Renewal Application for Automobile Liability Coverage

If you have questions regarding completion of this application, please contact us at: 1-800-456-5974; Facsimile Line: 1-512-478-1426; or E-mail: TACPools@county.org

Please return this completed application to: Texas Association of Counties Risk Management Pool, P.O. Box 2131, Austin, Texas 78768

	General Information
١.	Name of Political Subdivision: Williamson County
2.	Contact Person: Lisa Zirkle
	Contact: a) Telephone Number: 512-943-1534 b) Fax Number: 512-943-1535
	c) E-mail Address: 12irKle@wilco.ora
3.	Total Number of applicant's employees:
	1590 Full time, including elected officials 45 Part time (all others except full time) 50 Volunteers
4.	Coverage Anniversary Date: 10-1-09 through 9-30-10
т.	Coverage Anniversary Date. 10 1 0 1 1 1 1 1 1 1 2 3 1
	Coverage Information
5 .	Is continuation of the current coverage desired? X YES NO*
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***************************************	If NO, please place a checkmark next to the following coverage(s) IF A CHANGE IS DESIRED: Per Occurrence Deductible Change to: No Deductible \$1,000 Deductible
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5.	If NO, please place a checkmark next to the following coverage(s) IF A CHANGE IS DESIRED: Per Occurrence Deductible Change to: No Deductible \$1,000 Deductible \$10,000 Deductible Uninsured / Underinsured Motorist Coverage Add Delete Change Limits Note: Standard Limits provided are: Bodily Injury: \$20,000 / per person \$40,000 / per occurrence Property Damage: \$15,000 / per occurrence Advise if higher limits are desired. Personal Injury Protection Add Delete Note: Limit offered is \$5,000 / per person
5.	If NO, please place a checkmark next to the following coverage(s) IF A CHANGE IS DESIRED: Per Occurrence Deductible

b) DRIVER SCHEDULE (Review and make any necessary changes)