



Texas Commission on Jail Standards

Gregg County Jail

Longview, Texas

March 18-20, 2019

Date(s) of Inspection

SUBJECT: INSPECTION REPORT

State Law requires periodic inspections of county jail facilities (VTCA, Local Government Code, Chapter 351, VTCA, Government Code, Chapter 511; Chapter 297.8, Texas Commission on Jail Standards).

- The facility was inspected on the date(s) indicated above, and it was determined that deficiencies exist. You are urged: (1) to give these areas of noncompliance your serious and immediate consideration; and (2) to promptly initiate and complete appropriate corrective measures. The Commission is available to discuss or assist you with the appropriate corrective measures required.

Failure to initiate and complete corrective measures following receipt of the Notice of Noncompliance may result in the issuance of a Remedial Order (Chapter 297.8, et seq.).

- This facility was inspected on the date(s) indicated above. There were no deficiencies noted and upon review of this report by the Executive Director of the Texas Commission on Jail Standards, a certificate of Compliance may be issued per the requirements of VTCA, Chapter 511 and Texas Minimum Jail Standards.

Authenticated:

-William Pharis

William T. Pharis, TCJS Inspector

Inter-Office Use Only

Received by: _____	_____
	Date
Reviewed by: _____	_____
	Date

cc: Judge
Sheriff

Individuals and/or entities regulated by the Texas Commission on Jail Standards shall direct all complaints regarding the commission procedures and functions to the Executive Director at: P.O. Box 12985 Austin, Texas 78711 (512) 463-6605 Fax (512) 463-2185 or at our agency website at www.tcjs.state.tx.us.

**TEXAS COMMISSION ON JAIL STANDARDS
ANNUAL JAIL REPORT**

County:	<u>Gregg</u>		
Sheriff:	<u>Maxey Certiano</u>	Judge:	<u>Bill Stoudt</u>
email:	<u>[redacted]</u>	email:	<u>[redacted]</u>
Jail Administrator:	<u>Jeff Callaway</u>	Inspector:	<u>William T. Pharris</u>
email:	<u>[redacted]</u>		

Last Inspection March 12-14, 2018 Compliant Yes Inspection Date(s) March 18-20, 2019
 Remedial Order N/A Effect: _____

Reportable Incidents <small>(Previous 12 month History)</small>	Fires	<u>0</u>	Escapes	<u>0</u>	Contract Inmates Housed FOR USM <u>60</u>
	Deaths	<u>0</u>	Walkaway	<u>0</u>	
	Suicides	<u>1</u>	Secured	<u>0</u>	

Date Plans Approved September 29, 2010

1. **Facility Name** South Jail

Address <u>101 E. Methvin St., Longview, Texas</u>	Zip Code <u>75801</u>	Drill Time <u>60s</u>
Phone # <u>(903) 238-8400</u>	Fax # <u>(903) 237-2819</u>	Facility Capacity <u>193</u>
Built <u>1982</u> Renovated <u>N/A</u> Addition <u>N/A</u>	Type <u>Max</u>	Average Daily Population <u>128.00</u>
Number of Variances <u>1</u>		Housing Total this Date <u>158</u>
		Holding Total this Date <u>0</u>

2. **Facility Name** North Jail Facility

Address <u>101 Whaley, Longview, Texas</u>	Zip Code <u>75801</u>	Drill Time <u>1m 11s</u>
Phone # <u>(903) 238-8400</u>	Fax # <u>(903) 237-2819</u>	Facility Capacity <u>883</u>
Built <u>1992</u> Renovated <u>N/A</u> Addition <u>1998</u>	Type <u>Min/Max</u>	Average Daily Population <u>551.17</u>
Number of Variances <u>0</u>		Housing Total this Date <u>512</u>
		Holding Total this Date <u>0</u>

3. **Facility Name** Marvin A. Smith Criminal Justice Center

Address <u>187 Floyd Wingo Rd., Kilgore, Tx.</u>	Zip Code _____	Drill Time <u>1m 8s</u>
Phone # <u>(903) 988-0609</u>	Fax # <u>(903) 988-0510</u>	Facility Capacity <u>40</u>
Built <u>1999</u> Renovated <u>N/A</u> Addition <u>N/A</u>	Type <u>Min</u>	Average Daily Population <u>24.87</u>
Number of Variances <u>0</u>		Housing Total this Date <u>20</u>
		Holding Total this Date <u>0</u>

<table border="0" style="width:100%;"> <tr> <td>Housing Capacity</td> <td><u>916</u></td> </tr> <tr> <td>Cells</td> <td>Capacity</td> </tr> <tr> <td>Sep Cells <u>51</u></td> <td><u>51</u></td> </tr> <tr> <td>Single Cells <u>42</u></td> <td><u>42</u></td> </tr> <tr> <td>M O. Cells <u>12</u></td> <td><u>104</u></td> </tr> <tr> <td>Downs <u>33</u></td> <td><u>719</u></td> </tr> <tr> <td>Neg Press Cells <u>0</u></td> <td><u>0</u></td> </tr> <tr> <td>Medical Cells <u>0</u></td> <td><u>0</u></td> </tr> <tr> <td>Note:</td> <td></td> </tr> </table>	Housing Capacity	<u>916</u>	Cells	Capacity	Sep Cells <u>51</u>	<u>51</u>	Single Cells <u>42</u>	<u>42</u>	M O. Cells <u>12</u>	<u>104</u>	Downs <u>33</u>	<u>719</u>	Neg Press Cells <u>0</u>	<u>0</u>	Medical Cells <u>0</u>	<u>0</u>	Note:		<table border="0" style="width:100%;"> <tr> <td>Holding Capacity</td> <td><u>31</u></td> </tr> <tr> <td>Cells</td> <td>Capacity</td> </tr> <tr> <td>Holding Cells <u>2</u></td> <td><u>28</u></td> </tr> <tr> <td>Detoxification Cells <u>3</u></td> <td><u>3</u></td> </tr> <tr> <td>Violent Cells <u>0</u></td> <td><u>0</u></td> </tr> </table> <table border="0" style="width:100%;"> <tr> <td>Construction Security Level</td> <td></td> </tr> <tr> <td>Minimum Capacity</td> <td><u>40</u></td> </tr> <tr> <td>Medium Capacity</td> <td><u>0</u></td> </tr> <tr> <td>Maximum Capacity</td> <td><u>876</u></td> </tr> </table>	Holding Capacity	<u>31</u>	Cells	Capacity	Holding Cells <u>2</u>	<u>28</u>	Detoxification Cells <u>3</u>	<u>3</u>	Violent Cells <u>0</u>	<u>0</u>	Construction Security Level		Minimum Capacity	<u>40</u>	Medium Capacity	<u>0</u>	Maximum Capacity	<u>876</u>	<table border="0" style="width:100%;"> <tr> <td>Females</td> <td><u>148</u></td> </tr> <tr> <td colspan="2"><small>(Female Population Total)</small></td> </tr> <tr> <td># of Cells</td> <td><u>38</u></td> </tr> <tr> <td># of Bunks</td> <td><u>198</u></td> </tr> </table> <table border="0" style="width:100%;"> <tr> <td>Contract Inmates</td> <td></td> </tr> <tr> <td>100 + Capacity (30% + Non - TX)</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> <td></td> </tr> </table>	Females	<u>148</u>	<small>(Female Population Total)</small>		# of Cells	<u>38</u>	# of Bunks	<u>198</u>	Contract Inmates		100 + Capacity (30% + Non - TX)		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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Population: Housing 690 Hold/Detox/Violent 0 Total System Population 690
(During Inspection)
 Total Inspection Time 19 hours Total Average Daily Population 703.83

Sheriff [Signature] Interview with Court Representative Yes No
 Jail Administrator [Signature] Commissioners Court Representative [Signature]

TEXAS COMMISSION ON JAIL STANDARDS - INSPECTION REQUIREMENTS REVIEW

-William Pharris

William T. Pharris, TCJS Inspector

Facility Name: Gregg County Jail

Date:

March 18-20, 2019

Chapter	Title	Comments
259	New Construction	Conducted a walk through inspection of the facility.
261	Existing Construction	Not applicable.
263	Life Safety	Inspected life safety equipment and conducted and observed emergency drill. Reviewed documentation. Conducted staff interviews.
265	Admission	Reviewed a random sample of 50 inmate files. Interviewed staff. Reviewed policy.
267	Release	Reviewed a random sample of 10 inmate files. Interviewed staff.
269	Records/Procedures	Reviewed policy and documentation. Interviewed staff and reviewed ADA compliance evaluation.
271	Classification	Reviewed a random selection of 50 inmate files. Reviewed staff training records. Reviewed internal classification audits. Reviewed policy. Interviewed staff. Technical assistance provided. - During a review of inmate classification, it was determined that on occasion there are issues with inmate classifications being performed by deputies and supervisors. Inmate Gilbert Garcia was reassessed a second time as a minimum with a blue warrant. The initial and first reassessment indicated a medium custody level. On a reassessment for inmate Michael Serrano, the starting custody level was a 5A (Min). Jail staff was trying to raise the custody level, but instead used the mitigating side and utilized the track for a 4 (Med) custody level. Inmate Dequallian Thomas was initially assessed as a 2 (Max). Jail staff utilized the box "Known Past/Present Inst. Behavior Problems." However, this was the first jailing in the Gregg County Jail and no negative institutional behavior reports existed. Follow-up action required. All deputies and supervisors who perform classification duties will take 4 hours of Objective Jail Classification within the next 30 days. Administration was advised that TEEEX has a free online 4 hour objective classification course available. Certificates or training rosters will be scanned and emailed to inspector and maintained on-site for Commission review.
273	Health Services	Reviewed a random selection of 50 files. Interviewed staff and inmates. Reviewed training records. Reviewed policy. Technical assistance provided. - During the walkthrough of the facility, Inspector Pharris spoke with inmate Bruce Earl Lacey. Inmate Lacey stated that he had been incarcerated for 11 days without his medication. The medical department advised that inmate Lacey's personal pharmacy was going to fill and mail his prescription medications on day 4 of his incarceration. On day 11, the day of the inspection, the medical department did not have the medication nor had they followed up with the pharmacy since the week before. The same day, it was discovered that the medication was delivered the day after speaking with the pharmacy. However, the packages did not arrive from the courthouse/south jail building to the north jail where medical is located. Medical immediately started dispensing the medication the same day. It was discussed with medical and administration about the importance of continuity of medication in regards to SB 1849 and minimum standards. No other inmates in the facility addressed concerns with medical and medical request forms observed were answered the day of or the day after. The facility also has 24 hour medical at the facility. Issue was addressed on-site. No further action required.
275	Supervision	Reviewed a random selection of 50 officer TCOLE certification records. Reviewed officer documentation. Interviewed staff.
277	Personal Hygiene	Conducted a facility walk through. Reviewed facility schedule.
279	Sanitation	Conducted a facility walk through. Interviewed staff and inmates. Reviewed policy.
281	Food Service	Conducted walk through inspection in kitchen area. Interviewed staff. Reviewed documentation.
283.1	Discipline	Reviewed 50 disciplinary hearing records. Interviewed staff and inmates. Reviewed policy. Reviewed inmate rules. Technical assistance provided. - During a review of inmate disciplinary, it was observed that on occasion jail staff are starting sanctions prior to the disciplinary conviction date. Administration was notified that sanctions cannot start prior to a disciplinary conviction from either a waiver or hearing. Issue was addressed on-site. No further action required.
283.3	Grievance	Reviewed 50 inmate grievance/complaints. Reviewed policy. Interviewed staff and inmates.
285	Exercise	Walk through of exercise area conducted. Reviewed documentation. Interviewed staff and inmates.
287	Education/Library	Reviewed policy and schedule. Interviewed staff and inmates.
289	Work Assignments	Reviewed policy and schedule. Interviewed staff and inmates.

TEXAS COMMISSION ON JAIL STANDARDS - INSPECTION REQUIREMENTS REVIEW

291.1	Telephone	Reviewed policy and schedule. Interviewed staff and inmates.
291.2	Correspondence	Reviewed policy and schedule. Interviewed staff and inmates.
291.3	Commissary	Reviewed policy and schedule. Interviewed staff and inmates.
291.4	Visitation	Reviewed policy and schedule. Interviewed staff and inmates.
291.5	Religious Practices	Reviewed policy and schedule. Interviewed staff and inmates.
xxx	Variances	Reviewed facility variances.
xxx	Remedial Orders	Not applicable.
xxx	Complaints	Not applicable.
xxx	CCQ	CCQ standards are being met by the facility as required by TLETS.

GREGG COUNTY FIRE MARSHAL'S FIRE AND SAFETY INSPECTION NOTICE

Street Address: 197 Floyd W...go
 Business Name: MMS
 Mailing Address: _____
 ZIP Code: 75401
 Phone: 903-237-8400

Gregg County
 Fire Marshal
 101 E. McVay
 Longview, TX 75601
 Office: 903-237-2527
 Fax: 903-753-3560

Occupancy Classification: _____
 Emergency Contact: _____
 Phone: _____
 Emergency Contact: _____
 Phone: _____

Type of Inspection: Annual Follow-up State Complaint Permit Other
MEASURES SHALL BE TAKEN IMMEDIATELY TO CORRECT ALL VIOLATIONS LISTED HEREIN.
FAILURE TO COMPLY WITHIN _____ DAYS MAY RESULT IN LEGAL ACTION
 The requirements of NFPA 101® Life Safety Code (2012 Edition) are in effect.

- | Yes | No | N/A | |
|---|-------------------------------------|--------------------------|------------------------------------|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | VIOLATIONS |
| OUTSIDE FEATURES | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Dumpsters |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Outside storage |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Tenant identification |
| FIRE SERVICE FEATURES: | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Fire lanes |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Required access |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Address numbers |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Knox box |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Knox box maintenance |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Obstruction |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Hydrant clear space |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | FDC access |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Hydrant locations (within 1000 ft) |
| GENERAL REQUIREMENTS: | | | |
| Maximum Occupancy: _____ (Assembly occupancies) | | | |
| STORAGE: | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Waste material |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Spontaneous ignition |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Removal of waste |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Storage in buildings |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ceiling clearance |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Equipment rooms |
| PLANNING & PREPAREDNESS: | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Fire evacuation plan |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Fire safety plan |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Drills |
| ELECTRICAL: | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Electrical hazards |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Illumination |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Working Space |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Multi-plug adapters |

- | Yes | No | N/A | |
|--------------------------|-------------------------------------|--------------------------|---|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | VIOLATIONS |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Extension cords |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Unapproved conditions |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Temporary wiring |
| FIRE SEPARATIONS: | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Maintenance |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Opening protectives |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ceilings |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Enclosure |
| FIRE PROTECTION: | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Appearance of equipment |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Testing & maintenance |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Alarm Company: <u>CPS</u> Date: <u>6/18</u> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sprinkler Company: <u>ITM</u> Date: <u>6/18</u> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sprinkler monitoring |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Hood/booth system monitoring |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Class K extinguisher |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Cleaning |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Hood system service |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Hood/Booth Company: _____ Date: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Annual extinguisher inspection |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Extinguisher Company: <u>Bluebeam</u> Date: <u>5/18</u> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Size & Distribution |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Un-obscured & Unobstructed |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Height above floor |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Smoke alarms |
| EXITS: | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Means of egress continuity |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Exit sign illumination |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Illumination emergency power |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Locks & latches |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Panic and fire exit hardware |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Other _____ |

Additional comments and/or requirements: Passed Inspection

John M. Moore Inspected By [Signature] Occupant's Signature 3-5-2019 Date/Times

White Copy - Inspector Yellow Copy - Occupant

GREGG COUNTY FIRE MARSHAL - FIRE AND SAFETY INSPECTION NOTICE

Street Address: 101 E. Methvin
 Business Name: South Mail
 Mailing Address: _____
 ZIP Code: 75601
 Phone: 903 236-8400

Gregg County
 Fire Marshal
 101 E Methvin
 Longview, TX 75601
 Office: 903-237-2527
 Fax: 903-753-3560

Occupancy Classification: _____
 Emergency Contact: _____
 Phone: _____
 Emergency Contact: _____
 Phone: _____

Type of Inspection: Annual Follow-up State Complaint Permit Other
MEASURES SHALL BE TAKEN IMMEDIATELY TO CORRECT ALL VIOLATIONS LISTED HEREIN.
FAILURE TO COMPLY WITHIN _____ DAYS MAY RESULT IN LEGAL ACTION
 The requirements of NFPA 101@ Life Safety Code (2012 Edition) are in effect.

- | Yes | No | N/A | |
|---|-------------------------------------|--------------------------|------------------------------------|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | VIOLATIONS |
| OUTSIDE FEATURES | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Dumpsters |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Outside storage |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Tenant identification |
| FIRE SERVICE FEATURES: | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Fire lanes |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Required access |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Address numbers |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Knox box |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Knox box maintenance |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Obstruction |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Hydrant clear space |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | FDC access |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Hydrant locations (within 1000 ft) |
| GENERAL REQUIREMENTS: | | | |
| Maximum Occupancy: _____ (Assembly occupancies) | | | |
| STORAGE: | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Waste material |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Spontaneous ignition |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Removal of waste |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Storage in buildings |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ceiling clearance |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Equipment rooms |
| PLANNING & PREPAREDNESS: | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Fire evacuation plan |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Fire safety plan |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Drills |
| ELECTRICAL: | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Electrical hazards |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Illumination |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Working Space |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Multi-plug adapters |

- | Yes | No | N/A | |
|--------------------------|-------------------------------------|--------------------------|--|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | VIOLATIONS |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Extension cords |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Unapproved conditions |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Temporary wiring |
| FIRE SEPARATIONS: | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Maintenance |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Opening protectives |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ceilings |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Enclosure |
| FIRE PROTECTION: | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Appearance of equipment |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Testing & maintenance |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Alarm Company: <u>Anchor Fire</u> Date: <u>2/18/19</u> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sprinkler Company: <u>Anchor Fire</u> Date: <u>2/13/19</u> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sprinkler monitoring |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Hood/booth system monitoring |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Class K extinguisher |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Cleaning |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Hood system service |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Hood/Booth Company: <u>Anchor Fire</u> Date: <u>12/18</u> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Annual extinguisher inspection |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Extinguisher Company: <u>Anchor Fire</u> Date: <u>5/18</u> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Size & Distribution |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Un-obscured & Unobstructed |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Height above floor |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Smoke alarms |
| EXITS: | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Means of egress continuity |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Exit sign illumination |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Illumination emergency power |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Locks & latches |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Panic and fire exit hardware |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Other _____ |

Additional comments and/or requirements: Passed Inspection

J. M. Moore
 Inspected By

Josh Tull #1031
 Occupant's Signature

3-5-2019
 Date/Times

White Copy - Inspector Yellow Copy - Occupant

GREGG COUNTY FIRE MARSHAL - FIRE AND SAFETY INSPECTION NOTICE

Street Address: 703 West Uhlauer
 Business Name: North Driv
 Mailing Address: _____
 ZIP Code: 75402
 Phone: 903-236-8400

Gregg County
 Fire Marshal
 101 E. Methvln
 Longview, TX 75601
 Office: 903-237-3527
 Fax: 903-753-3560

Occupancy Classification: _____
 Emergency Contact: _____
 Phone: _____
 Emergency Contact: _____
 Phone: _____

Type of Inspection: Annual Follow-up State Complaint Permit Other
MEASURES SHALL BE TAKEN IMMEDIATELY TO CORRECT ALL VIOLATIONS LISTED HEREIN.
FAILURE TO COMPLY WITHIN _____ DAYS MAY RESULT IN LEGAL ACTION
 The requirements of NFPA 101® Life Safety Code (2012 Edition) are in effect.

- | Yes | No | N/A | VIOLATIONS |
|--------------------------|-------------------------------------|--------------------------|---|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | OUTSIDE FEATURES |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Dumpsters |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Outside storage |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Tenant identification |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | FIRE SERVICE FEATURES: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Fire lanes |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Required access |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Address numbers |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Knox box |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Knox box maintenance |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Obstruction |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Hydrant clear space |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | FDC access |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Hydrant locations (within 1000 ft) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | GENERAL REQUIREMENTS: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Maximum Occupancy: _____ (Assembly occupancies) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | STORAGE: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Waste material |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Spontaneous ignition |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Removal of waste |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Storage in buildings |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ceiling clearance |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Equipment rooms |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | PLANNING & PREPAREDNESS: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Fire evacuation plan |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Fire safety plan |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Drills |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ELECTRICAL: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Electrical hazards |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Illumination |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Working Space |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Multi-plug adapters |

- | Yes | No | N/A | VIOLATIONS |
|--------------------------|-------------------------------------|--------------------------|--|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Extension cords |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Unapproved conditions |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Temporary wiring |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | FIRE SEPARATIONS: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Maintenance |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Opening protectives |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ceilings |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Enclosure |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | FIRE PROTECTION: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Appearance of equipment |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Testing & maintenance |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Alarm Company: <u>Leather & Acme</u> Date: <u>5-3-19</u> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sprinkler Company: <u>Leather & Acme</u> Date: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sprinkler monitoring |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Hood/booth system monitoring |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Class K extinguisher |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Cleaning |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Hood system service |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Hood/Booth Company: <u>Anchored S.C.</u> Date: <u>12-18</u> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Annual extinguisher inspection |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Extinguisher Company: <u>Anchored S.C.</u> Date: <u>5/18</u> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Size & Distribution |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Un-obscured & Unobstructed |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Height above floor |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Smoke alarms |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | EXITS: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Means of egress continuity |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Exit sign illumination |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Illumination emergency power |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Locks & latches |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Panic and fire exit hardware |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Other _____ |

Additional comments and/or requirements: Passer Inspection

John M. Moran Inspected By [Signature] Occupant's Signature 3-5-19 Date/Times

White Copy - Inspector Yellow Copy - Occupant



TEXAS
JUVENILE  JUSTICE
DEPARTMENT

Certificate of Registration

Be it known that

GREGG COUNTY JUVENILE DETENTION
CENTER

310 TURK ST.
LONGVIEW, TEXAS
75601

Is hereby registered as a
Pre-Adjudication Facility
Rated Capacity of 24

The aforementioned Juvenile Facility has completed all registration requirements of the Texas Juvenile Justice Department, as required by the Texas Family Code, and is hereby officially registered by the undersigned.

Registration is issued this the
1st Day of February 2019

Expiration Date: January 31, 2020

A handwritten signature in black ink, appearing to read "Camille Cain".

Camille Cain, EXECUTIVE DIRECTOR
TEXAS JUVENILE JUSTICE DEPARTMENT

COUNTY AUDITOR

Gregg County, Texas



101 E. Mathvin, Suite 306 • Longview, TX 75601 • (903) 237-2690 • FAX (903) 237-2695

March 23, 2019

The Honorable District Judges of Gregg County and
The Honorable Members of the Gregg County Commissioners Court:

In compliance with the statutory duties of the County Auditor as prescribed by Section 114.025 of the Local Government Code of the State of Texas, the Financial Statements of Gregg County, Texas are presented in conformity with generally accepted accounting principles (GAAP) and audited in accordance with generally accepted auditing standards by a firm of licensed certified public accountants. Pursuant to the requirement, we hereby issue the comprehensive annual financial report of Gregg County for the fiscal year ended September 30, 2018. The report is prepared by the Gregg County Auditor's Office.

Responsibility for both the accuracy of the data, and the completeness and fairness of the presentation, including all disclosures, rests with the County. To the best of our knowledge and belief, the data presented is accurate in all material respects and is reported in a manner that presents fairly the financial position and results of operations of Gregg County. All disclosures necessary to enable the reader to gain an understanding of the government's financial activities have been included.

Gregg County's financial statements have been audited by Patillo, Brown and Hill, LLP. The goal of the independent audit was to provide reasonable assurance that the financial statements of Gregg County for the year ended September 30, 2018 are free of material misstatement. The independent audit involved examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements; assessing the accounting principles used and evaluating the overall financial statement presentation. The independent auditors concluded based upon the audit, that there was a reasonable basis for rendering an unqualified opinion that Gregg County's financial statements are fairly presented in conformity with GAAP. The independent auditors' report is presented as the first component of the financial section of this report.

Generally accepted accounting principals require a narrative introduction, overview, and analysis to accompany the basic financial statements in the form of Management's Discussion and Analysis (MD&A). The Financial Statements are presented in three sections: introductory, financial and compliance. The introductory section includes this transmittal letter, the county's organizational chart and a list of officials. This letter of transmittal is designed to complement MD&A and should be read in conjunction with it. Gregg County's MD&A can be found in the financial section. The financial section also includes government-wide financial statements, fund financial statements, notes, required supplementary information and the combining and individual fund financial statements and schedules in addition to the report of the independent auditors.

PROFILE OF GREGG COUNTY

Located in northeast Texas, Gregg County was inhabited by Caddo Tribes until the early 1800s and partly by Cherokee immigrants until 1839. Gregg County was settled by farmers from the southern United States after Texas achieved statehood in 1845 and land area is 273 square miles. The construction of the railroad in the 1870's established the early towns that were to form Gregg County. The 2010 person per square mile was 445.

In 1873, State Representative B. W. Brown introduced a bill to create Gregg County from parts of Upshur and Rusk Counties. The county seat is Longview. The name for Gregg County commemorated a leader named John Gregg who was killed in action as a Confederate General.

Cotton was the early foundation of the economy, occupying about half of the county's cultivated acreage, and the use of the uncultivated acreage was timber for the sawmills. Late in the 1930's, Gregg County was rescued from the Great Depression by the largest pool of petroleum ever discovered in the United States. The new wealth resulted in a multitude of civic improvements being initiated before drilling slackened off.

Beginning in 1964, the construction of Interstate Highway 20 confirmed Gregg County's fortunate location on a natural east-west transportation artery. The economy that was based almost entirely on oil production and manufacturing has successfully diversified to sustain slow growth.

The County is a political subdivision of the State of Texas. The general governing body of the County is the elected five-member Commissioners' Court in accordance with Article 5, Paragraph 18 of the Texas Constitution. Commissioners serve four-year staggered terms, two members elected every two years. The County Judge is elected at large to serve a four-year term.

The annual budget serves as the foundation of Gregg County's financial planning and control. All departments of the County are required to submit budget requests to the budget officer during May of each year. The budget officer uses these requests as the starting point for developing a proposed budget along with revenue estimates provided by the County Auditor. The proposed budget is then presented to the Commissioners Court for review. The Commissioners Court is required to hold public hearings of the proposed budget. The County is required to adopt a final budget by the first day of the new fiscal year. The appropriated budget is prepared by fund, department and function. All transfers of appropriations other than interdepartmental operating category transfers require Commissioners Court approval.

The Commissioners' Court also sets the tax rates, establishes policies for County operations, and approves contracts for the County. The Commissioners' Court is responsible for approving financial commitments and appointment of various department heads. The management and leadership provided by members of the Commissioners' Court and the elected and appointed officials of other key County offices is crucial to the success of the County in financial management and growth.

The County Auditor has the responsibilities for prescribing the systems and procedures for handling the finances of the County and "examining, auditing and approving" all disbursements from County funds prior to their submission to the Commissioners' Court for approval.

The County provides many services not ordinarily provided by any other entity of government and provides additional services in cooperation with other local governmental units. A primary service is the administration of justice, which includes the civil and criminal county and district courts, justices of the peace, constables, district attorney, investigators, clerks of the courts, sheriff, jail, security and emergency management. Other functions performed by the County include 1) the construction and maintenance of roads and bridges, either independently or in cooperation with other entities; 2) administration of public health services; 3) assistance to indigents; 4) the provision of juvenile, health, education and welfare services involving the care and correction of dependent or delinquent children; 5) property tax collections for multiple agencies; 6) administration of elections; and 7) depository of public records. The County also operates an airport for the benefit of its citizens.

FINANCIAL INFORMATION

Management of the County is responsible for establishing and maintaining an internal control structure designed to ensure that the assets of the government are protected from loss, theft or misuse and to ensure that adequate accounting data is compiled to allow for the preparation of financial statements in conformity with generally accepted accounting principles. The internal

control structure is designed to provide reasonable, but not absolute, assurance that these objectives are met. The concept of reasonable assurance recognizes that: (1) the cost of a control should not exceed the benefits likely to be derived; and (2) the valuation of costs and benefits requires estimates and judgments by management.

Single Audit As a recipient of federal and state financial assistance, the County is responsible for ensuring that an adequate internal control structure is in place to ensure compliance with applicable laws and regulations related to those programs. This internal control structure is subject to periodic evaluation by management and the internal audit staff of the County.

The County is also required to undergo an annual single audit in conformity with the provisions of the Single Audit Act of 1984 and U.S. Office of Management and Budget Circular A-133, Audits of State and Local Governments. Information related to this single audit, including a schedule of expenditures of federal and state awards, findings and questioned costs, and independent auditor's reports on the internal control structure and compliance with applicable laws and regulations, is included in the compliance section of this report.

As a part of the County's single audit, described earlier, tests are made to determine the adequacy of the internal control structure, including that portion related to federal financial assistance programs, as well as to determine that the government has complied with applicable laws and regulations. The results of the County's single audit for the fiscal year ended September 30, 2018 provided no instances of material weaknesses in the internal control structure or significant violations of applicable laws and regulations.

Factors Affecting Financial Condition

Local Economy The County has diversified its economy from oil and gas and now includes manufacturing, medical and retail facilities. This diversification has lessened the effects of the economic downturn a few years ago. Over the past decade, mineral values associated with the oil and gas industry have declined significantly and had an adverse affect on the county's tax base. The rise in property values over this time period, the addition of national retail stores within the county and expansions of existing companies have helped stabilize the overall tax base by substantially offsetting the mineral value decreases. Tax base valuations for the FY18 budget increased from \$8.51 billion to \$8.61 billion.

The 2017 population estimate is 123,367. Median household income, 2013-2017 is \$47,970. Housing units for 2017 were 51,829 compared with 51,963 in 2017. Homeownership rate, 2013-2017 is 58.8%. The median value of owner-occupied housing units for the same time period is \$130,000. The December, 2018 Gregg County unemployment rate was 3.9% compared with the 3.7% statewide rate, and a 3.9% national rate for the same period.

Budgetary Controls The annual budget serves as the foundation for the County's planning and control. Budget hearings are posted annually in August with the final budget and setting of the tax rate approved by the Commissioners' Court following the hearings. Activities of the general fund, certain special revenue funds and debt service funds, if any, are included in the annual budget. Project length financial plans are adopted for capital projects funds. The budget is adopted at the categorical level for operating expenditures. In addition, the budget is approved at the position level to maintain control of salaries at the position level instead of the department level. The County maintains an encumbrance accounting system as one method of accomplishing budgetary control. Encumbered amounts lapse at year-end and are not appropriated as part of the following year's budget. Budget to actual comparisons are provide in this report for each major governmental fund.

As demonstrated by the statements and schedules included in the financial section of this report, the County continues to meet its responsibility for sound financial management.

Long-term Financial Planning Gregg County has adopted several financial management policies to provide guidelines to insure its long-term financial health. The Fund Balance policy sets a minimum level for reserves at 25% of the budgeted operating expenditures. Currently, the County is one of the few Texas counties that are not encumbered with major debt obligations. The County adhered to its goals of early retirement of all of its callable bonds and plans to continue this policy if any future debt service is required, which is not foreseen in the near future. The County will attempt to pay all capital improvement project costs on a cash basis. To further strengthen our long-term financial planning, Gregg County annually updates and adopts its formal Capital Improvements Plan.

OTHER INFORMATION

Independent Audit The audit was designed to meet the requirements of the federal Single Audit Act of 1984 and OMB Circular A-133. The auditor's report on the general-purpose financial statements is included in the financial section of this report. The auditor's reports related specifically to the single audit are included in the compliance section.

Awards and Acknowledgements The Government Finance Officers Association (GFOA) awarded a Certificate of Achievement for Excellence in financial Reporting to Gregg County for its comprehensive annual financial report (CAFR) for the fiscal year ended September 30, 2017. This was the sixth year that the government has received this prestigious award. In order to be awarded a Certificate of Achievement, the county must publish an easily readable and efficiently organized CAFR. This report satisfied both GAAP and applicable legal requirements.

A Certificate of Achievement is valid for a period of one year only. We believe that our current CAFR continues to meet the Certificate of Achievement Program's requirements and we are submitting it to the GFOA to determine its eligibility for another year.

Gregg County, in 2014, was awarded the Leadership Circle "Platinum" Award by the Texas Comptroller of Public Accounts, at the time the highest level of transparency. The Leadership Circle recognizes local governments across Texas that are striving to meet a high standard for financial transparency online by opening their books to the public; providing a clear, consistent picture of spending; and sharing information in a user-friendly format. The "Platinum" award recognizes local governments that go above and beyond providing financial transparency.

The preparation of this report would not have been possible without the efficient and dedicated services of the entire staff of the County Auditor's office. We would also like to express our appreciation to all the officials and members of county offices who assisted in and contributed to the preparation of this annual report.

In addition, I express my appreciation to the District Judges, the County Judge and Commissioners Court members, and all other County officials who have given their support in planning and conducting the financial operation and management of Gregg County in a responsible manner.

Respectfully submitted,

Laurie Woloszyn
Gregg County Auditor

**BERKLEY
SPECIALTY**
Underwriting Managers



AmWINS

PROGRAM UNDERWRITERS

An AmWINS Group Company

E-mail: Tanks@berkleysum.com Fax: (888) 201-8109

Email: aputankadvantage@amwins.com Fax: (717) 214-2801

This Renewal Application is for a policy providing coverage on a claims made and reported basis. Payment of defense costs may erode the limits of liability depending upon the coverage listed and provided in the Declarations.

Instructions	
<ul style="list-style-type: none"> Please print clearly or type. Answer all questions completely. If any question(s) does not apply, enter "N/A" in the space provided. 	<ul style="list-style-type: none"> If additional space is needed to answer any question, attach details on a separate sheet using the first Named Insured's letterhead and reference the applicable section number. This application must be signed and dated by an authorized Owner, Principal, Partner, Director or Risk Manager of the first Named Insured.
Please submit the following information in addition to this application.	
<ul style="list-style-type: none"> Any environmental surveys; assessments; audits; storage tank inspections performed at any of the locations to be considered. 	<ul style="list-style-type: none"> Recent storage tank testing records for the tanks and lines.
<ul style="list-style-type: none"> Any maintenance records for the locations and or storage tank systems. 	<ul style="list-style-type: none"> If requesting a retention amount greater than \$25,000, submit the past two years of complete financial statements.

Named Insured:	Gregg County		
Telephone Number:	903-234-3195	Fax Number:	Click here to enter text.
FEIN:	Click here to enter text.	Email:	Click here to enter text.
Expiring Policy Number:	CST2003450-15	Policy Expiration Date:	08/04/2017

Yes	No	Location and Storage Tank System(s)	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	1.	Are there any new location(s) and/or storage tank system(s) that need to be added to your policy? If Yes, complete and submit a new Berkley TankAdvantage Application for the new location(s) and/or storage tank system(s).
<input type="checkbox"/>	<input checked="" type="checkbox"/>	2.	Are there any location(s) and/or storage tank system(s) that you would like to be removed from your policy? If Yes, indicate which location(s) and/or storage tank system(s) should be removed and why.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	3.	Have you sold or abandoned any location(s) and/or storage tank system(s)? If Yes, indicate which location(s) and/or storage tank system(s) have been sold or abandoned.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	4.	Have you leased or subleased any of your location(s) and/or storage tank system(s)? If Yes, indicate (1) which location(s) and/or storage tank system(s) have been leased or subleased, (2) the details of the lease or sublease agreement including a list of tenants, and (3) who is responsible for location and/or storage tank system maintenance and testing activities.

Yes	No	Location and Storage Tank System(s)	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	5.	At the time of signing this application, do all storage tank systems comply, at a minimum, with the United States Environmental Protection Agency's (US EPA) or local regulatory agency requirements regarding construction, overflow/spill protection and leak detection for tanks, piping and dispensing systems? If No, provide details.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	6.	Are there any tanks at this location that are not registered with the applicable state regulatory agency or that are not included within this application? If Yes, provide details.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	7.	Are there any temporarily out of service, empty, out of use or inactive location(s) and/or storage tank system(s)? If Yes, indicate which location(s) and/or storage tank system(s) to which this question applies.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	8.	Do you have plans to upgrade, repair, remove or replace any of the storage tank system(s) submitted for coverage in the next twelve (12) months? If Yes, attach a detailed description of the planned activities with a timeline for activities to be completed.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	9.	Have there been any other changes made to the location(s) and/or the storage tank system(s) that we should be made aware of? If Yes, describe and attach applicable documentation.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	10.	Have you updated your Risk Management plan, SPCC plan, maintenance, testing, and/or inspection records for your location(s) and/or storage tank system(s)? If Yes, attach current documents with this application.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	11.	Have there been any reportable releases and/or pollution claims for bodily injury, property damage or cleanup costs including, but not limited to, claims by private persons, public entities, governmental agencies or other third parties at the location(s)? If Yes, provide an explanation and attach copies of applicable reports.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	12.	Have you been cited or prosecuted for any violation of any applicable environmental law and/or federal, state or local regulation arising from the release or spill of hazardous substances, hazardous waste or any other pollutants? If Yes, provide details.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	13.	Are there any statutes, standards, or other city, state and/or federal regulations relating to the protection of the environment with which you cannot at the present comply with? If Yes, provide details.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	14.	Are there any other changes underwriting should be made aware of such as but not limited to amendments to the named insured, additional insureds, additional named insureds, etc.? If Yes, provide details.
Yes	No	Future Plans	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	15.	Are there any future plans to lease or sublease any of your locations and/or storage tank systems? If Yes, provide details.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	16.	Are there any future plans to sell or refinance any of your locations and/or storage tank systems? If Yes, provide details.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	17.	Are there any plans for future development, improvement, excavation, betterment, land condemnation, demolition or plans for changes at any of your locations? If Yes, provide details.

SCHEDULE OF COVERED LOCATION(S) AND COVERED STORAGE TANK SYSTEM(S)

This schedule is a part of the policy to which it is attached. Please read it carefully.

Policy Number	Policy Effective Date	Policy Expiration Date	Endorsement Effective Date
CST2003450-17	08/04/2018	08/04/2019	

In consideration of the premium charged, it is agreed and understood that coverage is provided for the covered location(s) and covered storage tank system(s) listed below.

Location Number: 1/50000
Location Name: Courthouse
Location Address: 101 E. Methvin Street, Longview TX 75601
Retroactive Date(s):

Tank No.	Tank Type	Installation	Capacity	Contents	Retroactive Date Coverage A	Retroactive Date Coverage B
1	AST	07/01/2012	1,000	Diesel	08/04/2012	08/04/2012

Location Number: 2
Location Name: Health Department
Location Address: 405 E. Marshall Avenue, Longview TX 75601
Retroactive Date(s):

Tank No.	Tank Type	Installation	Capacity	Contents	Retroactive Date Coverage A	Retroactive Date Coverage B
1	AST	01/01/2006	278	Diesel	10/01/2008	10/01/2008

Location Number: 3
Location Name: MAS
Location Address: Hwy 1252, Kilgore TX 75662
Retroactive Date(s):

Tank No.	Tank Type	Installation	Capacity	Contents	Retroactive Date Coverage A	Retroactive Date Coverage B
1	AST	01/01/1999	50	Diesel	10/01/2008	10/01/2008

Location Number: 4
Location Name: Precinct #1
Location Address: 1179 FM 449, Longview TX 75605
Retroactive Date(s):

Tank No.	Tank Type	Installation	Capacity	Contents	Retroactive Date Coverage A	Retroactive Date Coverage B
1	AST	05/01/1997	6,000	Diesel	10/01/2008	10/01/2008

Location Number: 5
Location Name: North Jail
Location Address: 103 W. Whaley, Longview TX 75601
Retroactive Date(s):

Tank No.	Tank Type	Installation	Capacity	Contents	Retroactive Date Coverage A	Retroactive Date Coverage B
1	AST	01/01/1992	250	Diesel	10/01/2008	10/01/2008

Location Number: 6
Location Name: Juvenile Center
Location Address: 310 Turk, Longview TX 75601
Retroactive Date(s):

Tank No.	Tank Type	Installation	Capacity	Contents	Retroactive Date Coverage A	Retroactive Date Coverage B
1	AST	01/01/1985	100	Diesel	10/01/2008	10/01/2008

Location Number: 7
Location Name: Precinct #3
Location Address: 6174 FM 2206, Longview TX 75604
Retroactive Date(s):

Tank No.	Tank Type	Installation	Capacity	Contents	Retroactive Date Coverage A	Retroactive Date Coverage B
1	AST	01/01/1983	6,000	Diesel	10/01/2008	10/01/2008

Location Number: 8
Location Name: Precinct #4
Location Address: 710 S. MLK, Kilgore TX 75662
Retroactive Date(s):

Tank No.	Tank Type	Installation	Capacity	Contents	Retroactive Date Coverage A	Retroactive Date Coverage B
1	AST	01/01/2007	1,500	Diesel, Gas	10/01/2008	10/01/2008

Location Number: 9
Location Name: Gregg County Sheriff's Hanger
Location Address: 201 Corporate Drive- East Tx Regional Airport, Longview TX 75603
Retroactive Date(s):

Tank No.	Tank Type	Installation	Capacity	Contents	Retroactive Date Coverage A	Retroactive Date Coverage B
1	AST	08/01/1998	12,000	Jet fuel	08/04/2011	08/04/2011

Fraud Warning

NOTICE TO ARKANSAS APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO CALIFORNIA APPLICANTS: For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING - It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: WARNING Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

NOTICE TO TENNESSEE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO VIRGINIA APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO WASHINGTON APPLICANTS: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

NOTICE TO ALL OTHER STATE APPLICANTS: Any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

Notice to Applicant

The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated. Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance. The coverage applied for is solely as stated in the policy and any endorsement thereto, which provides coverage for cleanup costs, bodily injury and property damage liability coverage for claims first made against the insured and reported to the insurer, in writing, during the policy period. All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part hereof. The applicant further acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation.

Applicant Signature	Click here to enter text.
Printed Name	Judge Bill Stoudt
Title	County Judge
Date	Click here to enter text 6-28-17

Miscellaneous Medical Professional Liability Application (Claims Made Form)

1. Full Name of Applicant (Including all dba's and subsidiaries seeking coverage under the policy for which you are applying):

GREGG COUNTY TEXAS
HEALTH DEPARTMENT

2. Mailing and Location Address: (If multiple addresses include an attachment with a complete schedule of all locations)

405 E. Marshall Avenue, Longview, Tx

3. Internet Address:

www.co.gregg.tx.us/health-welfare

4. Date Established:

5. Type of Entity:

- Corporation Partnership
 Individual Other:

Municipality

6. Is this entity owned by, associated with or controlled by any other entity? YES NO If Yes, please give details:

7. Professional Activities and Specialty:

- | | | | |
|---|---------------------------------|------------------------------|---|
| <input type="checkbox"/> Ambulance Service | <input type="checkbox"/> Ground | <input type="checkbox"/> Air | <input type="checkbox"/> Methadone Clinic |
| <input type="checkbox"/> Cosmetic Aesthetics Clinic (Merli Spa) | | | <input type="checkbox"/> Mental Health Services |
| <input type="checkbox"/> Dental Practice | | | <input type="checkbox"/> Nurses Registry |
| <input type="checkbox"/> Drug and Alcohol Treatment | | | <input type="checkbox"/> Pharmacy |
| <input type="checkbox"/> Home Healthcare Agency | | | <input type="checkbox"/> Radiology (Teleradiology) <input type="radio"/> YES <input type="radio"/> NO |
| <input type="checkbox"/> Hospice | | | <input type="checkbox"/> Residential Care Facility |
| <input type="checkbox"/> Kidney Dialysis Center | | | <input type="checkbox"/> Social Services |
| <input type="checkbox"/> Laser Vision Correction Center | | | <input type="checkbox"/> Surgery Center |
| <input checked="" type="checkbox"/> Medical Clinic | | | <input checked="" type="checkbox"/> Other (Please Provide Details) |
| <input type="checkbox"/> Medical Staffing | | | |

Outpatient for jail

8. If you provide Hospice Services, please list details of the services below: N/A

Private Home	%	Nursing Home	%	Other	%
Freestanding Hospice Center	%	Assisted Living Facility	%		
Number of Licensed Beds		Rehabilitation Hospital	%		

9. State the approximate division of patients:

Cosmetic or Elective	<input type="text"/>	%	Holistic or Alternative Medicine	<input type="text"/>	%
Counseling	1	%	Hospice	<input type="text"/>	%
Communicable Diseases	2	%	Obstetric	<input type="text"/>	%
Dental	<input type="text"/>	%	Pediatric	<input type="text"/>	%
Developmentally Disabled	<input type="text"/>	%	Psychiatric	3	%
Dialysis	<input type="text"/>	%	Research or Experimental	<input type="text"/>	%
Family Planning	2	%	Substance Abuse - Drug or Alcohol	2	%
General Medical	43	%	Surgical	<input type="text"/>	%
Geriatric	1	%	Other (Please provide details):	<input type="text"/>	%

Jail 46%

10. Please provide the number of employees or independent contractors and whether or not they carry their own individual medical malpractice coverage for their services on behalf of this entity:

	Employees or Volunteer	Independent Contractors	Insured On Own Med Mal Policy		Employees or Volunteer	Independent Contractors	Insured On Own Med Mal Policy
Physicians (no surgery)	<input type="text"/>	HC 1/1	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Occupational Therapists	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO
Physicians (surgical)	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO	Physical Therapists	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO
Physician Assistants	<input type="text"/>	2	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Speech Therapists	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO
Surgical Technicians	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO	Other (Chronic Office)	3	<input type="text"/>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Certified Nurse Anesthetists	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO	Total Staff:	HC (13/18) jail		
Nurse Practitioners	<input type="text"/>	1	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	** Please attach copies of declarations pages on all individuals that carry their own medical malpractice.			
Registered Nurses	HC 1/3	Jail	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	If you have a Medical Director, provide name, speciality and C.V.:			
LPN's or Nurse Aides	HC 3/7	Jail	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Dr. Lewis Browne & Dr. Gary White Health Clinic Jail			
X-Ray Technicians	<input type="text"/>	1	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	a) Are Medical Director's duties administrative only? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
Medical Assistants	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO	b) Does Medical Director provide direct patient care? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
Optometrists	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO	c) What medical malpractice limits is Medical Director required to carry? Not required - submitted on this policy			
Opticians	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO				
Pharmacists	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO				
Pharmacy Technicians	Jail 1	<input type="text"/>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
Chiropractors	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO				
Massage Therapists	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO				
Laboratory Technicians	HC 1/1	Jail	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
Paramedics	<input type="text"/>	1	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
EMT's	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO				
Social Workers	HC 2	<input type="text"/>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
Aestheticians	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO				
Perfusionists	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO				

11. Are all of the above individuals licensed in accordance with applicable state and federal regulations? YES NO
 If No, Please attach a detailed explanation.

12. Has the applicant or any of the above employees and/or independent contractors:

Please attach explanation for any of the questions below answered "YES":

- a) Ever been the subject of disciplinary or investigative proceedings or been reprimanded by a governmental or administrative agency, hospital or professional association? YES NO
- b) Ever been convicted for an act committed in violation of any law or ordinance other than a traffic offense? YES NO
- c) Ever been treated for alcoholism or drug addiction? YES NO
- d) Ever had any state professional license or license to prescribe or dispense narcotics refused, suspended, revoked, renewal refused or accepted only on special terms or ever voluntarily surrendered same? YES NO

13. Does the applicant perform any of the following non surgical procedures or treatment?

- a) Acid or chemical peels YES NO
 Solution Strength If over 30% is this done by licensed MD YES NO
- b) Acupuncture YES NO
- c) Angiography, Artiography, Venography YES NO
- d) Botox Injections YES NO
- e) Catheterization (other than urinary or umbilical) YES NO
- f) Closed reduction of compound fractures YES NO
- g) Collagen injections YES NO
- h) Electrolysis YES NO
- i) Laser Treatments (non-surgical) if Yes, which of the following: YES NO
 - Hair Removal
 - Skin Resurfacing
 - Tatroo Removal
 Other:
- j) Lipodissolve YES NO
- k) Mesotherapy YES NO
- l) Microdermabrasion YES NO
- m) Pain management (non surgical) YES NO
- n) Permanent Makeup Application YES NO

- o) Psychiatric shock therapy YES NO
- p) Radiation Therapy and/or Chemotherapy YES NO
- q) Sclerotherapy YES NO
- r) Silicone Injections YES NO

14. Does the applicant perform any of the following surgical procedures?

- a) Abortions If Yes, please answer the following: YES NO
 What is the maximum trimester
 What methods
 How many per month
- b) Bariatric Surgery If Yes, attach a list of types performed YES NO
- c) Biopsies YES NO
- d) Circumcisions YES NO
- e) Colonoscopies or Endoscopies YES NO
- f) Cosmetic Plastic Surgery If Yes, what percentage of Practice? YES NO
- g) Cryosurgery YES NO
- h) Deliveries YES NO If Yes, C Sections? YES NO
- i) Dilatation and curettage YES NO
- j) Hysterectomies YES NO
- k) Minor surgical procedures only YES NO
- l) Major surgical procedures YES NO
- m) Mastectomies or lumpectomies YES NO
- n) Neurosurgery YES NO
- o) Organ transplant surgery YES NO
- p) Orthopedic surgery other than spinal YES NO
- q) Penile lengthening or enhancement surgery YES NO
- r) Sex change operations or sexual reassignment surgery YES NO
- s) Spinal surgery YES NO
- t) Surgical podiatry YES NO
- u) Vasectomies YES NO
- v) Other

15. Does the applicant administer methadone treatment?

YES NO
 If yes, how many slots? All methadone is administered under the direction of the prescribing doctor

16. Does the applicant administer detoxification treatment?

YES NO
 How many patients annually? Total approx 150

17. Does the applicant maintain any beds for overnight occupancy? YES NO
 If Yes, what is the total number of beds?

18. Does the applicant provide services to Nursing Homes or Assisted Living Centers? YES NO
 If Yes, please provide description of the services, and the percentage (%) of total revenue derived from these services:

19. Is anesthesia (other than topical or by means of local infiltration) administered at the applicant's facility? YES NO
 If Yes, what percentage of procedures require general anesthesia?

20. Does the applicant sell any products? YES NO
 If Yes, please include product brochures:
 a) What kind of products?
 b) Do any of these products require a physicians prescription? YES NO
 c) Do you re-label these products in your own name? YES NO

21. State sources and amounts of total revenue:	<u>Last 12 months</u>	<u>Estimate for next 12 months</u>
Charitable Contributions	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>
Government Funding	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>
Fee for service	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>
Other income: <u>County Funding</u>	<u>2,158,510⁰⁰</u>	<u>2,312,510⁰⁰</u>
Total Gross Revenues	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>

22. Please provide the number of annual patients encounters or client visits:	<u>Last 12 months</u>	<u>Estimate for next 12 months</u>
Outpatient Visits (Non-Surgical)	<u>8,079</u>	<u>8,200</u>
Surgical Procedures (not included in above)	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>
Other: <u>Tail</u>	<u>6,500</u>	<u>7,000</u>

23. If the applicant has or is a training school, please provide the following: (attach separate sheet if more room needed)

Profession for which students are being trained.	Max # students per session.	# of sessions per year	% of time in clinical settings	Qualifications of Facility (MD, RN, PHD)
<input style="width: 95%;" type="text"/>	<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>	<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>	<input style="width: 95%;" type="text"/>

24. Please provide the following information as respects the last five years of professional liability coverage beginning with the most current coverage. (If None, state NONE)

Carrier	Limit	Deductible	Premium	Policy Term
Admiral Ins. Company	\$1M	\$2,500		16/17
Admiral Ins. Company	\$1M	\$2,500		15/16
Admiral Ins. Company	\$1M	\$2,500		14/15
Admiral Ins. Company	\$1M	\$2,500		13/14
Admiral Ins. Company	\$1M	\$2,500		12/13

25. What is the retroactive date on your current policy? 10/1989

26. Is the applicant currently insured under a Commercial General Liability policy? YES NO
 If Yes, please attach copies of declaration page. **Travelers Public Entity**

27. Does the applicant own, operate or manage any business other than the one (s) described in this application for which you are applying for coverage? YES NO
 If Yes, please provide complete details, including name of entity, your ownership interest or contractual relationship and information on their insurance program.

28. Has any application for professional liability insurance made on behalf of the Applicant, any predecessors in business or present partners ever been declined, cancelled or non renewed? YES NO
 If Yes, please provide details including name of carrier and dates.

29. Has any claim ever been made against the Applicant or any of its employees? YES NO
 If Yes, please complete the Supplemental Claim Information Form with your submission of this application. [Form Link](#)

30. Is the applicant aware of any circumstances which may result in any claim against them or their employees? YES NO
 If Yes, please provide full details on each incident including name of parties involved, date of treatment and current status of incident.

I/We declare that I/We have reviewed this Application for accuracy before signing it, that the above statements and representations are true and correct, and that no facts have been suppressed or misstated. I/We understand that this is an application for insurance only and that the completion and submission of this Application does not bind the Company to sell nor the applicant to purchase this insurance. I/We nevertheless acknowledge that any contract of insurance issued by the Company in response to this Application will be in full reliance upon the statements and representations made in this Application and that this Application will be made part of the policy. I/We understand that any contract of insurance issued by the Company in response to this Application will be issued on a claims made form.

Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance, or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any material fact, commits a fraudulent insurance act, which is a crime and may also be subject to civil penalty.

I/We hereby declare that the above statements and particulars are true and I/We agree that this Application shall be the basis for any contract of insurance issued by the Company in response to it.

Electronic Signature of Applicant or Authorized Representative:

Current Date:

Title

If you prefer not to return application with an electronic signature, please print and sign below:

Signature of Applicant or Authorized Representative

Current Date:

Title

Bill Stouff, Gregg County Judge
 Type or print your name & title:

903-236-8400
 Type or print your phone number

Type or print your e-mail address

Please attach the following documents to this application:

- * Resumes or CV's on principals and partners
- * Copies of brochures, marketing or advertising materials
- * Five years of currently valued company loss runs.
- * Information on disciplinary actions, license revocations, etc.
- * Copy of most current declarations page

MedTech Elite Endorsement Technology/Regulatory/Privacy Supplemental Application

This is a supplemental application to be completed with the Miscellaneous Medical Professional Liability Application

Applicant's Name:

Gregg County, Texas
Network Security Measures and Procedures

1) Please describe your security measures utilized to protect:

a. Your physical premises and facilities:

jail - secured lockup areas
 Health Clinic - has 2 deputized County Employees on location

b. Your computer network and systems:

Firewall prevents hacking & phishing. Gregg County Information Services has on site/offsite backups to prevent data loss. Cisco V.P.N. traffic is encrypted. WSUS for secure updates. Sophos Anti-virus.

2) Please describe security measures and procedures used to protect sensitive data in your care, custody and control.

All electronic data is secured by passwords. All medical information is kept secured in medical in the jail and out of plain sight for privacy & protection. Health Clinic limits patient access to rooms at the clinic.

3) Please describe security measures and procedures used to secure, protect, monitor and track mobile hardware (laptops, communication devices, etc.).

All computer equipment is tracked by the public department. All hardware requires secured passwords in order to access the system.

4) Do you have a formal, documented security policy?

Yes No

Are all employees required to read, receive and understand security policy?

Yes No

5) Are employees/contractors references contacted prior to hiring?

Yes No

How are references checked Written Verbal Both

If verbal only, please explain

Do you question prospective employees/contractors as to any criminal record?

Yes No

Do you verify certification and/or professional licensure status of employees/contractors?

Yes No

Are employees/contractors screened to rule out drug, alcohol and/or sexual abuse?

Yes No

6) Are you currently HIPAA/HITECH compliant? Yes No

7) Do you utilize encryption for data stored? Yes No
 Do you utilize encryption for data transmitted between locations or systems? Yes No

8) Do you backup computer systems and data? Yes No
 If "yes": How often are backups performed? daily
 If "yes": Are backups stored off site? Yes No

9) Are your computer systems and networks actively monitored? Yes No
 If "yes": By whom? IT Department @ Gregg Benby

10) Have you experienced any security breaches or data loss events? Yes No
 If "yes": Please explain the specifics and any action taken to prevent recurrence:

I/We declare that I/we have reviewed this Application for accuracy before signing it, that the above statements and representations are true and correct, and that no facts have been suppressed or misstated. I/We understand that this is an application for insurance only and that the completion and submission of this Application does not bind the Company to sell nor the applicant to purchase this insurance. I/We nevertheless acknowledge that any contract of insurance issued by the Company in response to this Application will be in full reliance upon the statements and representations made in this Application and that this Application will be made part of the policy. I/We understand that any contract of insurance issued by the Company in response to this Application will be issued on a claims made form.

Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance, or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any material fact, commits a fraudulent insurance act, which is a crime and may also be subject to civil penalty.

I/We hereby declare that the above statements and particulars are true and I/We agree that this Application shall be the basis for any contract of insurance issued by the Company in response to it.

Electronic Signature of Applicant or Authorized Representative: Current Date:

Title:

If you prefer not to return Application with an electronic signature, please print and sign below.

Signature of Applicant or Authorized Representative: B. J. Arnold Current Date: 8-25-17

Title: County Judge

ADMIRAL INSURANCE COMPANY
1100 W. Louis Henna Blvd, Bldg. 1, Suite 200
Round Rock, TX 78681
Phone: 512-795-0766 — Fax: 512-795-0833
<http://www.admiralins.com>

PHYSICIANS PROFESSIONAL LIABILITY
SHORT FORM APPLICATION

1. Full Name of Insured Louis Austin Browne MD
2. Practice Address 405 East Marshall Avenue Langview, Tx 75601
3. What is your present Specialty? Family Medicine % of Total Practice: 100
4. What is your Sub-Specialty? _____ % of Total Practice: _____
5. Average number of hours worked per week: 15
6. American Board Certified? Yes No
Medical Specialty: American Board of Family Medicine Date Certified: 1983 initially
Medical Specialty: _____ Date Certified: 2014 last recently
7. Average Weekly Patient Load: 30 Total surgeries performed annually: _____
8. Are you performing any surgical procedures at this time, whether minor or major, that you were not performing in the past 12 months? Yes No (If "yes," please provide details: _____)
9. Changes in Practice (If "yes" to any questions, provide details in space provided on page 2):
- A) Have there been any changes in your corporation or unincorporated business entity? Yes No
 - B) Have there been any changes in your hospital privileges? Yes No
 - C) Have you been the subject of investigative or disciplinary proceedings or reprimanded by a governmental or administrative agency, hospital or professional association? Yes No
 - D) Have you had any state professional license or license to prescribe or dispense narcotics refused, suspended, revoked, renewal refused or accepted only on special terms or voluntarily surrendered? Yes No
 - E) Have you had any allegations of sexual impropriety made against you? Yes No
 - F) Have you had any serious health issues including mental health and/or substance abuse? Yes No
 - G) Have you been investigated, charged or convicted of a misdemeanor (other than traffic violations) or felony or is any such matter pending? Yes No
 - H) Has there been any change in status in any claim reported to any previous carrier? Yes No
 - I) Are you aware of any outstanding incidents, claims or suits that have not been reported? Yes No
10. Do you provide any services to any adult or juvenile inmates in any local, state or federal correctional facility, jail, prison, holding facility or other location, skilled nursing facility or assisted living center? Yes No
(If Yes, please provide details: _____)

The applicant declares that the above statements and representations are true and correct and that no facts have been suppressed or misstated. The completion of this application does not bind the Company to sell nor the applicant to purchase this insurance, but any subsequent contract issued will be in full reliance upon the statements and representations made in this application and this application will be made a part of the policy. The applicant understands that any subsequent contract issued by the Company will be issued on a claims made form.



Signature of Applicant

8-17-2017

Date

ADMIRAL INSURANCE COMPANY 1100 W. Louis Henna Blvd., Bldg. 1, Suite 200 Round Rock, TX 78681 Phone: 512-795-0766 --- Fax: 512-795-0833 http://www.admiralins.com	PHYSICIANS PROFESSIONAL LIABILITY SHORT FORM APPLICATION
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- Full Name of Insured: Gary C. White M.D.
- Practice Address: 101 E. Meffrin #559 Longview, TX, 75601
- What is your present Specialty? Family Practice % of Total Practice: 100
- What is your Sub-Specialty? none % of Total Practice: _____
- Average number of hours worked per week: 15
- American Board Certified? Yes No
 Medical Specialty: certified 1997 to 2004 - lapsed 2006 Date Certified: _____
 Medical Specialty: _____ Date Certified: _____
- Average Weekly Patient Load: 50 Total surgeries performed annually: 0
- Are you performing any surgical procedures at this time, whether minor or major, that you were not performing in the past 12 months? Yes No (If "yes," please provide details: drainage abscesses only)

- Changes in Practice (If "yes" to any questions, provide details in space provided on page 2):
 - Have there been any changes in your corporation or unincorporated business entity? Yes No
 - Have there been any changes in your hospital privileges? Yes No
 - Have you been the subject of investigative or disciplinary proceedings or reprimanded by a governmental or administrative agency, hospital or professional association? Yes No
 - Have you had any state professional license or license to prescribe or dispense narcotics refused, suspended, revoked, renewal refused or accepted only on special terms or voluntarily surrendered? Yes No
 - Have you had any allegations of sexual impropriety made against you? Yes No
 - Have you had any serious health issues including mental health and/or substance abuse? Yes No
 - Have you been investigated, charged or convicted of a misdemeanor (other than traffic violations) or felony or is any such matter pending? Yes No
 - Has there been any change in status in any claim reported to any previous carrier? Yes No
 - Are you aware of any outstanding incidents, claims or suits that have not been reported? Yes No

- Do you provide any services to any adult or juvenile inmates in any local, state or federal correctional facility, jail, prison, holding facility or other location, skilled nursing facility or assisted living center? Yes No
 (If Yes, please provide details: Gregg County | Smith County | they have their own carrier*)

The applicant declares that the above statements and representations are true and correct and that no facts have been suppressed or misstated. The completion of this application does not bind the Company to sell nor the applicant to purchase this insurance, but any subsequent contract issued will be in full reliance upon the statements and representations made in this application and this application will be made a part of the policy. The applicant understands that any subsequent contract issued by the Company will be issued on a claims made form.

Gary C. White M.D.
Signature of Applicant

8/15/2017
Date

* I would also pay A fee for correct care solutions Smith County TX jail - they have coverage on me as well!



THE INFORMATION BEING REQUESTED IS FOR A CLAIMS-MADE POLICY. IT IS IMPORTANT THAT YOU READ ALL OF THE PROVISIONS OF YOUR POLICY CAREFULLY. DEFENSE EXPENSES ARE INCLUDED WITHIN THE LIMITS OF COVERAGE AND SUCH LIMITS MAY BE COMPLETELY EXHAUSTED BY THE PAYMENT OF DEFENSE EXPENSES. THE COMPANY WILL NOT BE LIABLE FOR DEFENSE EXPENSES OR THE AMOUNT OF ANY JUDGMENT OR SETTLEMENT AFTER EXHAUSTION OF THE LIMITS OF COVERAGE.

Answer each question on behalf of all entities seeking insurance coverage, unless specifically requested otherwise.

GENERAL INFORMATION

Proposed first named insured and other named insureds:
 Gregg County Texas

Web address: www.co.gregg.tx.us Proposed effective date: (mm/dd/yy): 10/01/2016

ORGANIZATIONAL/FINANCIAL INFORMATION

1. Provide the current and projected detail related to your business activities:

<i>*If checked, provide details.</i>	Check if You Provide This Service	Check if Others Provide This Service by Agreement or Contract on Your Behalf	Check if Expected Within Next 12 Months
Online proposal requests (e.g., requests for proposal, bids)*	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Online services registration (e.g., utilities, courses, events)*	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Online license/permit registration (e.g., building permits, sign permits, vehicle licenses, business licenses)*	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Online employment application*	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Online automated bill payments (e.g., utilities, taxes, park/recreation payments)*	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Online credit card processing (e.g., utilities, taxes, permits, and license billing)*	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency/911 service systems	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interactive gaming or games of chance, advertising for third parties, sweepstakes or coupons, music or video downloads, including P2P file sharing, chat rooms, bulletin boards, blogs or other areas supporting user generated content*	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
IT outsourcing, including help desk or network support for third parties (excluding employees)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Information systems disaster recovery services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information systems security software, hardware, or services for third parties (excluding employees)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Internet services or access provider	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>If checked, provide number of customers.....</i>			
Telecommunications services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>If checked, provide number of customers.....</i>			
Website or server hosting	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>If checked, provide number of facilities and locations.....</i>			
Email services for third parties (excluding employees)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Website design	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domain name registration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other network and computer services:.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

REQUESTED INSURANCE TERMS/CURRENT INSURANCE INFORMATION

2. Complete the following table for requested insuring agreement limits (\$500K/\$500K, \$1M/\$1M, \$2M/\$2M, or other) and deductibles requested: *First party coverage limits should be less than third-party coverage limits

Insuring Agreement	Requested Limit	Requested Deductible
Network and Information Security Liability	\$1M/1M	<input type="checkbox"/> \$5K <input checked="" type="checkbox"/> \$10K <input type="checkbox"/> \$25K <input type="checkbox"/> \$50K <input type="checkbox"/> Other \$
Communications and Media Liability	\$1M/1M	<input type="checkbox"/> \$5K <input checked="" type="checkbox"/> \$10K <input type="checkbox"/> \$25K <input type="checkbox"/> \$50K <input type="checkbox"/> Other \$
Security Breach Notification and Remediation Expense*	\$50K	<input type="checkbox"/> \$1K <input type="checkbox"/> \$5K <input checked="" type="checkbox"/> \$10K <input type="checkbox"/> \$25K <input type="checkbox"/> Other \$
Crisis Management Service Expenses*	\$50K	<input type="checkbox"/> \$1K <input type="checkbox"/> \$5K <input checked="" type="checkbox"/> \$10K <input type="checkbox"/> \$25K <input type="checkbox"/> Other \$
Business Interruption and Additional Expenses*	\$	(Minimum Waiting Period 12 hours)
Extortion Expense*	\$	<input type="checkbox"/> \$1K <input type="checkbox"/> \$5K <input type="checkbox"/> \$10K <input type="checkbox"/> \$25K <input type="checkbox"/> Other \$
Computer Program/Electronic Data Restoration Expenses*	\$	<input type="checkbox"/> \$1K <input type="checkbox"/> \$5K <input type="checkbox"/> \$10K <input type="checkbox"/> \$25K <input type="checkbox"/> Other \$
Computer Fraud*	\$1M/1M	<input type="checkbox"/> \$1K <input type="checkbox"/> \$5K <input checked="" type="checkbox"/> \$10K <input type="checkbox"/> \$25K <input type="checkbox"/> Other \$
Fund Transfer Fraud*	\$1M/1M	<input type="checkbox"/> \$1K <input type="checkbox"/> \$5K <input checked="" type="checkbox"/> \$10K <input type="checkbox"/> \$25K <input type="checkbox"/> Other \$
Telecommunications Theft*	\$1M/1M	<input type="checkbox"/> \$1K <input type="checkbox"/> \$5K <input checked="" type="checkbox"/> \$10K <input type="checkbox"/> \$25K <input type="checkbox"/> Other \$

3. If you currently have insurance for network and information security liability or cyber liability, provide the following:

Policy/Period	Insurance Company	Limit	Deductible	Retroactive Date	Premium
2011-2016	TRAVELERS	\$1M/1M	\$10	2011	\$10,214

4. Within the past 5 years, have any of these coverages or similar coverage been declined, cancelled, or nonrenewed? (Not applicable in Missouri)..... Yes No
If yes, provide details.

PERSONNEL, POLICIES, AND PROCEDURES

- Do you distribute written computer and information systems policies/procedures to your employees?..... Yes No
- Do you require third parties who may have access to private, sensitive, or personal information to demonstrate adequate security policies and procedures?..... Yes No
- Are third parties who may have access to private, sensitive, or personal information required by contract to indemnify you for harm arising from a breach of the provider's security?..... Yes No
- Do you terminate all associated computer access and user accounts as part of the regular exit process when an employee leaves the company or third party concludes or is terminated from a project?..... Yes No
- Do you have the following employee policies and procedures? *Check all that apply.*
 - Information security training
 - Creating and updating passwords
 - Background checks on employees who access private, sensitive, or personal information of others
 - Terminating computer network access as part of exit process
 - Communicating information and network security policies
- Do you have a formal policy in place for handling third party complaints or requests?..... Yes No
Are all third party complaints or requests documented in writing?..... Yes No
Do you have an escalation process in place to resolve any third party complaints?..... Yes No

NETWORK AND INFORMATION SECURITY LIABILITY

- Which of the following characteristics applies to your website content? *Check all that apply.*
 - Information website that provides general information about your services
 - Accessible website that has log-in capabilities allowing access to secure or restricted content (e.g., accounts, subscriptions, profiles) or allows user to upload or download secure data
 - Transactional website that allows orders or purchases using credit card, debit card, or bill-pay payment
- Do you have the following network security controls? *Check all that apply.*
 - Firewall technology
 - Anti-virus software
 - Intrusion detection software
 - Formal program to audit network security controls
 - Valuable/sensitive data backup *If checked, how often do you perform data backup?.....* DAILY
- How often are network security controls audits performed?..... Yrly
- Is anti-virus software installed on the following? *Check all that apply.*
 - Desktops/laptops
 - Network gateways
 - Mail servers
 - File services
 - Other.....
- Do you have a written disaster recovery plan and business continuity plan?..... Yes No

16. Do you collect, receive, process, transmit, or maintain private, sensitive, or personal information of or from third parties (i.e., customers, clients, citizens) as part of your business activities?..... Yes No
 If yes, is the data encrypted?..... Yes No
 If yes, do you share such private, sensitive, or personal information with other third parties?..... Yes No
 Please indicate what type:
 Credit/debit card data Medical information Bank accounts and records
 Social security numbers Employee/HR information Intellectual property of others
 If no, do others collect, receive, process, transmit, or maintain private, sensitive, or personal information of or from third parties (i.e., customers, clients, citizens) by agreement or contract on your behalf?..... Yes No
17. Is private, sensitive, or confidential information stored on portable communications equipment (e.g., laptops, BlackBerry devices, PDAs, USB Flash Drives, etc.)?..... Yes No
 If yes, do you have a company policy or procedure for the secure care, handling and storage of private, sensitive, or confidential information on portable communications equipment?..... Yes No

COMMUNICATIONS AND MEDIA LIABILITY

- Communications and Media Liability Coverage is not requested. Skip questions 18 through 20.
18. Do you have a written clearance procedure for content disseminated via your website?..... Yes No
 If yes, do the procedures include the following:
 a. Review of content by qualified attorney?..... Yes No
 b. Screening for disparagement issues, copywriting/trademark infringement, and invasion of privacy?..... Yes No
 c. Obtaining agreements with outside parties that grant you ownership of the intellectual property rights and business methods incorporated into any work for hire performed by or on behalf of you?..... Yes No
 d. Requiring employees and independent contractors to sign a statement that they will not use previous employers' or clients' trade secrets or other intellectual property?..... Yes No
 e. Obtaining written permission of any website you link to or frames?..... Yes No
19. Do you have a procedure for responding to allegation that content created, displayed, or published by you is libelous, infringing, or in violation of a third party's privacy rights?..... Yes No
20. Do you have a formal procedure for editing or removing controversial, offensive or infringing material from material distributed, broadcast or published by or on behalf of you?..... Yes No

FIRST PARTY EXPENSE REIMBURSEMENT COVERAGE

- Business Interruption and Additional Expense coverage is not requested. Skip questions 21 through 23.
21. How long (hours) would it take to restore your operations after a attack or unplanned system outage?.....
22. Do you have an alternate means of transacting business in the event of an outage?..... Yes No
23. Within the last 3 years have you experienced a system outage?..... Yes No
- Extortion Expense is not requested. Skip question 24.
24. Have you ever had an extortion demand against you with respect to this coverage?..... Yes No
- Computer Fraud and Funds Transfer Fraud Coverage is not requested. Skip questions 25 through 27.
25. Is dual authorization required for all wire transfers?..... Yes No
26. What is the average daily volume of electronic funds transfers?.....\$250K
daily & 10-12 time a year \$1,500,000
27. Are transfer verifications sent to anyone other than the one who initiates the transfer?..... Yes No
- Telecommunications Theft coverage is not requested. Skip questions 28 through 31
28. Have you been contacted regarding possible abuse of your telecommunications system?..... Yes No
29. Have you discovered any telecommunications theft within the past 3 years?..... Yes No
30. Who is responsible for managing your (private branch exchange) PBX systems, and what is their title?.....IT Director
31. Does each location/system have the call detail recording (CDR) feature?..... Yes No
 If yes, how often is this information reviewed?..... Daily Weekly Monthly Other: upon request

LOSS INFORMATION

32. In the past 5 years have you received any claims, complaints, or suits, or been the subject to any government action, investigation or subpoena with respect to allegations of failing to: (1) prevent the transmission of a computer virus or unauthorized access to confidential information, (2) notify appropriate individuals of any such unauthorized access, or (3) allow authorized users access to your computer systems?..... Yes No
If yes, provide details of each claim, complaint, or suit, including costs, losses or damages incurred or paid, if in arbitration, any corrective procedures to avoid such allegations in the future, and any amounts paid as a loss under any insurance policy.
33. Have you ever received any complaint concerning the products or services provided by you or independent contractors working on you computer network system on your behalf?..... Yes No
If yes, provide details of the complaint, including how your company responds to these types of complaints.
34. Within the past 2 years, have you received any notification that any of your material, content, products or services infringe on the intellectual property rights of another party?..... Yes No
35. Are you aware of any fact, circumstances, situation, event, or act that reasonably could give rise to a claim against them under the insurance for which you are applying?..... Yes No
If questions 34 or 35 are answered yes, provide details

For information about how Travelers compensates independent agents, brokers, or other insurance producers, please visit this website:

http://www.travelers.com/w3c/legal/Producer_Compensation_Disclosure.html

If you prefer, you can call the following toll-free number: 1-866-904-8348. Or you can write to us at Travelers, Enterprise Development, One Tower Square, Hartford, CT 06183.

This application, including any material submitted in conjunction with the application or any renewal, does not amend the provisions or coverages of any insurance policy or bond issued by Travelers. It is not a representation that coverage does or does not exist for any particular claim or loss under any such policy or bond. Coverage depends on the facts and circumstances involved in the claim or loss, all applicable policy or bond provisions, and any applicable law. Availability of coverage referenced in this document can depend on underwriting qualifications and state regulations.

FRAUD STATEMENTS – ATTENTION APPLICANTS IN THE FOLLOWING JURISDICTIONS

ALABAMA, ARKANSAS, DISTRICT OF COLUMBIA, MARYLAND, NEW MEXICO, AND RHODE ISLAND: Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

COLORADO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

FLORIDA: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

KENTUCKY, NEW JERSEY, NEW YORK, OHIO, AND PENNSYLVANIA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation.)

LOUISIANA, MAINE, TENNESSEE, VIRGINIA, AND WASHINGTON: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

SIGNATURES

Producer information only required in Florida, Iowa, and New Hampshire.

Authorized Representative Signature*: X	Authorized Representative Printed: Bill Stoudt - County Judge	Date:
Producer Signature*: X	State Producer License No. (required in FL):	Date:
Agency: Rooker, Downing & Booth Ins.	Agency Contact: Nikki Graham	Agency Phone Number: 903-753-1005

* If you are electronically submitting this document, apply your electronic signature to this form by checking the Electronic Signature and Acceptance box below. By doing so, you agree that your use of a key pad, mouse, or other device to check the Electronic Signature and Acceptance box constitutes your signature, acceptance, and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand.