicle operation prior to being allowed to operate that vehicle? .....  Yes  No
13. Are criminal record checks conducted on all transportation employees? .....  Yes  No
14. Is there a written program and driver training on handling handicapped passengers?.....  Yes  No  
*If yes, please indicate which of the following are included in the written program and driver training:*
- a. Use of tie-downs .....  Yes  No  
b. Passenger restraint.....  Yes  No  
c. Loading and unloading of passengers.....  Yes  No  
d. Door-to-door service procedures.....  Yes  No
15. Do you operate any vehicles you do not own? .....  Yes  No  
*If yes, please provide contractual agreement.*
16. Any contracted drivers? .....  Yes  No  
*If yes, please provide contractual agreement.*
17. Are volunteers used for any transportation service? .....  Yes  No  
*If yes, describe:*

<b>CRIME</b>

*Please choose the applicable Insuring Agreement(s), limit(s) and deductible(s).*

1. Insuring Agreement(s) Requested	Limit of Insurance	Deductible
Employee Theft Coverage - Per Loss Coverage*	\$600,000	\$6,000
Employee Theft Coverage - Per Employee Coverage*	\$	\$6,000
Forgery or Alteration	\$600,000	\$6,000
Inside the Premises - Theft of Money and Securities	\$600,000	\$6,000
Inside the Premises - Robbery or Safe Burglary of Other Property	\$600,000	\$6,000
Outside the Premises	\$600,000	\$6,000
Computer Fraud	\$600,000	\$6,000
Funds Transfer Fraud	\$600,000	\$6,000
Money Orders and Counterfeit Paper Currency	\$600,000	\$6,000

\*Is coverage extended to provide faithful performance of duty? .....  Yes  No

Indicate the following:

- 2. Number of officials/officers, not required by law to be individually bonded, who are authorized to manage, govern, or control the insured's employees: ..... 124
- 3. Number of employees who handle, have custody of, or maintain records of, money, securities, or other property, including department and division heads and assistant department and division heads and peace officers (including patrolmen/women when Faithful Performance of Duty Coverage is being written): ..... 254
- 4. Number of all other officials, trustees, officers, employees, administrators and managers (other than independent contractors) not included in the two questions above, who handle funds or other property of employee benefit plans: ..... 226
- 5. One percent of all others (including patrolmen/women when Faithful Performance of Duty Coverage is not being written): .....

Audit Procedures:

- 6. Is an audit performed by an independent CPA or public accountant? .....  Yes  No  
*If yes, how often?* Annually
  - a. Quarterly .....  Yes  No
  - b. Semi-Annually .....  Yes  No*If no, is an internal audit performed?* .....  Yes  No
- 7. Is the audit made in accordance with generally accepted accounting standards? .....  Yes  No

Internal Controls:

- 8. Are all bank account statements reconciled at least monthly? .....  Yes  No
- 9. Is the reconciliation handled by one or more employees not authorized to sign checks, or make or record deposits/withdrawals? .....  Yes  No
- 10. Are at least two signatures required on checks? .....  Yes  No  
*If yes, over what threshold?* \*in cases where single signature allowed stringent rules for separation of
- 11. Are securities subject to joint control by two or more employees? .....  Yes  No
- 12. Are all applicants for employment verified by checking references and contacting former employers? .....  Yes  No

Inside/Outside the Premises Coverage Exposures:  Check here if not applicable.

- 13. What is the type of safe or vault? locking safe, or vault on premises
- 14. Is the burglar alarm connected to the safe or vault? .....  Yes  No
- 15. Is an armored car service employed by the insured to move money and/or securities? .....  Yes  No
- 16. Other protection (e.g., fences, floodlights, alarm, etc.):

All offices are locked at night and weekends. Nothing is left unsecured. Sheriff department surveillance of courthouse offices 24/7 with security cameras. External alarm or sensor and well lit premises.

Computer Fraud Controls:  Check here if not applicable.

- 17. Is a software security system in place to detect fraudulent computer usage by employees, agents, or outsiders? .....  Yes  No
- 18. Are passwords and access codes changed at regular intervals and when users are terminated? .....  Yes  No
- 19. Are computer programmers permitted to use machines with their own programs? .....  Yes  No
- 20. Are computer check-writing functions separate from check authorizations? .....  Yes  No
- 21. Are EDP systems, programs and procedures, including changes thereto, authorized, documented and tested? .....  Yes  No
- 22. If Funds Transfer Fraud coverage is desired, please answer the following:  
 What is the daily dollar volume of electronic funds transferred?
  - a. Average. Credit 421,432, DEBIT \$113,602 \$ \_\_\_\_\_
  - b. Maximum Credit \$0,000,731, DEBIT \$14,650,212 \$ \_\_\_\_\_
- 23. Are transfer verifications sent to an employee and/or department other than the one that initiated the transfer? .....  Yes  No

**EMPLOYMENT PRACTICES LIABILITY - CLAIMS MADE**

**IMPORTANT NOTE:** This is an application for a Claims Made coverage that includes defense expenses within the limits of coverage. Therefore, 100% of the limits of coverage, and any deductible that applies to defense expenses, may be used up with the payment of judgements, settlements, or defense expenses.

For purposes of this application only:

- the words we, us, our, and ours mean St. Paul Fire And Marine Insurance Company; and
- the words you, your, and yours mean the public entity applying for this employment practices liability coverage.

**INSURANCE COVERAGE AND LIMITS**

- Each wrongful employment practice offense limit/Total limit:  
 \$500,000/\$500,000     \$1,000,000/\$1,000,000     \$2,000,000/\$2,000,000  
 Other \_\_\_\_\_ / \_\_\_\_\_
- Deductible/Retention:  \$15,000     \$25,000     Other \_\_\_\_\_
- Retroactive Date: 10/01/2000
- Do you currently carry Employment Practices Liability Insurance? .....  Yes     No  
 If yes, was prior coverage cancelled or non-renewed? .....  Yes     No
- Prior coverage Information:  
 a. Insurer: TAC  
 b. Each wrongful employment practice offense limit/Total (Aggregate) limit: \$ 2,000,000 / \$ 2,000,000  
 c. Retroactive Date: 10/01/2000    d. Deductible/Retention: \$ 25,000  
 e. Policy Period: 10-01-19/19    f. Premium: \$ 53,169.00 (PUBLIC OFFICER LIABILITY)

**EMPLOYEE INFORMATION**

6. Complete the following table:

	This Year			Prior Year		
	Total #	Total # Terminations Voluntary	Involuntary	Total #	Total # Terminations Voluntary	Involuntary
Full-time employees (work 32 or more hours per week)	555	89	6	592	120	14
Part-time employees	41			40		
Temporary seasonal employees	8			8		
Leased workers						
*Independent contractors	varies Certificate of Insurance Required from all					
Volunteers - Firefighters						
Volunteers - Other	ESD's HAVE SEPARATE COVERAGE					

\*Independent contractor means any person who is not your employee, but who performs duties related to the conduct of your operations in the course of their independent employment in accordance with a contract between you and the independent contractor for specified services.

- What was your turnover rate for full-time employees (number of employees who left or were terminated divided by the total number of employees):  
 a. This year 16 %    b. Prior Year 22 % \*RATE DUE TO Deterioration Work Environment / Low Pay
- What percentage of your workforce is unionized? ..... 0 %

9. Do you anticipate any of the following, including those resulting from any type of restructure or privatization of service, within the next 12 months?

		# Employees Involved	Job categories involved
a. layoffs	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b. terminations	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
c. workforce reductions	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

**HUMAN RESOURCES**

10. Do you have a human resources department? .....  Yes  No

If no, is there an individual designated to handle all employment related incidents? .....  Yes  No

If no, please describe how human resource function is handled:

11. With the purchase of this EPL policy, you will receive free access to EPL Risk Control Services, an online risk management service specializing in employment practices. Please provide the following information for the person responsible for your human resources department or function, or responsible for employment-related policies, procedures, and training:

Name: Rita Fyffe Title: Human Resources Director  
 Phone: (903) 237-2567 e-mail: rita.fyffe@co.gregg.tx.us

12. Are all involuntary terminations reviewed and approved by (check all that apply):

Human resources manager  Inside legal counsel  Outside employment counsel

13. Are all prospective employees required to complete a standard employment application prior to hire? .....  Yes  No

If yes, does it contain:

a. An employment at-will statement? Not all Government Employees at will .....  Yes  No

b. An authorization to check references and criminal conviction records? .....  Yes  No

c. The applicant's signature attesting that all representations are true? .....  Yes  No

d. An equal opportunity statement? .....  Yes  No

14. Do you have written guidelines, policies or procedures that address the following:

		Last Revision Date	Do you have training for your managers/supervisors in the following areas (check all that apply)
a. Equal Employment Opportunity (EEO) policy	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	04/01/2015	<input checked="" type="checkbox"/>
b. Discrimination (anti-discrimination) policy	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	04/01/2015	<input checked="" type="checkbox"/>
c. Discipline/discharge/termination policy	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	04/01/2015	<input checked="" type="checkbox"/>
d. Workplace harassment, including sexual harassment, policy	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	04/01/2015	<input checked="" type="checkbox"/>
e. Hiring policy	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	04/01/2015	<input checked="" type="checkbox"/>
f. Reporting, investigating and resolving employee complaints (grievance policy)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	04/01/2015	<input checked="" type="checkbox"/>
g. Performance appraisal review	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	04/01/2015	<input checked="" type="checkbox"/>
h. Salary administration	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	04/01/2015	<input checked="" type="checkbox"/>
i. Accommodating the disabled	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	04/01/2015	<input checked="" type="checkbox"/>

15. Are the above policies and procedures contained in an employee handbook, or policies and procedures manual that is distributed to all employees?  Yes  No

a. If no, how are policies communicated to employees?

[Empty box for answer to question 15a]

b. If yes, are employees required to sign for the manual/handbook?  Yes  No

16. Do you have a training or education program that sensitizes all employees on issues of:

a. discrimination  Yes  No

b. workplace harassment  Yes  No

**LOSS HISTORY**

17. Are you currently required to comply with any judicial or administrative agreement, order, decree or judgment relating to employment? If yes, please attach a copy.  Yes  No

18. Has there been during the past five years, or is there now pending, any of the following items against you or any of your employees involving an employment matter (whether reported to an insurer or not):

a. written demand for monetary damages  Yes  No

b. civil or criminal proceeding  Yes  No

c. an administrative or arbitration proceeding  Yes  No

d. any complaint, charge, or investigative proceeding before the EEOC or similar state or local agency  Yes  No

If yes, please complete the following table. If additional space is required, attach a separate addendum.

Date	Claimant Name	Nature of action	Current Status
09/12/2013	Blackburn, Gretchen	Civil	Dismissed
05/01/2015	Hatten, Billy	Civil	Judgment for Gregg County
05/26/2015	Smith, Dee Lee	EEOC	Dismissed

\* See supplemental list

19. Do you or any of your employees have knowledge or information of any alleged violation of any law, internal complaint, or circumstance, related to employment which could reasonably give rise to a claim?  Yes  No  
If yes, attach details.

20. By signing this application below, you agree that:

- the statements and representations made in this application, and in all materials submitted to us in connection with it, are accurate and complete;
- we rely on these statements and representations and they are material to our acceptance of risks assumed under the coverage for which you have applied;
- we're authorized to make any investigation in connection with this application;
- this application, and all materials submitted to us in connection with it, are deemed to be attached to and incorporated into any policy issued based on this application for purposes of applying the Fraud And Misrepresentation section, or any similar section, in the General Rules form, or any similar form, that is part of such policy; and
- If, between the date of your signature below and the effective date of any coverage issued based on this application, any of the information supplied in connection with this application becomes inaccurate or incomplete, or you learn that any of the information supplied in connection with this application is inaccurate or incomplete, you'll immediately notify us and provide us with the accurate and complete information, and we may withdraw or modify any outstanding quotation for such coverage or any agreement to issue such coverage.

Signing this application does not obligate us to issue the coverage for which you have applied, nor does it require you to accept such coverage.

\* Rita has sign emailed copy on 4-22-19

Your Human Resources Manager or Authorized Representative	Date	Signed By
[Signature]	4-22-19	RITA FYFFE

**IMPORTANT NOTE:**

A signature from the public entity's Human Resources Manager or Other Authorized Representative is a requirement for EPL coverage! Please print the EPL application, obtain the required signature, and fax the entire signed EPL supplement to your Territory Manager or Underwriter.

LOSS HISTORY  
CONTINUATION  
PAGE 7 OF 19

Date	Claimant name	Nature of Action	Current Status
8/15/2016	Hudson, Sherilyn	Grievance	Dismissed
7/27/2018	Brown, Susan	EEOC	Dismissed



15. Are the above policies and procedures contained in an employee handbook, or policies and procedures manual that is distributed to all employees? .....  Yes  No

a. If no, how are policies communicated to employees?

b. If yes, are employees required to sign for the manual/handbook? .....  Yes  No

16. Do you have a training or education program that sensitizes all employees on issues of:

a. discrimination .....  Yes  No

b. workplace harassment .....  Yes  No

**LOSS HISTORY**

17. Are you currently required to comply with any judicial or administrative agreement, order, decree or judgment relating to employment? If yes, please attach a copy. ....  Yes  No

18. Has there been during the past five years, or is there now pending, any of the following items against you or any of your employees involving an employment matter (whether reported to an insurer or not):

a. written demand for monetary damages .....  Yes  No

b. civil or criminal proceeding .....  Yes  No

c. an administrative or arbitration proceeding .....  Yes  No

d. any complaint, charge, or investigative proceeding before the EEOC or similar state or local agency .....  Yes  No

If yes, please complete the following table. If additional space is required, attach a separate addendum.

Date	Claimant Name	Nature of action	Current Status
9/12/2013	Blackburn, Gretchen	Civil	Dismissed
5/01/2015	Hatten, Billy	Civil	Judgement for Gregg County
5/26/2015	Smith, Dee Lee	EEOC	Dismissed

19. Do you or any of your employees have knowledge or information of any alleged violation of any law, internal complaint, or circumstance, related to employment which could reasonably give rise to a claim? .....  Yes  No  
If yes, attach details.

20. By signing this application below, you agree that:

- the statements and representations made in this application, and in all materials submitted to us in connection with it, are accurate and complete;
- we rely on these statements and representations and they are material to our acceptance of risks assumed under the coverage for which you have applied;
- we're authorized to make any investigation in connection with this application;
- this application, and all materials submitted to us in connection with it, are deemed to be attached to and incorporated into any policy issued based on this application for purposes of applying the Fraud And Misrepresentation section, or any similar section, in the General Rules form, or any similar form, that is part of such policy; and
- if, between the date of your signature below and the effective date of any coverage issued based on this application, any of the information supplied in connection with this application becomes inaccurate or incomplete, or you learn that any of the information supplied in connection with this application is inaccurate or incomplete, you'll immediately notify us and provide us with the accurate and complete information, and we may withdraw or modify any outstanding quotation for such coverage or any agreement to issue such coverage.

Signing this application does not obligate us to issue the coverage for which you have applied, nor does it require you to accept such coverage.

Your Human Resources Manager or Authorized Representative <i>Caita D. Zylke</i>	Date 4-22-2019	Signed By <i>Caita D. Zylke</i>
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**IMPORTANT NOTE:**

A signature from the public entity's Human Resources Manager or Other Authorized Representative is a requirement for EPL coverage! Please print the EPL application, obtain the required signature, and fax the entire signed EPL supplement to your Territory Manager or Underwriter.

*\*Signed AP*

**EQUIPMENT BREAKDOWN**

1. Current Insurance Carrier or Method (i.e. self insurance):

Travelers

2. Current Limits: ..... \$

29,847,448

3. Current Deductible: ..... \$

5,000

4. Current Premium: ..... \$

included

5. Is coverage desired? .....  Yes  No

*If yes, quote will be provided per the values furnished on the property schedule unless otherwise indicated.*

**GENERAL LIABILITY**

	Option 1		Option 2	
	Limits	Deductible	Limits	Deductible
1. General Total (aggregate)	\$400,000	\$ 1,000	\$ 1,000,000	\$ 1,000
2. Each Event	\$400,000	\$	\$	\$
3. Sewer Backup (sublimit)	\$0	\$	\$	\$
4. Failure To Supply (sublimit)	\$0	\$	\$	\$
5. Premises Damages (sublimit)	\$100,000	\$	\$	\$
6. Medical Expenses (sublimit)	\$0	\$	\$	\$

7. If expiring is claims-made, latest retro date: .....

8. Will expanded reporting period endorsement be purchased from expiring carrier? .....  Yes  No

Miscellaneous Liability	Limit	
9. Employee Benefits Prog. Admin. Liability-Claims Made	\$3,000,000	# of Employees: 555
10. Liquor Liability	\$0	
11. Cemetery Professional	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Included In General Liability
12. Stop Gap (Available in ND, OH, WA, WV, WY)	BI by Accident (Each Accident) \$0	Attach work comp payroll schedule
	BI Disease Total \$0	
	BI Disease Each Employee \$0	

**INLAND MARINE**

**Attach an itemized schedule of desired inland marine coverages by location, indicating the limit of coverage, deductible, and complete description of the property.**

Coverage	Limit	Deductible
1. Computer		
a. Limit/Exposuro	\$2,000,000	\$ 1,000
b. Transit Limit	\$ <i>inval</i>	\$
c. Data & Media	\$1,500,000	\$ 1,000
d. Business Interruption	\$	\$
e. Worldwide Coverage Extension	\$	\$
2. Contractor's Equipment Limits	\$5,470,967	\$ 1,000
3. Difference in Conditions:		
a. Flood Sublimit Flood Zones (A, B, C, D, V, X) _____	\$0	\$
b. Earthquake Sublimit Earthquake Zones (1-12) _____	\$92,000,000	\$ 50,000
4. Fine Arts	\$ <i>500,000</i>	\$ <i>1,000</i>
5. Miscellaneous Property Floater (not contractor's equipment)	\$0	\$
6. Radio and Television Broadcasting Equipment	\$	\$
7. Radio Towers	\$250,000	\$ 10,000
a. Age _____ years		
b. Haight _____ feet		
8. Valuable Papers	\$ <i>1,000,000</i>	\$ <i>1,000</i>

**LAW ENFORCEMENT LIABILITY**

**INSURANCE COVERAGE AND LIMITS**

1. Coverage Type:  Occurrence  Claims Made      2. Retroactive Date: *12/15/2000 full prior Acts*

3. Has there been continuous Claims Made coverage back to the requested Retroactive Date? .....  Yes  No

	Each Wrongful Act Limit	Total Limit (Aggregate)	Each Wrongful Act Deductible
Option 1	\$ <i>2,000,000</i>	\$ <i>2,000,000</i>	\$ <i>25,000</i>
Option 2	\$	\$	\$

**GENERAL UNDERWRITING INFORMATION**

5. Is department accredited by the Commission on Accreditation for Law Enforcement Agencies (CALEA)? .....  Yes  No
6. Do you contract law enforcement to any public or private entity? *\*Lighting must be approved by Sheriff.* .....  Yes  No  
*We DO NOT CONTRACT WITH ENTITIES*
7. Are you part of any mutual law enforcement assistance agreements between political subdivisions? .....  Yes  No

8. Complete the following for each task force in which you participate:

Task Force Type	No. of Officers Involved	Do you lead this task force?	Is task force a separate entity?	Is task force insured elsewhere?
Drug	3	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Swat	4	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Gang	0	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

*\* Each Participating Entity Provides Their own LEL*

9. Does the agency operate a shooting range? .....  Yes  No  
*If yes, is it used by:*
- a. outside law enforcement agencies? .....  Yes  No
- b. The general public? .....  Yes  No
10. If yes, is an injury waiver required? .....  Yes  No

**EMPLOYEE CLASSIFICATION**

GROUP 1 EMPLOYEES	NO.	GROUP 2 EMPLOYEES	NO.	GROUP 3 EMPLOYEES	NO.	GROUP 4 EMPLOYEES	NO.
Full-time officers, detectives, investigators and sergeants (including the chief, sheriff and deputies)	105	Part-time/reserve/auxiliary/court officers armed, or with arrest authority	126	Animal Control Personnel		Other unarmed law enforcement personnel (includes clerical, cooks, and other unarmed personnel not included elsewhere)	7
				Dispatchers	8		
				Jail Nurse	12		
				Jail Medical Personnel - Other	1		
Police Dogs <i>* Liability</i>	1	Full-time jailers	135	School Crossing Guards		Other unarmed jail personnel (includes clerical, cooks, and other unarmed jail personnel not included elsewhere)	
<i>Coverage requested for dog</i>	Part-time jailers	0	Unarmed part-time/reserve/auxiliary officers without arrest authority				

**DEPARTMENT POLICIES AND PROCEDURES**

12. Does the agency have a policy and procedure manual? .....  Yes  No
13. Is the manual distributed to all personnel? .....  Yes  No
14. Are employees required to sign off? .....  Yes  No
15. Date of last overall revision of your policy and procedure manual: ..... 02/05/2019
16. How often is the manual reviewed with personnel? ..... AS Needed

17. a. Does the applicant have written policies governing the following:

	Policy Description	Date Written	Date of Last Revision
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Use of force	01/31/2002	02/05/2019
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Firearms & Less than lethal weapons	01/31/2002	02/05/2019
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Vehicular pursuits	01/31/2002	01/31/2002
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Patrol driving and response	01/31/2002	01/31/2002
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Domestic violence response	01/31/2002	01/31/2002
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service of warrant	01/31/2002	01/31/2002
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Transportation of prisoners	01/31/2002	08/21/2009
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Arrests and investigatory stops	01/31/2002	01/31/2002
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Searches	01/31/2002	08/21/2009
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Motor vehicle stops & searches	01/31/2002	08/21/2009
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Canines	01/31/2002	01/31/2002
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Sexual harassment	01/31/2002	01/31/2002
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Use of volunteers		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Secondary employment & Off-duty powers (moonlighting)	01/31/2002	01/31/2002

*\* All policies are consistent with current law or more restrictive.*  
 b. Have the policies and procedures been reviewed by legal counsel? .....  Yes  No

If yes, name of counsel:

Robert Davis, Flowers/Davis P.L.L.C.

**EDUCATION AND TRAINING**

18. Complete the following:

Training Requirements	Patrol and Auxiliary Officers	New Officer and Annual In-Service Training
Do all officers meet state certifying agency minimum training standards?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Firearms Training and Qualification Frequency of Qualification: <u>1</u> per year	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Impact Weapon Training and Certification	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Chemical Agent (Oleoresin Capsicum) Training and Certification	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Taser Training and Certification	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
High Speed Pursuit Driving	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Department Policy and Procedure	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Constitutional Use of Force	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Legislative and Case Law	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

19. Duties of reserve/auxiliary officers:

Traffic control  Civil Disturbance  Crowd Control  Other: Basic Patrol Ops/CH Sec/Airport Sec

**EMERGENCY DISPATCH**

20. Does your department handle your own dispatch? .....  Yes  No
21. Does your department handle dispatch for others? .....  Yes  No
22. Are incoming calls to dispatchers recorded? .....  Yes  No
- If yes, how long are tapes or digital files retained (i.e. # of years)?* .....

**JAIL/HOLDING CELL OPERATIONS**

23. How many, if any, of the following do you operate?

Facility	No. of Cells	Accredited by American Correctional Association?	Square Footage	Design Capacity	Average Inmate Population	Maximum Capacity in Past 12 months
Jail	138	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		916	703	760
Holding Facility		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Juvenile Detention Center	22	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		24	20	24
Other		<input type="checkbox"/> Yes <input type="checkbox"/> No				

24. Does the applicant have written policies governing the following?

	Policy Description	Date Written	Date of Last Revision	New Jailer and at least Annual Training?
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Use of Force	01/31/2002	02/05/2019	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraints	01/31/2002	08/21/2009	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Inmate Classification	01/31/2002	02/05/2019	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Strip Searches		02/05/2019	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Treatment		02/05/2019	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Suicide Prevention		02/05/2019	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Emergency Evacuation		11/18/2015	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Key Control and Security		02/05/2019	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Inmate Transportation	01/31/2002	08/21/2009	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Discipline and Grievance Procedures		07/17/2015	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

25. How frequently are cell checks conducted for each of the following?

a. General Population: 60 mins b. Suicide: 15 mins c. Maximum Security Cells: 30 mins

26. In the past three (3) years, have there been any suicides or attempted suicides in your jail or similar holding facilities? .....  Yes  No

a. No. of suicides: 1 b. No. of attempts: 30

27. What type of surveillance system is installed in the jail?

DVR camera recording system Sydaptic

**JAIL FACILITIES**

28. Complete the following:

	Date of last inspection	Inspection report enclosed
State Corrections	03/20/2019	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Fire Inspector	03/05/2019	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Department of Health	01/11/2019	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

29. Are juveniles separated from adult criminals? .....  Yes  No
30. Are suspects of violent crimes separated from suspects of misdemeanor crimes? .....  Yes  No
31. Are strip searches conducted on all detainees regardless of the crime? .....  Yes  No
32. Are medical facilities available in the jail?.....  Yes  No  
*If yes, describe:* Clinic 24 Hr Medical available, Nurses employed 24 hr a day  
*If no, how do inmates receive treatment?* \_\_\_\_\_
33. Has the facility ever been subject to a Court Order or consent decree?.....  Yes  No  
*If yes, what is the status of the order?* vacated
34. Is the jail administrator a "Certified Jail Manager" per the American Jail Association (AJA)?.....  Yes  No

**PROPERTY**

Please attach a signed property schedule with location numbers, address (including zip code), protection class, private protection (i.e., sprinklered; smoke detection), square footage, construction, age and occupancy.

Coverage	Limits	Deductible	Coins %	Coverage Information (check all that apply)		
1. Building	\$92,097,448	\$10,000		<input checked="" type="checkbox"/> RC <input type="checkbox"/> ACV	<input checked="" type="checkbox"/> Blanket <input type="checkbox"/> Specific	<input type="checkbox"/> Agreed Amount
2. Business Contents				<input checked="" type="checkbox"/> RC <input type="checkbox"/> ACV	<input checked="" type="checkbox"/> Blanket <input type="checkbox"/> Specific	<input type="checkbox"/> Agreed Amount
3. Blanket Earnings & Expense						
4. Extra Expense						Location Nos.:
5. Other:						

- See Schedule attached -

**PUBLIC ENTITY MANAGEMENT LIABILITY**

**INSURANCE COVERAGE AND LIMITS**

1. Retroactive Date: 10/1/2000

2. Has there been continuous Claims Made coverage back to the requested Retroactive Date?  Yes  No

	Limits of Liability	Each Wrongful Act Limit	Total (Aggregate) Limit	Each Wrongful Act Deductible
Option 1	\$ <u>2,000,000</u>	\$ <u>2,000,000</u>	\$ <u>2,000,000</u>	\$ <u>25,000</u>
Option 2	\$	\$	\$	\$

**PLANNING AND ZONING**

3. Is your entity responsible for planning and zoning changes?  Yes  No

*If yes, is there a separate planning and zoning board?*  Yes  No

4. Do you have a comprehensive Land Use Plan?  Yes  No

5. Do all zoning changes require a public hearing?  Yes  No

*If yes, describe process:* Commissioners' Court posted public meeting

6. Does your entity have a written policy regarding the zoning appeal process?  Yes  No

**OPERATIONS/SERVICES**

7. Please provide information on the following operations/services:

Operation/Service	Do you control?	If no, who provides?	Is there a separate board or commission?*	Separately Insured
Airport	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Electric Utility	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gas Utility	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Health Care Facilities	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Housing Authority	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Law Enforcement	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Port Authority	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
School Board	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Transit Authority	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

\*Note: There is no coverage for loss that results from the conduct of duties by or for such separate board or commission.

8. Are newly elected/appointed officials required to attend a formal training program?  Yes  No

9. Is there a procedure for handling citizen complaints?  Yes  No

*If yes, does it include documentation of notice and action taken? x. Complaints Requested in Writing.*  Yes  No

10. To your knowledge, does any official or employee have any knowledge of any act, error, or omission that might give rise to a claim against him/her?  Yes  No

*If yes, please provide details:*



**UMBRELLA**

Umbrella Excess		Excess Errors & Omissions	
	Each Event	General Total	
Limits of Liability:	1,000,000	5,000,000	Limits of Liability: /
Option 1: \$	2,000,000		Option 1: \$
Option 2: \$	15,000,000		Option 2: \$
<input type="checkbox"/> General Liability			<input checked="" type="checkbox"/> Public Entity Management Liability - Claims Made
<input checked="" type="checkbox"/> Law Enforcement Liability	<input type="checkbox"/> Claims-made Occurrence		<input checked="" type="checkbox"/> Employee Benefits Liability - Claims Made
<input type="checkbox"/> Auto			

**OTHER COVERAGE**

1. Insurance coverage description:

Medical Professional and Airport Liability

2. Current insurance carrier or method (i.e. self-insurance):

Aspirant and the Republic

3. Current Limits:

5,000,000

4. Current Deductible:

2,500

5. Current Premium:

2,000



**EXPOSURES SUPPLEMENT  
PUBLIC SECTOR SERVICES**

Name of Insured Gregg County Texas	Proposed Effective Date 10/01/2019
---------------------------------------	---------------------------------------

Please check all of the operational exposures of the Public Entity below. Note that coverage may not be available for all operations or exposures.

Operations/Exposure	Do you have this exposure?	
	Yes	No
Airport	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Amusement Park	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Arena/Convention Center	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Athletic Participation	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Blasting Operations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Dam/Levee/Dike	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Daycare Center/Day Camps	<input type="checkbox"/>	<input checked="" type="checkbox"/>
EMT/Fire Department/Paramedic	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health Department/Mental Health Department	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Hospital/Clinic	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Housing Authority	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Jail, Detention Center	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Landfill/Dump/Refuse Site/Inclinerator	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Library	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Liquor Liability	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mechanical or Electrically Operated Amusement Devices	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Museum	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Nurse/Jail Nurse	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Nursing Home	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Pier, Dock, marina, Boat Slip/Ramp	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Port Authority	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Recreational Activities (Recreation, Fireworks, Water Activities, Rifle/Shooting Range - Public use, Golf Course, Fitness Center, Rodeo, Ski Facility)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Sanitation, Garbage Collection, Recycle Operations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
School	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Sexual and Physical Abuse	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Shelter/Youth Home/Group Home	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Skate Park Facility	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Special Event (fairs, carnivals, festivals, parades) - <i>INSURED SEPARATELY</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Streets/Roads/Highways/Bridges	<input checked="" type="checkbox"/>	<input type="checkbox"/>

<b>Operations/Exposure</b>	<b>Do you have this exposure?</b>	
Utilities: Electric	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Utilities: Gas	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Utilities: Sewer	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Utilities: Water	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Watercraft/Boat	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Zoo	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Other Exposure _____	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

If you answered "Yes" to any of the above, please complete the corresponding supplemental application(s).