



TEXAS ASSOCIATION *of* COUNTIES

RISK MANAGEMENT POOL

INVOICE

Williamson County
Attn: Tara Raymore
Human Resources Department 301 S/E Inner Loop; Ste
108
Georgetown, TX 78626

Invoice Due Date: July 7, 2016
Invoice #: NRCN-15809-WCIT
Coverage #: WC-2460-20160101-1
Coverage Period: January 1, 2016 - January 1, 2017
Member Number: 2460

Coverage	Change in Contribution
Workers' Compensation	\$857
TOTAL DUE	\$857

Payment Remittance Form

Williamson County
Attn: Tara Raymore
Human Resources Department 301 S/E Inner Loop; Ste
108
Georgetown, TX 78626

Invoice Due Date: July 7, 2016
Invoice #: NRCN-15809-WCIT
Payment Due: \$857

Amount Enclosed: _____

If the total amount enclosed is not \$857, please
use the notes section below to explain:

Please make checks payable to:

Texas Association of Counties Risk Management Pool
Box # 2426
San Antonio, TX 78298-9900



TEXAS ASSOCIATION of COUNTIES RISK MANAGEMENT POOL

WORKERS' COMPENSATION REVISED INVOICE SUMMARY

Member Name: Williamson County

Coverage Period: January 1, 2016 - January 1, 2017

SUMMARY	
Pool Target Modifier	0.95
Multi-line Discount	-\$35,494
Alliance Participation Discount	\$0
2016 Estimated Workers' Compensation Contribution	\$556,067

BREAKOUT					
Class Code	Class Code Description	Estimated Payroll	Cost Allocation	Net Contribution	Contribution Change
083910	Auto Mechanics	\$610,907	0.650788	\$3,976	\$0
090140	Bldg. Maintenance & Janitors	\$656,449	1.927335	\$12,652	\$0
045110	Chemical Analyst/Assayers	\$178,700	0.235285	\$420	\$0
088100	Clerical	\$28,612,754	0.230279	\$65,889	\$0
051900	Electrical Wiring W/In Buildings	\$84,058	1.321601	\$1,111	\$0
086010	Engineers, Surveyors	\$960,581	0.085103	\$817	\$0
088120	Jurors	\$55,080	0.230279	\$127	\$0
087420	Juv Probation, Collectors, Sales	\$2,045,893	0.190231	\$3,892	\$0
077200	Law Enforcement	\$32,340,666	1.176425	\$380,464	\$0
088200	Law Office	\$5,615,742	0.030037	\$1,687	\$0
051910	Office Technician	\$722,985	0.235285	\$1,701	\$0
090150	Parking Lots & Drivers	\$93,249	0.916110	\$854	\$0
091020	Parks & Recreation	\$416,533	1.071297	\$4,462	\$0
088320	Physician Med.Lab. Minor Emer. Clinic	\$171,615	0.100121	\$172	\$0
055060	Road Employees-Paving, Repaving	\$3,670,392	1.927335	\$70,741	\$0
088310	Vet Hospital & Animal Control	\$530,856	1.156401	\$6,139	\$0
088590	Volunteers - All Others	\$21,216	0.500606	\$106	\$0
088560	Volunteers - Law Enforcement	\$72,800	1.176425	\$856	\$856
	Total Payroll	\$76,860,476		\$556,067	\$857

FINANCIAL SUMMARY	
2016 Prior Estimated Workers' Compensation Contribution	\$555,210
2016 Current Estimated Workers' Compensation Contribution	\$556,067
Change in Contribution	\$857



TEXAS ASSOCIATION of COUNTIES RISK MANAGEMENT POOL

Workers' Compensation Contribution & Coverage Declaration - Amended

Named Member: Williamson County

Coverage Period: January 1, 2016 through January 1, 2017

This Contribution & Coverage Declaration (CCD) is part of the Coverage Documents between the Texas Association of Counties Risk Management Pool (Pool) and the Named Member shown above, subject to the terms, conditions, definitions, exclusions, and sublimits contained in the Coverage Documents, any endorsements, and the Interlocal Participation Agreement (IPA). This CCD replaces all previous CCDs for the Coverage Period identified above.

WORKERS' COMPENSATION		LIMITS	
Workers' Compensation Coverage: Part One of the Coverage Document applies to the Workers' Compensation Law of the State of Texas.			
Each Accident	Statutory		
Each Employee for Disease	Statutory		
Employers' Liability Coverage: Part Two of the Coverage Document applies to the work in the State of Texas. The limits of the Pool's Liability under Part Two are:			
Death by Accident	\$1,000,000 Each Accident		
Death by Disease	\$1,000,000 Each Claimant		
Aggregate per coverage period	\$2,000,000		
Optional Coverage		Effective Date	Expiration Date
Elected Officials	Yes	01/01/2016	01/01/2017
Volunteers – Fire Fighters	No		
Volunteers – Law Enforcement	Yes	06/07/2016	01/01/2017
Volunteers – Emergency Medical Personnel	No		
Volunteers – All Others	Yes	01/01/2016	01/01/2017
Jurors	Yes	01/01/2016	01/01/2017
Election Workers (non-employees)	No		
WORKERS' COMPENSATION DEDUCTIBLE			
Deductible (per Occurrence)	\$0		
WORKERS' COMPENSATION ANNUAL CONTRIBUTION	\$556,067		

NOTICE OF ACCIDENT/CLAIM

Notice of an accident or claim (including service of process, if any) is to be delivered immediately to the Pool at:

Texas Association of Counties Risk Management Pool

Attention: WC CLAIMS

P.O. Box 160120

Austin, TX 78716

1-800-752-6301

Fax Number: 512-346-9321

Email: tacdwcforms@jicompanies.com

Any notice of claim and/or related documents should be mailed to the above immediately or by fax or email.

CONDITIONS

Coverage: This CCD is to outline limits, deductibles, and contributions only. All coverage is subject to the terms, conditions, definitions, exclusions, and sublimits described in the Coverage Documents, any endorsements, and the IPA.

Claims Reporting: The Named Member shall submit claims to the Pool as set forth in each applicable Coverage Document or as otherwise required by the Pool or state law.

Failure to Maintain Coverage: The Named Member's failure to maintain at least one coverage through the Pool will result in the automatic and immediate termination of the IPA.

Named Member Compliance: By executing the IPA, the Named Member agrees to comply with and abide by the Pool's Bylaws, applicable Coverage Documents, and the Pool's policies, as now in effect and as amended.

Payment of Annual Contribution: The Named Member shall pay contributions as outlined on invoices and as per the terms of the IPA.

Pool's Right to Audit: The Pool has the right, but no obligation, to audit and inspect the Named Member's operations and property at any time upon reasonable notice and during regular business hours, as the Pool deems necessary to protect the interest of the Pool.

Pool Coordinator: The Named Member shall appoint a Pool Coordinator. The name of the Pool Coordinator and the address for which notices may be given by the Pool shall be set forth in the space provided at the end of the IPA. The Pool Coordinator shall promptly provide the Pool with any required information.

The Named Member may change its Pool Coordinator and the address for notice by giving written notice to Pool of the change before the effective date of the change.

Any failure or omission of the Named Member's Pool Coordinator shall be deemed a failure or omission of the Named Member. The Pool is not required to contact any other individual regarding the Named Member's business except the named Pool Coordinator unless notice or contact to another individual is required by applicable law. Any notice given by Pool or its contractor to the Pool Coordinator or such individual as is designated by law for a particular notice, shall be deemed notice to the Named Member.

Submission of Information: The Named Member shall timely submit to the Pool documentation necessary for the Pool to use to determine the risk to be covered for the next renewal period and to properly underwrite the risk exposure. The Pool will provide forms identifying the information requested.

Termination and Renewal: The coverage outlined in this CCD may be terminated or not renewed by either party as outlined in the IPA or applicable Coverage Document.

Termination for Failure to Pay: Notwithstanding any other provision in the IPA, if any payment or contribution for coverage owed by the Named Member to the Pool is not paid as required by the IPA, the Pool may cancel coverage or terminate coverage and the IPA, as the Pool deems appropriate, in accordance with the Pool's Bylaws and the applicable Coverage Document. The Named Member shall remain obligated for such unpaid contribution or charge for the period preceding termination.

This Contribution & Coverage Declaration is issued by *Nancy A. Seiler* as authorized representative of the Pool on 06/07/2016 in Austin, Texas.