



**UNDERWRITING APPLICATION  
PUBLIC SECTOR SERVICES**

\*Denotes required field

**GENERAL INFORMATION**

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

*Name of Insured Gregg County Texas	*Federal ID Number 1-75-60000971-8	*Phone (903) 237-2690	Fax (903) 237-2695	*Proposed Effective Date 10/01/2019
*Address (Street, City, Zip Code) 101 E Methvin Street, Longview, 75601			*State Texas	*County County
*Type of Public Entity: City, Town, Township, State, Special District, County, Utility (describe), other special district/agency (describe) County Government				*Current Population 123,500
Please describe utility or other special district/agency, public entity type <b>County Entity</b>				
*Entity Contact Kelli Davis, Gregg County or Susan Gola, McGriff, Seibal		Entity Web Address www.co.gregg.tx.us		*Phone
Financial / Accounting Contact Laurie Woloszyn Auditor laurie.woloszyn@co.gregg.tx.us			Phone (903) 237-2690	

**AGENCY AND AGENT INFORMATION**

\*Are you a surplus lines agent?  Yes  No

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

**CLAIM HISTORY**

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

**COVERAGES**

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

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

\*3. Date Quote is Needed.....

\*4. Bid Date ..... 07/15/2019

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

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

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

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

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

**AUTO**

**1. AUTOMOBILE LIABILITY**

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

**2. AUTOMOBILE PHYSICAL DAMAGE**

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

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

**3. GARAGEKEEPERS LEGAL LIABILITY**

Locations Covered *Each location must be listed separately:*

See Schedule attached

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

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

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

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

**LIMITED TRANSIT**

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

**CRIME**

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

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

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

**Indicate the following:**

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

**Audit Procedures:**

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

**Internal Controls:**

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

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

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

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

**Computer Fraud Controls:**  Check here if not applicable.

- 17. Is a software security system in place to detect fraudulent computer usage by employees, agents, or outsiders? .....  Yes  No
- 18. Are passwords and access codes changed at regular intervals and when users are terminated? .....  Yes  No
- 19. Are computer programmers permitted to use machines with their own programs? .....  Yes  No
- 20. Are computer check-writing functions separate from check authorizations? .....  Yes  No
- 21. Are EDP systems, programs and procedures, including changes thereto, authorized, documented and tested? .....  Yes  No
- 22. If Funds Transfer Fraud coverage is desired, please answer the following:  
 What is the daily dollar volume of electronic funds transferred? \_\_\_\_\_  
 a. Average Credit \$21,432, DEBIT \$113,602 ..... \$ \_\_\_\_\_  
 b. Maximum Credit \$8,000,731, DEBIT \$14,650,212 ..... \$ \_\_\_\_\_
- 23. Are transfer verifications sent to an employee and/or department other than the one that initiated the transfer? .....  Yes  No

## EMPLOYMENT PRACTICES LIABILITY - CLAIMS MADE

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

For purposes of this application only:

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

### INSURANCE COVERAGE AND LIMITS

1. Each wrongful employment practice offense limit/Total limit:

\$500,000/\$500,000    \$1,000,000/\$1,000,000    \$2,000,000/\$2,000,000

Other \_\_\_\_\_ / \_\_\_\_\_

2. Deductible/Retention:  \$15,000    \$25,000    Other \_\_\_\_\_

3. Retroactive Date: 10/01/2000

4. Do you currently carry Employment Practices Liability Insurance? .....  Yes    No

If yes, was prior coverage cancelled or non-renewed? .....  Yes    No

5. Prior coverage information:

a. Insurer: TAC

b. Each wrongful employment practice offense limit/Total (Aggregate) limit: \$ 2,000,000 / \$ 2,000,000

c. Retroactive Date: 10/01/2000

d. Deductible/Retention: \$ 25,000

e. Policy Period: 10-01-18/19

f. Premium: \$ 53,169.00 (Public Official Liability)

### EMPLOYEE INFORMATION

6. Complete the following table:

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

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

7. What was your turnover rate for full-time employees (number of employees who left or were terminated divided by the total number of employees):

a. This year 16 %      b. Prior Year 22 % \*RATE Due to Detention Work Environment / Low Pay

8. What percentage of your workforce is unionized? ..... 0 %

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

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

**HUMAN RESOURCES**

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

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

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

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

Name: Rita Fyffe Title: Human Resources Director

Phone: (903) 237-2567 e-mail: rita.fyffe@co.gregg.tx.us

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

Human resources manager  Inside legal counsel  Outside employment counsel

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

*If yes, does it contain:*

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

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

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

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

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

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

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

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

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

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

a. discrimination  Yes  No

b. workplace harassment  Yes  No

**LOSS HISTORY**

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

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

a. written demand for monetary damages  Yes  No

b. civil or criminal proceeding  Yes  No

c. an administrative or arbitration proceeding  Yes  No

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

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

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

\* See supplemental list

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

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

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

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

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

**IMPORTANT NOTE:**

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

LOSS HISTORY  
CONTINUATION  
PAGE 7 OF 19

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



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

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

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

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

a. discrimination .....  Yes  No

b. workplace harassment .....  Yes  No

**LOSS HISTORY**

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

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

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

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

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

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

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

Date	Claimant Name	Nature of action	Current Status
9/12/2013	Blackburn, Gretchen	Civil	Dismissed
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5/26/2015	Smith, Dee Lee	EEOC	Dismissed

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

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

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

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

Your Human Resources Manager or Authorized Representative Rita D. Fyffe Date 4-22-2019 Signed By Rita D. Fyffe

**IMPORTANT NOTE:**

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

*\*Signed App*

**EQUIPMENT BREAKDOWN**

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

Travelers

\$ 89,847,448

2. Current Limits: .....

\$

3. Current Deductible: .....

\$

5,000.

4. Current Premium: .....

\$

Included

5. Is coverage desired? .....

Yes  No

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

**GENERAL LIABILITY**

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

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

8. Will expanded reporting period endorsement be purchased from expiring carrier? .....

Yes  No

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

**INLAND MARINE**

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

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

**LAW ENFORCEMENT LIABILITY**

**INSURANCE COVERAGE AND LIMITS**

1. Coverage Type:  Occurrence  Claims Made      2. Retroactive Date: *12/15/200 full prior Acts*

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

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

**GENERAL UNDERWRITING INFORMATION**

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

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

*\* Each Participating Entity Provides Their own LEL*

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

**EMPLOYEE CLASSIFICATION**

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

*\* Liability Coverage requested for dog*

**DEPARTMENT POLICIES AND PROCEDURES**

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

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

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

*\* All policies are consistent with current law or more restrictive.*

b. Have the policies and procedures been reviewed by legal counsel? .....  Yes  No

If yes, name of counsel:

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

**EDUCATION AND TRAINING**

18. Complete the following:

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

19. Duties of reserve/auxiliary officers:

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

**EMERGENCY DISPATCH**

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

**JAIL/HOLDING CELL OPERATIONS**

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

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

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

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

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

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

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

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

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

DVR camera recording system Sydaptic

**JAIL FACILITIES**

28. Complete the following:

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

29. Are juveniles separated from adult criminals? .....  Yes  No

30. Are suspects of violent crimes separated from suspects of misdemeanor crimes? .....  Yes  No

31. Are strip searches conducted on all detainees regardless of the crime? .....  Yes  No

32. Are medical facilities available in the jail? .....  Yes  No

*If yes, describe:* Clinic 24 Hr Medical available, Nurses employed 24 hr a day

*If no, how do inmates receive treatment?* \_\_\_\_\_

33. Has the facility ever been subject to a Court Order or consent decree? .....  Yes  No

*If yes, what is the status of the order?* vacated

34. Is the jail administrator a "Certified Jail Manager" per the American Jail Association (AJA)? .....  Yes  No

<b>PROPERTY</b>
-----------------

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

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

*— See Schedule attached ~*

**PUBLIC ENTITY MANAGEMENT LIABILITY**

**INSURANCE COVERAGE AND LIMITS**

1. Retroactive Date: 10/01/2000
2. Has there been continuous Claims Made coverage back to the requested Retroactive Date? .....  Yes  No

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

**PLANNING AND ZONING**

3. Is your entity responsible for planning and zoning changes? .....  Yes  No  
*If yes, is there a separate planning and zoning board?* .....  Yes  No
4. Do you have a comprehensive Land Use Plan? .....  Yes  No
5. Do all zoning changes require a public hearing? .....  Yes  No  
*If yes, describe process:* Commissioners' Court posted public meeting
6. Does your entity have a written policy regarding the zoning appeal process? .....  Yes  No

**OPERATIONS/SERVICES**

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

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

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

8. Are newly elected/appointed officials required to attend a formal training program? .....  Yes  No
9. Is there a procedure for handling citizen complaints? .....  Yes  No  
*If yes, does it include documentation of notice and action taken? \*Complaints Requested in writing* .....  Yes  No
10. To your knowledge, does any official or employee have any knowledge of any act, error, or omission that might give rise to a claim against him/her? .....  Yes  No  
*If yes, please provide details:*



**UMBRELLA**

Umbrella Excess		Excess Errors & Omissions	
	<i>Each Event</i>	<i>General Total</i>	
Limits of Liability:	1,000,000	3,000,000	Limits of Liability: /
Option 1: \$	3,000,000		Option 1: \$
Option 2: \$	5,000,000		Option 2: \$
<input type="checkbox"/> General Liability			<input checked="" type="checkbox"/> Public Entity Management Liability - Claims Made
<input checked="" type="checkbox"/> Law Enforcement Liability <input type="checkbox"/> Claims-made Occurrence			<input checked="" type="checkbox"/> Employee Benefits Liability - Claims Made
<input type="checkbox"/> Auto			

**OTHER COVERAGE**

1. Insurance coverage description:

Medical Professional and Airport Liability

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

Admiral and Old Republic

3. Current Limits:

5,000,000

4. Current Deductible:

2,500

5. Current Premium:

30,000



**EXPOSURES SUPPLEMENT  
PUBLIC SECTOR SERVICES**

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

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

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

**Operations/Exposure**

**Do you have this exposure?**

Utilities: Electric	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Utilities: Gas	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Utilities: Sewer	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Utilities: Water	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Watercraft/Boat	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Zoo	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Other Exposure _____	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

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



# 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 Phariss*

William T. Phariss, 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) 463-5505 Fax (512) 463-3185 or at our agency website at [www.tcjs.state.tx.us](http://www.tcjs.state.tx.us) .

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

County:	<u>Gregg</u>		
Sheriff:	<u>Maxey Cerlano</u>	Judge:	<u>Bill Stoudt</u>
email	<u><a href="mailto:maxey.cerlano@co.gregg.tx.us">maxey.cerlano@co.gregg.tx.us</a></u>	email	<u><a href="mailto:bill.stoudt@co.gregg.tx.us">bill.stoudt@co.gregg.tx.us</a></u>
Jail Administrator:	<u>Jeff Callaway</u>	Inspector:	<u>William T. Phariss</u>
email	<u><a href="mailto:jfc@callaway@co.gregg.tx.us">jfc@callaway@co.gregg.tx.us</a></u>		

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

<b>Reportable Incidents</b> <small>(Previous 12 month History)</small>	<b>Fires</b>	<u>0</u>	<b>Escapes</b>	<u>0</u>	FOR	<b>Contract Inmates Housed</b>	<u>60</u>	
	<b>Deaths</b>	<u>0</u>	Walkaway	<u>0</u>		<b>USM</b>	_____	
	<b>Suicides</b>	<u>1</u>	Secured	<u>0</u>		_____	_____	
						_____	_____	
Date Plans Approved <u>September 29, 2010</u>							_____	_____

**1. Facility Name** South Jail  
 Address 101 E. Methvin St., Longview, Texas Zip Code 75601  
 Phone # (903) 236-8400 Fax # (903) 237-2619  
 Built 1982 Renovated N/A Addition N/A  
 Type Max Number of Variances 1

Drill Time 56s  
 Facility Capacity 193  
 Average Daily Population 128.00  
 Housing Total this Date 158  
 Holding Total this Date 0

**2. Facility Name** North Jail Facility  
 Address 101 Whaley, Longview, Texas Zip Code 75601  
 Phone # (903) 236-8400 Fax # (903) 237-2619  
 Built 1992 Renovated N/A Addition 1996  
 Type Min/Max Number of Variances 0

Drill Time 1m 11s  
 Facility Capacity 683  
 Average Daily Population 551.17  
 Housing Total this Date 512  
 Holding Total this Date 0

**3. Facility Name** Marvin A. Smith Criminal Justice Center  
 Address 197 Floyd Wingo Rd., Kilgore, Tx. Zip Code \_\_\_\_\_  
 Phone # (903) 988-0609 Fax # (903) 988-0510  
 Built 1999 Renovated N/A Addition N/A  
 Type Min Number of Variances 0

Drill Time 1m 8s  
 Facility Capacity 40  
 Average Daily Population 24.67  
 Housing Total this Date 20  
 Holding Total this Date 0

<table style="width:100%;"> <tr> <td><b>Housing Capacity</b></td> <td><u>916</u></td> </tr> <tr> <td><b>Cells</b></td> <td><b>Capacity</b></td> </tr> <tr> <td>Sep Cells</td> <td><u>51</u>      <u>51</u></td> </tr> <tr> <td>Single Cells</td> <td><u>42</u>      <u>42</u></td> </tr> <tr> <td>M.O. Cells</td> <td><u>12</u>      <u>104</u></td> </tr> <tr> <td>Dorms</td> <td><u>33</u>      <u>719</u></td> </tr> <tr> <td>Neg Press Cells</td> <td><u>0</u>      <u>0</u></td> </tr> <tr> <td>Medical Cells</td> <td><u>0</u>      <u>0</u></td> </tr> <tr> <td>Notes:</td> <td></td> </tr> </table>	<b>Housing Capacity</b>	<u>916</u>	<b>Cells</b>	<b>Capacity</b>	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>	Dorms	<u>33</u> <u>719</u>	Neg Press Cells	<u>0</u> <u>0</u>	Medical Cells	<u>0</u> <u>0</u>	Notes:		<table style="width:100%;"> <tr> <td><b>Holding Capacity</b></td> <td><u>31</u></td> </tr> <tr> <td><b>Cells</b></td> <td><b>Capacity</b></td> </tr> <tr> <td>Holding Cells</td> <td><u>2</u>      <u>28</u></td> </tr> <tr> <td>Detoxification Cells</td> <td><u>3</u>      <u>3</u></td> </tr> <tr> <td>Violent Cells</td> <td><u>0</u>      <u>0</u></td> </tr> <tr> <td colspan="2"><b>Construction Security Level</b></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>	<b>Holding Capacity</b>	<u>31</u>	<b>Cells</b>	<b>Capacity</b>	Holding Cells	<u>2</u> <u>28</u>	Detoxification Cells	<u>3</u> <u>3</u>	Violent Cells	<u>0</u> <u>0</u>	<b>Construction Security Level</b>		Minimum Capacity	<u>40</u>	Medium Capacity	<u>0</u>	Maximum Capacity	<u>876</u>	<table style="width:100%;"> <tr> <td><b>Females</b></td> <td><u>148</u></td> </tr> <tr> <td colspan="2"><small>(Female Population Today)</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> <tr> <td colspan="2"><b>Contract Inmates</b></td> </tr> <tr> <td colspan="2">100 + Capacity (30% + Non - TX)</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> </tr> </table>	<b>Females</b>	<u>148</u>	<small>(Female Population Today)</small>		# of Cells	<u>38</u>	# of Bunks	<u>198</u>	<b>Contract Inmates</b>		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 *Maxey Cerlano* Interview with Court Representative  Yes  No  
 Jail Administrator *Jeff Callaway* Commissioner's Court Representative *Bill Stoudt*

**TEXAS COMMISSION ON JAIL STANDARDS - INSPECTION REQUIREMENTS REVIEW**

*-William Pharis*

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. <b>Technical assistance provided.</b> - 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. <b>Follow-up action required.</b> 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 TEEX 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 <b>Commission review.</b>
273	Health Services	Reviewed a random selection of 50 files. Interviewed staff and inmates. Reviewed training records. Reviewed policy. <b>Technical assistance provided.</b> - 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 medical 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 <b>medical at the facility. Issue was addressed on-site. No further action required.</b>
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. <b>Technical assistance provided.</b> - 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. <b>Issue was addressed on-site. No further action required.</b>
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 FIRE AND SAFETY INSPECTION NOTICE

Street Address: 197 Floyd Wingo  
 Business Name: MAS  
 Mailing Address: \_\_\_\_\_  
 ZIP Code: 75401  
 Phone: 903-237-8400

Gregg County  
 Fire Marshal  
 101 E. Metcoba  
 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  
   VIOLATIONS

- OUTSIDE FEATURES**
- Dumpsters
  - Outside storage
  - Tenant identification
- FIRE SERVICE FEATURES:**
- Fire lanes
  - Required access
  - Address numbers
  - Knox box
  - Knox box maintenance
  - Obstruction
  - Hydrant clear space
  - FDC access
  - Hydrant locations (within 1000 ft)

**GENERAL REQUIREMENTS:**  
 Maximum Occupancy: \_\_\_\_\_ (Assembly occupancies)

- STORAGE:**
- Waste material
  - Spontaneous ignition
  - Removal of waste
  - Storage in buildings
  - Ceiling clearance
  - Equipment rooms
- PLANNING & PREPAREDNESS:**
- Fire evacuation plan
  - Fire safety plan
  - Drills
- ELECTRICAL:**
- Electrical hazards
  - Illumination
  - Working Space
  - Multi-plug adapters

Yes No N/A  
   VIOLATIONS

- Extension cords
  - Unapproved conditions
  - Temporary wiring
- FIRE SEPARATIONS:**
- Maintenance
  - Opening protectives
  - Ceilings
  - Enclosure
- FIRE PROTECTION:**
- Appearance of equipment
  - Testing & maintenance
- Alarm** Company: CDS Date: 6/18  
**Sprinkler** Company: ITM Date: 6/18
- Sprinkler monitoring
  - Hood/booth system monitoring
  - Class K extinguisher
  - Cleaning
  - Hood system service
- Hood/Booth** Company: \_\_\_\_\_ Date: \_\_\_\_\_  
   Annual extinguisher inspection
- Extinguisher** Company: Aluchan Date: 5/18
- Size & Distribution
  - Un-observed & Unobstructed
  - Height above floor
  - Smoke alarms
- EXITS:**
- Means of egress continuity
  - Exit sign illumination
  - Illumination emergency power
  - Locks & latches
  - Panic and fire exit hardware
  - 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. Methvln  
 Business Name: SOUTH HAIL  
 Mailing Address: \_\_\_\_\_  
 ZIP Code: 75601  
 Phone: 903 236-8400

**Gregg County  
 Fire Marshal  
 101 E Methvln  
 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"/> | <b>VIOLATIONS</b>                  |
| <b>OUTSIDE FEATURES</b>                         |                                     |                          |                                    |
| <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              |
| <b>FIRE SERVICE FEATURES:</b>                   |                                     |                          |                                    |
| <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) |
| <b>GENERAL REQUIREMENTS:</b>                    |                                     |                          |                                    |
| Maximum Occupancy: _____ (Assembly occupancies) |                                     |                          |                                    |
| <b>STORAGE:</b>                                 |                                     |                          |                                    |
| <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                    |
| <b>PLANNING &amp; PREPAREDNESS:</b>             |                                     |                          |                                    |
| <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                             |
| <b>ELECTRICAL:</b>                              |                                     |                          |                                    |
| <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"/> | <b>VIOLATIONS</b>  |
| <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   |
| <b>FIRE SEPARATIONS:</b> |                                     |                          |  |
| <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  |
| <b>FIRE PROTECTION:</b>  |                                     |                          |  |
| <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>2/13/19</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   |
| <b>EXITS:</b>            |                                     |                          |  |
| <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

Joshua T. #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 Whaver  
 Business Name: North Inc  
 Mailing Address: \_\_\_\_\_  
 ZIP Code: 75402  
 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                      | VIOLATIONS                          |
|---|-------------------------------------|--------------------------|-------------------------------------|
| <input type="checkbox"/>                        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <b>OUTSIDE FEATURES</b>             |
| <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"/> | <b>FIRE SERVICE FEATURES:</b>       |
| <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"/> | <b>GENERAL REQUIREMENTS:</b>        |
| Maximum Occupancy: _____ (Assembly occupancies) |                                     |                          |                                     |
| <input type="checkbox"/>                        | <input type="checkbox"/>            | <input type="checkbox"/> | <b>STORAGE:</b>                     |
| <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"/> | <b>PLANNING &amp; PREPAREDNESS:</b> |
| <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"/> | <b>ELECTRICAL:</b>                  |
| <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"/> | <b>EXTENSION CORDS:</b>                                     |
| <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  |
| <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <b>FIRE SEPARATIONS:</b>                                    |
| <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"/> | <b>FIRE PROTECTION:</b>                                     |
| <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>Longview Alarm</u> Date: <u>5-3-19</u>    |
| <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Sprinkler Company: <u>Longview Alarm</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>Anchors S.P.</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>Anchors S.P.</u> Date: <u>5/19</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"/> | <b>EXITS:</b>   |
| <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. Moore  
 Inspected By

[Signature]  
 Occupant's Signature

3-5-19  
 Date/Times



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  
1<sup>st</sup> Day of February 2019

Expiration Date: January 31, 2020

A handwritten signature in cursive script, appearing to read "Camille Cain".

Camille Cain, EXECUTIVE DIRECTOR  
TEXAS JUVENILE JUSTICE DEPARTMENT



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

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

<b>Named Insured:</b>	Gregg County		
<b>Telephone Number:</b>	903-234-3195	<b>Fax Number:</b>	Click here to enter text.
<b>FEIN:</b>	Click here to enter text.	<b>Email:</b>	Click here to enter text.
<b>Expiring Policy Number:</b>	CST2003450-15	<b>Policy Expiration Date:</b>	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, overfill/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 (Medi Spa) | <input type="checkbox"/> Dental Practice           | <input type="checkbox"/> Drug and Alcohol Treatment | <input type="checkbox"/> Mental Health Services   |
| <input type="checkbox"/> Home Healthcare Agency                | <input type="checkbox"/> Hospice                   | <input type="checkbox"/> Kidney Dialysis Center     | <input type="checkbox"/> Nurses Registry  |
| <input type="checkbox"/> Laser Vision Correction Center        | <input checked="" type="checkbox"/> Medical Clinic | <input type="checkbox"/> Medical Staffing           | <input type="checkbox"/> Pharmacy   |
|  |  |   | <input type="checkbox"/> Radiology (Teleradiology) <input type="radio"/> YES <input type="radio"/> NO |
|  |  |   | <input type="checkbox"/> Residential Care Facility  |
|  |  |   | <input type="checkbox"/> Social Services  |
|  |  |   | <input type="checkbox"/> Surgery Center   |
|  |  |   | <input checked="" type="checkbox"/> Other (Please Provide Details)                                    |

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	YES NO	Occupational Therapists	<input type="text"/>	<input type="text"/>	YES NO
Physicians (surgical)	<input type="text"/>	<input type="text"/>	YES NO	Physical Therapists	<input type="text"/>	<input type="text"/>	YES NO
Physician Assistants	<input type="text"/>	2	YES NO	Speech Therapists	<input type="text"/>	<input type="text"/>	YES NO
Surgical Technicians	<input type="text"/>	<input type="text"/>	YES NO	Other (Clinic Office)	3	<input type="text"/>	YES NO
Certified Nurse Anesthetists	<input type="text"/>	<input type="text"/>	YES NO	Total Staff:	HC 13/18	Jail	
Nurse Practitioners	<input type="text"/>	1	YES NO				
Registered Nurses	HC 1/3	Jail	YES NO				
LPN's or Nurse Aides	HC 3/7	Jail	YES NO				
X-Ray Technicians	<input type="text"/>	1	YES NO				
Medical Assistants	<input type="text"/>	<input type="text"/>	YES NO				
Optometrists	<input type="text"/>	<input type="text"/>	YES NO				
Opticians	<input type="text"/>	<input type="text"/>	YES NO				
Pharmacists	<input type="text"/>	<input type="text"/>	YES NO				
Pharmacy Technicians	Jail 1	<input type="text"/>	YES NO				
Chiropractors	<input type="text"/>	<input type="text"/>	YES NO				
Massage Therapists	<input type="text"/>	<input type="text"/>	YES NO				
Laboratory Technicians	HC 1/1	Jail	YES NO				
Paramedics	1	Jail	YES NO				
EMT's	<input type="text"/>	<input type="text"/>	YES NO				
Social Workers	HC 2	<input type="text"/>	YES NO				
Aestheticians	<input type="text"/>	<input type="text"/>	YES NO				
Perfusionists	<input type="text"/>	<input type="text"/>	YES NO				

\*\* Please attach copies of declarations pages on all individuals that carry their own medical malpractice.

If you have a Medical Director, provide name, speciality and C.V.:

Dr. Lewis Braune @ Dr. Gay White  
 Health Clinic Jail

- a) Are Medical Director's duties administrative only?  
 YES  NO
- b) Does Medical Director provide direct patient care?  
 YES  NO
- c) What medical malpractice limits is Medical Director required to carry?

Not required - Sublimited on this policy

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, Arteriography, 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
  - Tatoo 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) Dilation 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? Small (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

	Last 12 months	Estimate for next 12 months
Charitable Contributions	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Government Funding	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Fee for service	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Other income: <u>County Funding</u>	<input style="width: 100%; text-align: right; border-bottom: 1px solid black;" type="text" value="2,158,510.00"/>	<input style="width: 100%; text-align: right; border-bottom: 1px solid black;" type="text" value="2,312,510.00"/>
Total Gross Revenues	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

	Last 12 months	Estimate for next 12 months
Outpatient Visits (Non-Surgical)	<input style="width: 100%; text-align: center; border-bottom: 1px solid black;" type="text" value="8,079"/>	<input style="width: 100%; text-align: center; border-bottom: 1px solid black;" type="text" value="8,200"/>
Surgical Procedures (not included in above)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Other: <u>Teal</u>	<input style="width: 100%; text-align: center; border-bottom: 1px solid black;" type="text" value="6,500"/>	<input style="width: 100%; text-align: center; border-bottom: 1px solid black;" type="text" value="7,000"/>

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: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" 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

*Bill Stouder*

Current Date:

8-25-17

Title

County Judge

Bill Stouder 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:

Firepower/Firewall prevents hacking & phishing. Gregg County Information Services has on site/offsite backups to prevent data loss. Cisco V.P.N. Data 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 purchasing 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 County
- 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.

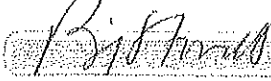
Electronic Signature of Applicant or Authorized Representative:

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



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: 2014 1058  
 Medical Specialty: \_\_\_\_\_ Date Certified: 1983 initially
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

1. Full Name of Insured GARY C. WHITE MD
2. Practice Address 101 E. Melvin #559 Longview TX, 75601
3. What is your present Specialty? Family Practice % of Total Practice: 100
4. What is your Sub-Specialty? none % of Total Practice: \_\_\_\_\_
5. Average number of hours worked per week: 15
6. American Board Certified? Yes \_\_\_\_\_ No   
Medical Specialty: certified 1997 to 2004 - lapsed 2006 Date Certified: not renewed  
Medical Specialty: \_\_\_\_\_ Date Certified: \_\_\_\_\_
7. Average Weekly Patient Load: 50 Total surgeries performed annually: 0
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: \_\_\_\_\_  
drainage abscesses only)
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: 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 MD  
Signature of Applicant

8/15/2017  
Date

\* I work also  
part time 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: Proposed effective date: (mm/dd/yy):  
 www.co.gregg.tx.us 10/01/2016

**ORGANIZATIONAL/FINANCIAL INFORMATION**

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

<i>*If checked, provide details.</i>	<b>Check if You Provide This Service</b>	<b>Check if Others Provide This Service by Agreement or Contract on Your Behalf</b>	<b>Check if Expected Within Next 12 Months</b>
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**

- 5. Do you distribute written computer and information systems policies/procedures to your employees?.....  Yes  No
- 6. Do you require third parties who may have access to private, sensitive, or personal information to demonstrate adequate security policies and procedures?.....  Yes  No
- 7. 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
- 8. 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
- 9. Do you have the following employee policies and procedures? *Check all that apply.*
  - Information security training
  - Terminating computer network access as part of exit process
  - Creating and updating passwords
  - Communicating information and network security policies
  - Background checks on employees who access private, sensitive, or personal information of others
- 10. 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**

- 11. 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
- 12. 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*
- 13. How often are network security controls audits performed?..... Yrly
- 14. Is anti-virus software installed on the following? *Check all that apply.*
  - Desktops/laptops
  - Network gateways
  - Mail servers
  - File services
  - Other.....
- 15. 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](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.

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**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.