



AGREEMENT TO EXTEND WORKER'S COMPENSATION UNDER TEXAS ASSOCIATION OF COUNTIES RISK MANAGEMENT POOL

Williamson County, Texas wishes to extend the Worker's Compensation policy with Texas Association of Counties Risk Management Pool covering the term beginning January 1, 2018 through January 1, 2019 for \$788,639. The coverage number assigned is WC-2460-20180101-1. The invoice number assigned is NRCN-20435-WC1.

BY SIGNATURE BELOW, THE PARTIES AGREE TO THE TERMS OF EXTENSION SET OUT HEREIN

Vendor TACRMP
Name Michael Shannon
Title Assistant Director
Signature [Signature]
Date 11/16/17

Williamson County, 710 Main St., Georgetown, TX 78626

Dan A. Gattis

Williamson County Judge

Signature [Signature]
Date 12-11-2017



TEXAS ASSOCIATION of COUNTIES RISK MANAGEMENT POOL

Workers' Compensation Renewal Questionnaire

Williamson County

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

Thank you for participating in the TAC Risk Management Pool's Workers' Compensation program. As we prepare your renewal, there are a few questions we need you to answer so that we can provide you the most comprehensive and cost effective coverage possible. Pursuant to the Interlocal Participation Agreement, Section 4, Annual Contribution, 4.01 requires that the member timely submit to the Pool documentation necessary for the Pool to properly underwrite the renewal. To ensure that we have up-to-date information, please fill out each page completely and make any changes directly to this document. You can also provide supplemental sheets as necessary. NOTE: Omitted information may result in an exclusion from coverage.

We value your membership in the TAC Risk Management Pool and look forward to another successful year! If you have any questions or need help completing the Renewal Questionnaire, please contact your Member Services Representative (listed below) at 800-456-5974.

Member Service Representative: Ms. Sabrina Pena

Email: sabrinap@county.org

Pool Coordinator/Workers' Compensation Coordinator

Our records indicate that the Member has designated the individual below as the contact for this coverage. In accordance with the terms of the Interlocal Participation Agreement, the Pool Coordinator has express authority to represent and to bind the Member, and the Pool will not be required to contact any other individual regarding matters arising from or related to this Agreement. If the Member wishes to change or update the Pool Coordinator Information, please make the necessary changes below.

Contact: Ms. Tara Raymore

Email: traymore@wilco.org

Office Phone Number: (512) 943-1534

Fax Number: (512) 943-1535

Mailing Address: 301 S/E Inner Loop; Ste 108

City, State, Zip: Georgetown, TX, 78626

General Information

	Yes or No
1. Do you use a manned aircraft in any capacity?	No
If Yes: Are your pilots employees?	
If yes, please complete the Aircraft and Aircraft and Pilot info tabs.	
Are your pilots volunteers?	
If yes, and you desire to include Workers' Compensation coverage please complete the Aircraft and Aircraft and Pilot info tabs.	
2. Do you have operations involving the loading, unloading, repair, or construction of watercraft or vessels, including work performed on barges or docks?	No
3. Do you own, operate, or maintain a railroad, or own, lease, operate, or repair railroad equipment?	No
4. Do you engage in manufacturing, handling, transporting, distributing, or storing explosives or explosive substances (other than gasoline)?	No
5. Do you perform any underground, subaqueous, or tunneling operations?	No
6. Do you provide group transportation for employees to and from the workplace?	No
If Yes:	
* Average number of employees in a vehicle per trip:	
* Maximum number of employees in a vehicle per trip:	
* Average number of daily trips:	
7. Do you have a County Fire Department that contracts with the state or National Forest Service to fight wildland fires?	No
If Yes: Please advise in the last 5 years for each fire the number of employees and duration in the explanation box below.	
For any "Yes" responses to the questions above, please provide a brief explanation:	

Unreported Claims

	Yes or No
1. Are you, or any officer or employee, aware of, or have knowledge of any circumstance, occurrence, fact or event which is likely to be a basis of a claim, either now or in the future?	No
If yes, please describe:	
2. Has the situation been reported to TAC Claims Department?	NA

Acknowledgement and Acceptance

Member Name: Williamson County

Member acknowledges that the information submitted in this questionnaire 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 applicable Coverage Document, including any endorsements and the Contribution and Coverage Declaration, issued to a covered Member.

If the Member makes no changes, the Pool will assume the Member is reporting for the same information as in the previous applicable Coverage Period. The Member understands that any failure to fully and accurately answer the questionnaire and any attached documents may result in denial of coverage provided by the Pool.

Signature of County Judge or presiding official of the Political Subdivision

Date

12-11-2017



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: January 1, 2018
Invoice #: NRCN-20435-WC1
Coverage #: WC-2460-20180101-1
Coverage Period: January 1, 2018 - January 1, 2019
Member Number: 2460

Coverage	Description	Contribution
Workers' Compensation	1st Quarterly Installment	\$197,160
TOTAL DUE		\$197,160

Installment	Invoice#	Amount	Due Date
1st Quarterly	NRCN-20435-WC1	\$197,160	January 1, 2018
2nd Quarterly	NRCN-20435-WC2	\$197,160	April 1, 2018
3rd Quarterly	NRCN-20435-WC3	\$197,160	July 1, 2018
4th Quarterly	NRCN-20435-WC4	\$197,159	October 1, 2018
Total Contribution		\$788,639	

Payment Remittance Form

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

Invoice Due Date: January 1, 2018
Invoice #: NRCN-20435-WC1
Payment Due: \$197,160

Amount Enclosed: _____

If the total amount enclosed is not \$197,160,
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 INVOICE SUMMARY

Member Name: Williamson County

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

SUMMARY	
Pool Target Modifier	1.03
Multi-line Discount	-\$68,577
Alliance Participation Discount	\$0
2018 Estimated Workers' Compensation Contribution	\$788,639

BREAKOUT					
Class Code	Class Code Description	Number of Employees	Estimated Payroll	Cost Allocation Factor	Contribution
077210	Ambulance	134	\$6,816,845	1.047211	\$71,387
083910	Auto Mechanics	13	\$663,773	1.209709	\$8,030
090140	Bldg. Maintenance & Janitors	22	\$1,110,523	2.238865	\$24,863
045110	Chemical Analyst/Assayers	11	\$644,290	0.210646	\$1,357
088100	Clerical	750	\$38,965,992	0.228701	\$89,116
086010	Engineers, Surveyors	13	\$1,229,639	0.072222	\$888
088120	Jurors	9,000	\$56,182	0.228701	\$128
087420	Juv Probation, Collectors, Sales	48	\$2,396,462	0.643974	\$15,433
077220	Juvenile Detention Officers	74	\$3,010,337	1.324060	\$39,859
077200	Law Enforcement	503	\$28,226,980	1.324060	\$373,742
088200	Law Office	85	\$6,819,808	0.030092	\$2,052
051910	Office Technician	20	\$1,262,294	0.252776	\$3,191
090150	Parking Lots & Drivers	3	\$138,945	0.812492	\$1,129
091020	Parks & Recreation	21	\$568,431	1.149524	\$6,534
088320	Physician Med.Lab. Minor Emer. Clinic	89	\$3,771,059	0.186572	\$7,036
055060	Road Employees-Paving, Repaving	112	\$4,752,023	2.136551	\$101,529
088310	Vet Hospital & Animal Control	36	\$1,525,524	2.642101	\$40,306
088590	Volunteers - All Others	35	\$182,000	0.601846	\$1,095
088560	Volunteers - Law Enforcement	14	\$72,800	1.324060	\$964
	Total Payroll/Employees	10,983	\$102,213,907		\$788,639

FINANCIAL SUMMARY	
2018 Estimated Workers' Compensation Annual Contribution	\$788,639
2018 Estimated Workers' Compensation Prorata Contribution	\$788,639



TEXAS ASSOCIATION of COUNTIES RISK MANAGEMENT POOL

Workers' Compensation

Contribution & Coverage Declaration

Named Member: Williamson County

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

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).

WORKERS' COMPENSATION	LIMITS
Workers' Compensation Coverage: Part One of the Coverage Document applies to the Workers' Compensation Law in 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	
Elected Officials	Yes
Volunteers - Fire Fighters	No
Volunteers - Law Enforcement	Yes
Volunteers - Emergency Medical Personnel	No
Volunteers - All Others	Yes
Jurors	Yes
Election Workers (non-employees)	No
WORKERS' COMPENSATION DEDUCTIBLE	
Deductible (per Occurrence)	\$0
WORKERS' COMPENSATION ANNUAL CONTRIBUTION	\$788,639

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 10/27/2017 in Austin, Texas.

WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY COVERAGE
TEXAS VOLUNTEER WORKERS' COVERAGE AMENDATORY ENDORSEMENT

This endorsement provides coverage in addition to that provided under the Workers' Compensation and Employers' Liability coverage form for volunteers as listed below.

Schedule

Description of Risk	Estimated Payroll	Number of Employees
Volunteers - All Others	\$182,000.00	35
Volunteers - Law Enforcement	\$72,800.00	

ALL OTHER TERMS, CONDITIONS AND EXCLUSIONS OF THE COVERAGE
REMAIN UNCHANGED.

NOTICE TO EMPLOYEES CONCERNING WORKERS' COMPENSATION IN TEXAS

COVERAGE: Williamson County has workers' compensation insurance coverage from Texas Association of Counties Risk Management Pool in the event of work-related injury or occupational disease. This coverage is effective from 01/01/2018. Any injuries or occupational diseases which occur on or after that date will be handled by Texas Association of Counties Risk Management Pool. An employee or a person acting on the employee's behalf, must notify the employer of an injury or occupational disease not later than the 30th day after the date on which the injury occurs or the date the employee knew or should have known of an occupational disease, unless the Texas Department of Insurance, Division of Workers' Compensation (Division) determines that good cause existed for failure to provide timely notice. Your employer is required to provide you with coverage information, in writing, when you are hired or whenever the employer becomes, or ceases to be, covered by workers' compensation insurance.

EMPLOYEE ASSISTANCE: The Division provides free information about how to file a workers' compensation claim. Division staff will answer any questions you may have about workers' compensation and process any requests for dispute resolution of a claim. You can obtain this assistance by contacting your local Division field office or by calling 1-800-252-7031. The Office of Injured Employee Counsel (OIEC) also provides free assistance to injured employees and will explain your rights and responsibilities under the Workers' Compensation Act. You can obtain OIEC's assistance by contacting an OIEC customer service representative in your local Division field office or by calling 1-866-EZE-OIEC (1-866-393-6432).

SAFETY VIOLATIONS HOTLINE: The Division has a 24 hour toll-free telephone number for reporting unsafe conditions in the workplace that may violate occupational health and safety laws. Employers are prohibited by law from suspending, terminating, or discriminating against any employee because he or she in good faith reports an alleged occupational health or safety violation. Contact the Division at 1-800-452-9595.

COVERED EMPLOYER

Texas Workers' Compensation Rule 110.101(e)(1) requires employers who are covered by workers' compensation through a commercial insurance company to advise their employees that they do have workers' compensation insurance coverage and to advise their employees of the Texas Department of Insurance, Division of Workers' Compensation's toll free number to obtain additional information about their workers' compensation rights.

Notices in English, Spanish and any other language common to the employer's employee population must be posted and:

1. Prominently displayed in the employer's personnel office, if any;
2. Located about the workplace in such a way that each employee is likely to see the notice on a regular basis;
3. Printed with a title in at least 26 point bold type, subject in at least 18 point bold type, and text in at least 16 point normal type; and
4. Contain the exact words as prescribed in Rule 110.101(e)(1).

The notice on the reverse side meets the above requirements. Failure to post or to provide notice as required in the rule is a violation of the Act and Division rules. The violator may be subject to administrative penalties.

Do Not Post This Side

AVISO A LOS EMPLEADOS SOBRE LA COMPENSACIÓN PARA TRABAJADORES EN TEXAS

COBERTURA: Williamson County tiene cobertura de seguros de compensación para trabajadores con Texas Association of Counties Risk Management Pool para protegerle en caso de una lesión o enfermedad ocupacional relacionada con el trabajo. Esta cobertura está vigente desde 01/01/2018. Cualquier lesión o enfermedad ocupacional que ocurra en o después de esta fecha será manejada por Texas Association of Counties Risk Management Pool. Un empleado o una persona que actúe en nombre del empleado, debe notificar al empleador sobre una lesión o una enfermedad ocupacional a no más tardar de treinta (30) días, a partir de la fecha en que ocurrió la lesión o en la fecha en la que el empleado se enteró o debería de haberse enterado de la enfermedad ocupacional, al menos que el Departamento de Seguros de Texas, División de Compensación para Trabajadores (Texas Department of Insurance, Division of Workers' Compensation - TDI-DWC, por su nombre y siglas en inglés) determine que existió una buena causa para que no se haya notificado al empleador dentro del tiempo señalado. Su empleador tiene la obligación de proporcionarle a usted información por escrito sobre la cobertura cuando usted es contratado o cuando su empleador adquiere o deja de tener una cobertura de seguro de compensación para trabajadores.

ASISTENCIA AL EMPLEADO: La División proporciona información gratuita sobre cómo presentar una reclamación de compensación para trabajadores. El personal de la División contestará cualquier pregunta que usted pueda tener sobre la compensación para trabajadores y procesará cualquier solicitud de resolución de disputas relacionada con una reclamación. Usted puede obtener este tipo de asistencia comunicándose con su oficina local de la División o llamando al teléfono 1-800-252-7031. La Oficina de Asesoría Pública para el Empleado Lesionado (Office of Injured Employee Counsel - OIEC, por su nombre y siglas en inglés) también ofrece asistencia gratuita a los empleados lesionados y ellos le explicarán cuáles son sus derechos y responsabilidades bajo la Ley de Compensación para Trabajadores. Usted puede obtener la asistencia de OIEC comunicándose con un representante de servicio al cliente de OIEC en su oficina local de la División o llamando al 1-866-EZE-OIEC (1-866-393-6432).

LÍNEA DIRECTA PARA REPORTAR VIOLACIONES DE SEGURIDAD: La División cuenta con una línea gratuita telefónica que está en servicio las 24 horas del día para reportar condiciones inseguras en el área de trabajo que podrían violar las leyes ocupacionales de salud y seguridad. La ley prohíbe que los empleadores suspendan, despidan o discriminen en contra de cualquier empleado porque él o ella de buena fe reporta una alegada violación ocupacional de salud o seguridad. Comuníquese con la División al teléfono 1-800-452-9595.

EMPLEADOR CON COBERTURA

El Reglamento 110.101 (e)(1) de Compensación para Trabajadores de Texas requiere que los empleadores que cuentan con una cobertura de compensación para trabajadores mediante una compañía de seguros comercial notifiquen a sus empleados que ellos cuentan con una cobertura de seguro de compensación para trabajadores e informen a sus empleados sobre el número de la línea telefónica gratuita del Departamento de Seguros de Texas, División de Compensación para Trabajadores para obtener información adicional sobre sus derechos de compensación para trabajadores.

Avisos en inglés, español y cualquier otro idioma común para la población de los trabajadores del empleador deben ser puestos a la vista y:

1. Mostrarse en un lugar prominente de la oficina de personal del empleador, si es que la hay;
2. Ubicar este aviso en el área de trabajo de tal manera que los empleados lo vean regularmente;
3. El título debe ser impreso en tamaño 26, en letra negrita de punto, el tema debe ser impreso en tamaño 18, en letra negrita de punto, y el texto, por lo menos en tamaño 16 en letra negrita de punto normal; y
4. Contener las palabras exactas según lo señalado en el Reglamento 110.101 (e)(1).

El aviso que se muestra al reverso de esta página cumple con los requisitos que se han señalado en la parte de arriba. El negarse a mostrar o proporcionar esta información, según lo requerido en el reglamento es una falta a la ley y a los reglamentos de la División. El infractor podría estar sujeto a sanciones administrativas.

NO MOSTRAR ESTE LADO



TEXAS ASSOCIATION *of* COUNTIES
RISK MANAGEMENT POOL

***WORKERS' COMPENSATION and EMPLOYERS'
LIABILITY COVERAGE DOCUMENT***

WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY COVERAGE

As authorized by Chapter 504 of the Texas Labor Code and pursuant to the provisions of Chapter 791 and Chapter 2259 of the Texas Government Code, the Texas Association of Counties Risk Management Pool (Pool) is a risk sharing arrangement among Texas County governments and other political subdivisions established as a group workers' compensation fund authorized to provide all compensation and Benefits required by the Workers' Compensation Law. This Coverage Document, offered as an alternative to a traditional insurance policy, describes the Benefits provided to members of the Pool pursuant to the Interlocal contracts between the Pool and its members. The Interlocal Participation Agreement (IPA) between member and the Pool is incorporated herein for all purposes.

The Contribution and Coverage Declarations (CCD) issued to the Named Member by the Pool is part of this Coverage Document, subject to the terms, conditions, definitions, exclusions, and sublimits contained in this Coverage Document, any endorsements, and the Interlocal Participation Agreement (IPA).

Words and phrases that are capitalized have special meaning. Refer to GENERAL DEFINITIONS.

Throughout this Coverage Document, 'you', 'your', 'yours', 'member' and 'Named Member' mean the governmental entity listed on the CCD Page with whom this contract is made. 'We', 'us', 'our', 'ours' and 'the Pool' refer to Texas Association of Counties Risk Management Pool (TAC RMP).

GENERAL DEFINITIONS

- A. **Benefits** as used in Coverage Document means the Benefits payable pursuant to the Workers' Compensation Law.
- B. **Contribution** means the amount paid or payable by the Named Member to the Pool for this coverage.
- C. **Contribution & Coverage Declarations (CCD)** means the document that sets forth the specific indication of the coverage, limits and deductibles, Contributions and special provisions elected by each Named Member, including any modifications made by issuance of any amendatory CCD or endorsement.
- D. **Coverage Document** means this agreement between the Pool and Named Member, including any endorsements.
- E. **Employee** means:
 - 1. a person in the service of a political subdivision who has been employed as provided by law; or

2. a person for whom optional coverage is provided under Section 504.012 or 504.013.
- F. **Injury** means damage or harm to the physical structure of the body and a disease or infection naturally resulting from the damage or harm. The term includes an occupational disease.
- G. **Named Member** means the political subdivision within the State of Texas which is a current participant in the Pool and so designated in the CCD.
- H. **Occurrence** means an accident, including continuous or repeated exposure to substantially the same general harmful conditions.
- I. **Workers' Compensation Law** means the workers' compensation law as authorized by Chapter 504 of the Texas Labor Code.

GENERAL SECTION

A. THE COVERAGE DOCUMENT

This Coverage Document includes at its effective date the CCD and all endorsements and schedules listed there. It contains the terms of coverage afforded to you by virtue of your IPA with the Pool. The terms of this Coverage Document may not be changed or waived except by endorsement issued by us to be part of this Coverage Document.

B. WHO IS COVERED

You are covered if you are the Named Member listed in the CCD.

PART ONE WORKERS' COMPENSATION COVERAGE

Where this Coverage Document conflicts with the Workers' Compensation Law, the Law controls.

A. HOW THIS COVERAGE APPLIES

This coverage applies to Injury by accident or Injury by disease. Injury includes resulting death.

1. Injury by accident must occur during the Coverage period.
2. Injury by disease must be caused or aggravated by the conditions of your employment. The Employee's last day of last exposure to the conditions causing or aggravating such Injury by disease must occur during the Coverage period and shall be considered the date of occurrence.

B. WE WILL PAY

We will pay promptly when due the Benefits required of you by the Workers' Compensation Law. If we make any payments in excess of the Benefits required by the Workers' Compensation Law on your behalf, you will reimburse us promptly.

C. WE WILL NOT PAY

Items precluded by statute in the Texas Labor Code.

D. WE WILL DEFEND

We have the right and duty to defend, at our expense, any claim, proceeding or suit against you for Benefits payable pursuant to this Coverage Document. We have the right to investigate and settle these claims, proceedings or suits and such settlement may be made without your consent. We have the right to make all final decisions concerning settlement of any claim, proceeding, or suit against you for Benefits payable herein, regardless of whether you must pay a deductible, self-insured retention, or other payment. If you settle a claim, proceeding or suit without our approval, it will be at your own expense.

We have no duty to defend a claim, proceeding or suit that is not covered by this Coverage Document.

E. OTHER COVERAGE

If other applicable coverage exists, we will not pay more than our share of Benefits and costs covered by both this Coverage Document and other insurance or self-insurance. Subject to any limits of liability that may apply, all shares will be equal until the loss is paid. If any insurance or self-insurance is exhausted, the shares of all remaining insurance or self-insurance will be equal until the loss is paid.

F. RECOVERY FROM OTHERS

We have your rights, and the rights of persons entitled to the Benefits of this coverage, to recover our payments from anyone liable for the Injury. You will take reasonable and necessary actions to protect those rights for us and to help us enforce them.

PART TWO EMPLOYERS' LIABILITY COVERAGE

A. HOW THIS COVERAGE APPLIES

This Employers' Liability Coverage applies to death by accident or death by disease.

1. The death must arise out of and be in the course and scope of the Employee's employment by you.
2. Death as result of accident must occur during the coverage period.
3. Death by disease must be caused or aggravated by the conditions of your employment. The Employee's last day of last exposure to the conditions causing or aggravating such death by disease must occur during the coverage period and shall be considered the date of occurrence.
4. If you are sued, the original suit and any related legal actions for damages must be brought in the United States of America, its territories or possessions.

B. WE WILL PAY

Subject to the limits stated in the CCD, we will pay all sums you legally must pay as damages because of the death of your Employees, provided the death is covered by this Employers' Liability Coverage.

C. EXCLUSIONS

This coverage does not cover:

1. Liability assumed under a contract;
2. Punitive or exemplary damages because of death to an Employee employed in violation of law;
3. Death of an Employee while employed in violation of law with your actual knowledge or the actual knowledge of any of your officers;
4. Any obligation imposed by a workers' compensation, occupational disease, unemployment compensation, or disability benefits law, or any similar law;
5. Death intentionally caused by you;
6. Death occurring outside the United States of America, its territories or possession, and Canada. This exclusion does not apply to death to a

citizen or resident of the United States of America or Canada who is temporarily outside these countries;

7. Damages arising out of coercion, criticism, demotion, evaluation, reassignment, discipline, defamation, harassment, humiliation, discrimination against or termination of any Employee, or any personnel practices, policies, acts or omissions;
8. Death to any person in work subject to the Longshore and Harbor Workers' Compensation Act (33 USC Sections 901-950), the Non-appropriated Fund Instrumentalities Act (5 USC Sections 8171-8173), the Outer Continental Shelf Lands Act (43 USC Sections 1331-1356), the Defense Base Act (42 USC Sections 1651-1654), the Federal Coal Mine Health and Safety Act of 1969 (30 USC Sections 901-942), any other federal workers' or workmen's compensation law or other federal occupational disease law, or any amendments to these laws;
9. Death to any person in work subject to the Federal Employers' Liability Act (45 USC Sections 51-60), any other federal laws obligating an employer to pay damages to an Employee due to Injury arising out of or in the course of employment, or any amendments to those laws;
10. Death to a master or member of the crew of any vessel;
11. Fines or penalties imposed for violation of federal or state law;
12. Damages payable under the Migrant and Seasonal Agricultural Worker Protections Act (29 USC Sections 1801-1872) and under any other federal law awarding damages for violation of those laws or regulations issued thereunder , and any amendments to those laws;
13. Damages arising out of operations for which you have violated or failed to comply with any Workers' Compensation Law;
14. Death by disease unless written claim is made or suit is brought against you for loss because of death no later than thirty-six months after the coverage period set forth in the CCD.

D. WE WILL DEFEND

We have the right and duty to defend, at our expense, any claim, proceeding or suit against you for damages payable by this Coverage Document. The Pool has the right to investigate and settle these claims, proceedings and suits and such settlement may be made without your consent. We have the right to make all final decisions concerning settlement of any claim, proceeding, or suit against you for Benefits payable herein, regardless of whether you must pay a deductible, self-insured retention, or other payment. If you settle a claim, proceeding or suit without our approval, it will be at your own expense.

The Pool has no duty to defend a claim, proceeding or suit that is not covered by this Coverage Document. The Pool has no duty to defend or continue defending after we have paid our applicable limit of liability under this Coverage Document.

E. LIMITS OF LIABILITY

Limits of liability are as shown on the CCD. We will not pay any claims for damages after we have paid the applicable limit of our liability under this Coverage Document.

F. RECOVERY FROM OTHERS.

We have your rights, and the rights of persons entitled to the Benefits of this coverage, to recover our payments from anyone liable for the Injury. You will take reasonable and necessary actions to protect those rights for us and to help us enforce them.

G. OTHER COVERAGE

If other applicable coverage exists, we will not pay more than our share of Benefits and costs covered by both this Coverage Document and other insurance or self-insurance. Subject to any limits of liability that may apply, all shares will be equal until the loss is paid. If any insurance or self-insurance is exhausted, the shares of all remaining insurance will be equal until the loss is paid.

H. ACTIONS AGAINST THE POOL

There will be no right of action against us under this Coverage Document unless:

1. You have complied with all the terms of this Coverage Document and the Interlocal Participation Agreement;
2. The amount you owe has been determined with our consent or by actual trial and final judgment.

This coverage does not give anyone the right to add us as a defendant in an action against you to determine your liability.

PART THREE
NAMED MEMBER'S DUTIES IF INJURY OCCURS

Tell us at once if Injury occurs that may be covered by this Coverage Document. All of your duties apply to both Part One and Part two of this Coverage Document, and must be performed as a condition of coverage. Your other duties are listed here:

1. Provide for immediate medical and other services required by the Workers' Compensation Law.
2. Give us the names and addresses of the injured persons and of witnesses, and other information the Pool may need as provided by the Workers' Compensation Law.
3. Promptly give us all notices, demands and legal papers related to the Injury, claim, proceeding or suit.
4. Cooperate with us and assist us, as the Pool may request, in the investigation, settlement or defense of any claim, proceeding or suit.
5. Do nothing after an Injury occurs that would interfere with our right to recover from others.
6. Do not voluntarily make payments, assume obligations or incur expenses, except at Named Member's own cost.

PART FOUR
CONDITIONS

A. AGREEMENT TO PARTICIPATE

Nothing in this Coverage Document supersedes or replaces the provisions of the Pool's Interlocal Participation Agreement that governs your right to participate in the Pool and states the conditions of your participation, including without limitation your duty to pay any deductibles authorized therein, to pay contributions, and to comply with actuarial and/or underwriting requirements unless said Interlocal Participation Agreement is amended by the TAC RMP Board of Trustees to provide so. The Pool's fulfillment of its obligations under this Coverage Document in accordance with the terms, conditions, definitions, limitations, and exclusions herein also fulfills any duty the Pool has under said Interlocal Participation Agreement to make workers' compensation or other coverage available to you and to pay claims related to such coverage.

B. INSPECTION

We have the right, but not obligation, to audit and inspect your operations and property at any time upon reasonable notice and during regular business hours, as we deem necessary to protect the interest of the Pool. We may give you reports on the conditions that we find. We may also recommend changes. While these recommendations may help reduce losses, we do not undertake to perform the duty of any person to provide for the health or safety of your Employees or the public. We do not warrant that your workplaces are safe or healthful or that they comply with laws, regulations, codes or standards.

C. COOPERATION WITH RISK CONTROL PROGRAMS

We may provide risk control recommendations, training, consultations or other services to assist you in reducing losses. You shall cooperate with us to implement risk control programs for the purpose of eliminating or minimizing hazards that may contribute to losses.

D. COVERAGE PERIOD

The Coverage Period shall be the coverage period stated in the CCD.

E. TRANSFER OF YOUR RIGHTS AND DUTIES

Your rights and duties under this Coverage Document may not be transferred without our written consent.

F. CANCELLATION

1. If at any time this Coverage Document is cancelled by any party we hold any contributions which are refundable to you because they would have applied to the portion of the Coverage Document period that followed the effective cancellation date, we will return any such refundable contributions promptly at the end of the audit period during which the cancellation occurs.
2. If this Coverage Document, or any other coverage with the Pool, is cancelled prior to the expiration date, the contribution payable may be adjusted to reflect loss of package discounts, renewal credits or any other underwriting credits that are based upon participation in the Pool.
3. If this Coverage Document is cancelled before the end of the Coverage Document period, you may be subject to the short rate earned contribution factors.

G. POOL COORDINATOR

You are required to designate a representative, pursuant to Interlocal Participation Agreement, to make and receive communication with us.

H. THIRD PARTY ADMINISTRATOR

If we designate a Third Party Administrator (TPA), we retain all authority to control the defense and settlement of claims, suits, or proceedings otherwise covered by this Coverage Document, and we retain any duty to pay claims, damages, or expenses otherwise covered herein. We will give you notice of any such appointment which will include the address and phone number for the TPA. If a TPA is designated, you must timely provide to the TPA all notices and reports required by this Coverage Document including without limitation any legal papers, complaints, or demands related to 'Injury by accident' or Injury by disease' (which must be provided promptly) and any notices of the occurrence of such injuries. You must provide the TPA as soon as practicable with all information reasonably required to process and administer any claim, demand, or suit against you for which you seek coverage under this Coverage Document.