



TEXAS ASSOCIATION *of* COUNTIES  
RISK MANAGEMENT POOL

**INVOICE**

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

Invoice Due Date: October 1, 2018

Invoice #: 23227

Coverage #: PR-2460-20181001-1

Coverage Period: October 1, 2018 - October 1, 2019

Member Number: 2460

Contribution for the coverage below is now due.

Coverage	Contribution Due
Property	\$220,908
<b>Total Due:</b>	<b>\$220,908</b>

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

Invoice Due Date: October 1, 2018

Invoice #: NRCN-23227-PC

Contribution Due:\$220,908

Amount Enclosed: \_\_\_\_\_

If the total amount enclosed is not \$220,908,  
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

08/17/2018



# TEXAS ASSOCIATION of COUNTIES RISK MANAGEMENT POOL

## Property Contribution & Coverage Declarations

Member: Williamson County

Coverage Period: October 1, 2018 through October 1, 2019

This Contribution & Coverage Declarations (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 sub-limits contained in the Coverage Documents, any endorsements, and the Interlocal Participation Agreement (IPA).

PROPERTY	Per Occurrence Limits	Deductible Per Occurrence	Contribution
<i>Property Limits</i>		<i>TOTAL COVERED VALUE</i>	
All Other Perils- any other covered loss except those addressed with separate deductibles	\$300,050,284	\$25,000	\$200,667
<i>Coverage with Increased Limits</i>		<i>Sublimits</i>	
Gross Earnings and Extra Expense	\$5,000,000	\$25,000	\$2,639
<i>Coverage with Separate Deductibles</i>		<i>Sublimits</i>	
Flood- Special Hazard Zones- Excess of National Flood Insurance Program Limits	\$2,500,000	Not to exceed \$500,000 per building Not to exceed \$500,000 per contents	Included
Flood- Except Special Hazard Zones	\$10,000,000	\$25,000	Included
Earthquake	\$10,000,000 Annual Aggregate	\$25,000	Included
Equipment Breakdown	\$50,000,000	\$25,000	Included
Law Enforcement Animals	\$30,000	\$1,000	Included
Crime	\$500,000	\$1,000	\$9,373
<i>Optional Coverage</i>			
Mobile Equipment	As Scheduled	\$1,000	\$8,229
<b>PROPERTY CONTRIBUTION</b>		<b>\$220,908</b>	

### NOTICE OF ACCIDENT/CLAIM

Notice of an accident or claim (including service of process, if any) is to be delivered immediately to the Pool via the Texas Association of Counties Claims Department at:

Texas Association of Counties  
Attention: CLAIMS  
P. O. Box 2131  
Austin, Texas 78768  
Fax Number: 512-615-8942  
Email: claims-cs@county.org



TEXAS ASSOCIATION *of* COUNTIES  
RISK MANAGEMENT POOL

**INVOICE**

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

Invoice Due Date: October 1, 2018

Invoice #: 23226

Coverage #: CAS-2460-20181001-1

Coverage Period: October 1, 2018 - October 1, 2019

Member Number: 2460

Contribution for the coverage below is now due.

Coverage	Invoice Number	Contribution Due
Auto Liability	NRCN-23226-AL	\$116,612
Auto Physical Damage	NRCN-23226-AP	\$120,996
Law Enforcement Liability	NRCN-23226-LE	\$273,029
Public Officials Liability	NRCN-23226-PO	\$200,137
<b>Total Due:</b>		<b>\$710,774</b>

**Payment Remittance Form**

Invoice Due Date: October 1, 2018

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

Invoice Number	Contribution Due
NRCN-23226-AL	\$116,612
NRCN-23226-AP	\$120,996
NRCN-23226-LE	\$273,029
NRCN-23226-PO	\$200,137
<b>Total Due:</b>	<b>\$710,774</b>

If the total amount enclosed is not \$710,774,  
please use the notes section below to explain:

Amount Enclosed: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please make checks payable to:  
Texas Association of Counties Risk Management Pool  
Box # 2426  
San Antonio, TX 78298-9900

08/17/2018



# TEXAS ASSOCIATION of COUNTIES RISK MANAGEMENT POOL

## Liability Contribution & Coverage Declarations

Member: Williamson County

Coverage Period: October 1, 2018 through October 1, 2019

This Contribution & Coverage Declarations (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 sub-limits contained in the Coverage Documents, any endorsements, and the Interlocal Participation Agreement (IPA).

<b>AUTO LIABILITY</b>	<b>Limits of Liability</b>	<b>Deductible Per Occurrence</b>	<b>Contribution</b>
Bodily Injury Liability - Each Person	\$100,000	\$1,000	\$116,612
Bodily Injury Liability - Each Accident	\$300,000		
Property Damage Liability - Each Accident	\$100,000		
<b>Included Coverage</b>			
Personal Injury Protection	\$5,000	No deductible	Included
<b>AUTO LIABILITY CONTRIBUTION</b>			<b>\$116,612</b>

<b>AUTO PHYSICAL DAMAGE</b>	<b>Limits of Liability</b>	<b>Deductible Per Covered Auto</b>	<b>Contribution</b>
Comprehensive Coverage	The lesser of the Actual Cash Value at time of loss or cost of repair with like kind and quality	\$2,500	\$120,996
Collision Coverage	The lesser of the Actual Cash Value at time of loss or cost of repair with like kind and quality	\$2,500	
<b>AUTO PHYSICAL DAMAGE CONTRIBUTION</b>			<b>\$120,996</b>

<b>LAW ENFORCEMENT LIABILITY</b>	<b>Retroactive Date</b>	<b>Limits of Liability</b>	<b>Deductible Per Claim</b>	<b>Contribution</b>
Law Enforcement Liability	10/01/2016	\$2,000,000 Per Claim \$2,000,000 Aggregate	\$25,000	\$264,734
<b>Optional Coverage</b>				
District Judge	10/01/2016	Per Endorsement		\$5,295
Unmanned Aircraft	Number of Unmanned Aircraft: 4	10/01/2018	Per Endorsement	\$3,000
<b>Covered Law Enforcement Departments or Agency</b>				
Williamson County Attorney's Office Williamson County Constable's Offices Williamson County Employees Of The District Attorney's Office Williamson County Juvenile Probation Department Williamson County Sheriff's Office				
<b>LAW ENFORCEMENT LIABILITY CONTRIBUTION</b>				<b>\$273,029</b>

<b>PUBLIC OFFICIALS LIABILITY</b>	<b>Retroactive Date</b>	<b>Limits of Liability</b>	<b>Deductible Per Claim</b>	<b>Contribution</b>
Public Officials Liability	09/01/2013	\$2,000,000 Per Claim \$2,000,000 Aggregate	\$25,000	\$188,417
Privacy or Security Event Liability and Expense Coverage	10/01/2017	\$2,000,000 General Aggregate	\$25,000	
<b>Optional Increased Sublimit</b>				
Back Wages	09/01/2013	\$100,000 Per Claim \$250,000 Aggregate		\$4,183
<b>Optional Coverage</b>				
District Judge	09/01/2013	Per Endorsement		\$3,768
District Attorney - Malicious Prosecution	09/01/2013	Per Endorsement		\$3,768
<b>Split Coverage Retroactive Coverage Dates</b>				
Privacy or Security Event Liability and Expense Coverage	05/01/2015	\$1,000,000 General Aggregate		
<b>PUBLIC OFFICIALS LIABILITY CONTRIBUTION</b>				<b>\$200,137</b>

<b>TOTAL CONTRIBUTIONS</b>	<b>\$710,774</b>
This is not an invoice. An invoice will be submitted to the Pool Coordinator.	

**NOTICE OF ACCIDENT/CLAIM**

Notice of an accident or claim (including service of process, if any) is to be delivered immediately to the Pool via the Texas Association of Counties Claims Department at:

Texas Association of Counties  
 Attention: CLAIMS  
 P. O. Box 2131  
 Austin, Texas 78768  
 Fax Number: 512-615-8942  
 Email: claims-cs@county.org

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 sub-limits 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.

Property Schedule Verification

Yes, I have reviewed Williamson County's Property and Mobile Equipment Schedule and I have made corrections and updates which are incorporated into this Property Renewal Questionnaire.

Acknowledgement and Acceptance

Member acknowledges that the information submitted in this questionnaire and Property, Mobile Equipment, and Fine Arts Schedule is true and accurate, including all known potential claims. The information submitted may be used by the Pool in processing the renewal and in assessing the coverage needs of the Member. The questions posed, or any wording of the questionnaire, should not and may not be relied upon by the Member as implying that coverage exists for any particular claim or class of claims. The only coverage provided by the Pool to the member is as described in the Coverage Document, including any endorsements and the Contribution and Coverage Declaration, issued to the Member.

Member acknowledges and agrees that any property marked as Excluded on the attached Property Schedule, or identified as Excluded by the MEMBER as an update to the attached property schedule, will not be provided coverage by the Pool during the Coverage Period.

If the Member makes no changes, the Pool will assume the Member is requesting renewal on the same property, fine arts and mobile equipment as the previous applicable Coverage Period. MEMBER understands that any failure to fully and accurately answer the questionnaire and update the attached schedule may result in the denial of coverage provided by the Pool.

\_\_\_\_\_  
Signature of County Judge or presiding official of the Political Subdivision

\_\_\_\_\_  
Date

**Acknowledgement and Acceptance**

Williamson County (Member) acknowledges that the information submitted in this questionnaire and Auto Schedule is true and accurate, including all known potential claims. The information submitted may be used by the Pool in processing the renewal and in assessing the coverage needs of Member. The questions posed, or any wording of the questionnaire, should not and may not be relied upon by Member as implying that coverage exists for any particular claim or class of claims. The only coverage provided by the Pool to Member is as described in the applicable Coverage Document, including any endorsements and the Contribution and Coverage Declaration, issued to a covered Member.

Member acknowledges and agrees that vehicles not listed on the attached vehicle schedule, and/or additionally identified by Member as an update to the attached vehicle schedule, will not be provided coverage during the Coverage Period.

If Member makes no changes, the Pool will assume Member is requesting renewal for the same Liability Coverage as in the previous applicable Coverage Period. Member understands that any failure to fully and accurately answer the questionnaire and any attached schedules may result in denial of coverage provided by the Pool. Coverage issued for Public Officials Liability and Law Enforcement Liability will apply on a Claims Made Basis.

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Signature of County Judge or presiding official of the Political Subdivision

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Date