

## **Solicitation 2015-220**

# **INSURANCE, GENERAL LIABILITY & EXCESS LIABILITY**

**designation: Public**



**Collin County**

## 2015-220

### INSURANCE, GENERAL LIABILITY & EXCESS LIABILITY

Number **2015-220**  
 Title **INSURANCE, GENERAL LIABILITY & EXCESS LIABILITY**

Start Date **In Held**  
 End Date **Aug 6, 2015 2:00:00 PM CDT**  
 Question & Answer  
 End Date **Jul 29, 2015 5:00:00 PM CDT**

Contact **Geri Osinaike, CPPO, CPPB**  
**Senior Buyer**  
**Purchasing**  
**972-548-4107**  
**gosinaike@co.collin.tx.us**

Contract Duration **1 year**  
 Contract Renewal **3 annual renewals**  
 Prices Good for **90 days**

Standard Disclaimer **\*\*\*Note to Bidders/Offerors~The following standard disclaimer applies to Invitation to Bid (IFB), Competitive Sealed Proposal (CSP), and Request for Proposal (RFP) ONLY, not applicable to Request for Qualifications (RFQ) or Request for Information (RFI).\*\*\***

**Mailing Address:**

**Collin County Purchasing**  
**2300 Bloomdale Rd., Ste 3160**  
**McKinney, TX 75071**

Prices bid/proposed shall only be considered if they are provided in the appropriate space(s) on the Collin County bid form(s). For consideration, any additions or deductions to the bid/proposal prices offered must be shown under the exceptions section of the bid/proposal in the case of electronic submittal, ONLY in the case of a hard copy submittal will an additional attachment be allowed. Extraneous numbers, prices, comments, etc. or bidder/offeror generated documents appearing elsewhere on the bid or as an additional attachment shall be deemed to have no effect on the prices offered in the designated locations.

All delivery and freight charges (F.O.B. inside delivery at Collin County designated locations) are to be included as part of the bid/quote/proposal price. All components required to render the item complete, installed and operational shall be included in the total bid/quote/proposal price. Collin County will pay no additional freight/delivery/installation/setup fees.

Comments

In order to be considered for this RFP, offerors must return:

**The General Liability and Excess Liability Insurance Questionnaire & Market Survey form (Attachment A) no later than 5:00 p.m. July 15, 2015.**

**In a sealed enveloped marked with the RFP Number, RFP Name and Company Name or emailed to gosinaike@co.collin.tx.us.**

**Collin County Purchasing**  
**Attn: Sara Hoglund, CPPB**  
**2300 Bloomdale Rd. #3160**  
**McKinney, TX 75071**  
**(972) 548-4165**

#### Item Response Form

Item **2015-220--01-01 · INSURANCE, GENERAL LIABILITY & EXCESS LIABILITY**  
 Quantity **1 each**

Prices are not requested for this item.

Delivery Location **Collin County**  
Collin County - See P.O.  
2300 Bloomdale Rd., Ste. 3160  
\*\* See P.O. for Job Site \*\*  
McKinney TX 75071  
**Qty 1**

**Description**

INSURANCE, GENERAL LIABILITY & EXCESS LIABILITY



## **COLLIN COUNTY, TEXAS TERMS AND CONDITIONS**

### **1.0 GENERAL INSTRUCTIONS**

#### 1.0.1 Definitions

1.0.1.1 Bidder/Quoter/Offeror: refers to submitter.

1.0.1.2 Vendor/Contractor/Provider: refers to a Successful Bidder/Quoter/Contractor/Service Provider.

1.0.1.3 Submittal: refers to those documents required to be submitted to Collin County, by a Bidder/Quoter/Offeror.

1.0.1.4 IFB: refers to Invitation For Bid.

1.0.1.5 RFQ: refers to Request For Qualifications

1.0.1.6 RFP: refers to Request For Proposal.

1.0.1.7 RFI: refers to Request For Information.

1.0.1.8 CSP: refers to Competitive Sealed Proposal

1.0.1.9 Quotation: refers to Request for Quotation

1.1 If Bidder/Quoter/Offeror do not wish to submit an offer at this time, please submit a No Bid Form.

1.2 Awards shall be made not more than ninety (90) days after the time set for opening of submittals.

1.3 Collin County is always conscious and extremely appreciative of your time and effort in preparing your submittal.

1.4 Collin County exclusively uses BidSync for the notification and dissemination of all solicitations. The receipt of solicitations through any other company may result in your receipt of incomplete specifications and/or addendums which could ultimately render your bid non-compliant. Collin County accepts no responsibility for the receipt and/or notification of solicitations through any other company.

1.5 A bid/quote/submittal may not be withdrawn or canceled by the bidder/quoter/offeror prior to the ninety-first (91<sup>st</sup>) day following public opening of submittals and only prior to award.

1.6 It is understood that Collin County, Texas reserves the right to accept or reject any and/or all Bids/Quotes/Proposals/Submittals for any or all products and/or services covered in an Invitation For Bid

(IFB), Request For Qualifications (RFQ), Request For Proposal (RFP), Request For Information (RFI), Competitive Sealed Proposal (CSP), and Quotation, and to waive informalities or defects in submittals or to accept such submittals as it shall deem to be in the best interest of Collin County.

1.7 All IFB's, RFP's, CSP's, RFQ's, and RFI's submitted in hard copy paper form shall be submitted in a sealed envelope, plainly marked on the outside with the IFB/RFP/RFQ/RFI/CSP/Quotation number and name. A hard copy paper form submittal shall be manually signed in ink by a person having the authority to bind the firm in a contract. Submittals shall be mailed or hand delivered to the Collin County Purchasing Department.

1.8 No oral, telegraphic or telephonic submittals will be accepted. IFB's, RFP's, RFQ's, CSP's, and RFI's, may be submitted in electronic format via **BidSync**.

1.9 All Invitation For Bids (IFB), Request For Proposals (RFP), Request For Qualifications (RFQ), Competitive Sealed Proposals (CSP), and Request For Information (RFI), submitted electronically via **BidSync** shall remain locked until official date and time of opening as stated in the Special Terms and Conditions of the IFB, RFP, RFQ, CSP, and/or RFI.

1.10 Time/date stamp clock in Collin County Purchasing Department shall be the official time of receipt for all Invitation For Bids (IFB), Request For Proposals (RFP), Request For Qualifications (RFQ), Competitive Sealed Proposals (CSP), Request For Information (RFI), submitted in hard copy paper form. IFB's, RFP's, RFQ's, CSP's, RFI's, received in County Purchasing Department after submission deadline shall be considered void and unacceptable. Absolutely no late submittals will be considered. Collin County accepts no responsibility for technical difficulties related to electronic submittals.

1.11 For hard copy paper form submittals, any alterations made prior to opening date and time must be initialed by the signer of the IFB/RFQ/RFP/CSP/RFI/, guaranteeing authenticity. Submittals cannot be altered or amended after submission deadline.

1.12 Collin County is by statute exempt from the State Sales Tax and Federal Excise Tax; therefore, the prices submitted shall not include taxes.

1.13 Any interpretations, corrections and/or changes to an Invitation For Bid/Request For Qualifications/Request For Proposal/Request for Information/Competitive Sealed Proposal, and related Specifications or extensions to the opening/receipt date will be made by addenda to the respective document by the Collin County Purchasing Department. Questions and/or clarification requests must be submitted no later than seven (7) days prior to the opening/receipt date. Those received at a later date may not be addressed prior to the public opening. Sole authority to authorize addenda shall be vested in Collin County Purchasing Agent as entrusted by the Collin County Commissioners' Court. Addenda may be transmitted electronically via **BidSync**, by facsimile, E-mail transmission or mailed via the US Postal Service.

1.13.1 Addenda will be transmitted to all that are known to have received a copy of the IFB/RFQ/RFP/RFI/CSP and related Specifications. However, it shall be the sole responsibility of the Bidder/Quoter/Offeror to verify issuance/non-issuance of addenda and to check all avenues of document availability (i.e. **BidSync** at [www.bidsync.com](http://www.bidsync.com), telephoning Purchasing Department directly, etc.) prior to opening/receipt date and time to insure Bidder/Quoter/Offeror's receipt of any addenda issued. Bidder/Quoter/Offeror shall acknowledge receipt of all addenda.

1.14 All materials and services shall be subject to Collin County approval.

1.15 Collin County reserves the right to make award in whole or in part as it deems to be in the best interest of the County.

1.16 The Bidder/Quoter/Offeror shall comply with Commissioners' Court Order No. 96-680-10-28, Establishment of Guidelines & Restrictions Regarding the Acceptance of Gifts by County Officials & County Employees.

1.17 Any reference to model/make and/or manufacturer used in specifications is for descriptive purposes only. Products/materials of like quality will be considered.

1.18 Bidders/Quoters/Offerors taking exception to the specifications shall do so at their own risk. By

offering substitutions, Bidder/Quoter/Offeror shall state these exceptions in the section provided in the IFB/RFQ/RFP/CSP/Quotation or by attachment. Exception/substitution, if accepted, must meet or exceed specifications stated therein. Collin County reserves the right to accept or reject any and/or all of the exception(s)/substitution(s) deemed to be in the best interest of the County.

1.19 Minimum Standards for Responsible Prospective Bidders/Quoters/Offerors: A prospective Bidder/Quoter/Offeror must meet the following minimum requirements:

- 1.19.1 have adequate financial resources, or the ability to obtain such resources as required;
- 1.19.2 be able to comply with the required or proposed delivery/completion schedule;
- 1.19.3 have a satisfactory record of performance;
- 1.19.4 have a satisfactory record of integrity and ethics;
- 1.19.5 be otherwise qualified and eligible to receive an award.

Collin County may request documentation and other information sufficient to determine Bidder's/Quoter's/Offeror's ability to meet these minimum standards listed above.

1.20 Vendor shall bear any/all costs associated with its preparation of an RFI/IFB/RFQ/RFP/CSP/Quotation submittal.

1.21 Public Information Act: Collin County is governed by the Texas Public Information Act, Chapter 552 of the Texas Government Code. All information submitted by prospective bidders during the bidding process is subject to release under the Act.

1.22 The Bidder/Quoter/Offeror shall comply with Commissioners' Court Order No. 2004-167-03-11, County Logo Policy.

1.23 Interlocal Agreement: Successful bidder agrees to extend prices and terms to all entities that has entered into or will enter into joint purchasing interlocal cooperation agreements with Collin County.

1.24 Bid Openings: All bids submitted will be read at the county's regularly scheduled bid opening for the designated project. However, the reading of a bid at bid opening should be not construed as a comment on the responsiveness of such bid or as any indication that the county accepts such bid as responsive.

The county will make a determination as to the responsiveness of bids submitted based upon compliance with all applicable laws, Collin County Purchasing Guidelines, and project documents, including but not limited to the project specifications and contract documents. The county will notify the successful bidder upon award of the contract and, according to state law; all bids received will be available for inspection at that time.

## 2.0 TERMS OF CONTRACT

2.1 A bid/quote/proposal, when properly accepted by Collin County, shall constitute a contract equally binding between the Vendor/Contractor/Provider and Collin County. No different or additional terms will become part of this contract with the exception of an Amendment and/or a Change Order.

2.2 No oral statement of any person shall modify or otherwise change, or affect the terms, conditions or specifications stated in the resulting contract. All Amendments and/or Change Orders to the contract will be made in writing by Collin County Purchasing Agent.

2.3 No public official shall have interest in the contract, in accordance with Vernon's Texas Codes Annotated, Local Government Code Title 5, Subtitle C, Chapter 171.

2.4 The Vendor/Contractor/Provider shall comply with Commissioners' Court Order No. 96-680-10-28,

Establishment of Guidelines & Restrictions Regarding the Acceptance of Gifts by County Officials & County Employees.

2.5 Design, strength, quality of materials and workmanship must conform to the highest standards of manufacturing and engineering practice.

2.6 Bids/Quotes/Proposals must comply with all federal, state, county and local laws concerning the type (s) of product(s)/service(s)/equipment/project(s) contracted for, and the fulfillment of all ADA (Americans with Disabilities Act) requirements.

2.7 All products must be new and unused, unless otherwise specified, in first-class condition and of current manufacture. Obsolete products, including products or any parts not compatible with existing hardware/software configurations will not be accepted.

2.8 Vendor/Contractor/Provider shall provide any and all notices as may be required under the Drug-Free Work Place Act of 1988, 28 CFR Part 67, Subpart F, to its employees and all sub-contractors to insure that Collin County maintains a drug-free work place.

2.9 Vendor/Contractor/Provider shall defend, indemnify and save harmless Collin County and all its officers, agents and employees and all entities, their officers, agents and employees who are participating in this contract from all suits, claims, actions, damages (including personal injury and or property damages), or demands of any character, name and description, (including attorneys' fees, expenses and other defense costs of any nature) brought for or on account of any injuries or damages received or sustained by any person, persons, or property on account of Vendor/Contractor/Provider's breach of the contract arising from an award, and/or any negligent act, error, omission or fault of the Vendor/Contractor/Provider, or of any agent, employee, subcontractor or supplier of Vendor/Contractor/Provider in the execution of, or performance under, any contract which may result from an award. Vendor/Contractor/Provider shall pay in full any judgment with costs, including attorneys' fees and expenses which are rendered against Collin County and/or participating entities arising out of such breach, act, error, omission and/or fault.

2.10 If a contract, resulting from a Collin County IFB, RFP, RFQ, CSP, Quotation is for the execution of a public work, the following shall apply:

2.10.1 In accordance with V.T.C.A. 2253.021, a governmental agency that makes a public work contract with a prime contractor shall require the contractor, before beginning work, to execute to the governmental entity a Payment Bond if the contract is in excess of \$25,000.00. Such bond shall be in the amount of the contract payable to the governmental entity and must be executed by a corporate surety in accordance with Section 1, Chapter 87, Acts of the 56<sup>th</sup> Legislature, Regular Session, 1959 (Article 7.19-1 Vernon's Texas Insurance Code).

2.10.2 In accordance with V.T.C.A. 2253.021, a governmental agency that makes a public work contract with a prime contractor shall require the contractor, before beginning work, to execute to the governmental entity a Performance Bond if the contract is in excess of \$100,000.00. Such bond shall be in the amount of the contract payable to the governmental entity and must be executed by a corporate surety in accordance with Section 1, Chapter 87, Acts of the 56<sup>th</sup> Legislature, Regular Session, 1959 (Article 7.19-1 Vernon's Texas Insurance Code).

2.11 Purchase Order(s) shall be generated by Collin County to the vendor. Collin County will not be responsible for any orders placed/delivered without a valid purchase order number.

2.12 The contract shall remain in effect until any of the following occurs: delivery of product(s) and/or completion and acceptance by Collin County of product(s) and/or service(s), contract expires or is terminated by either party with thirty (30) days written notice prior to cancellation and notice must state therein the reasons for such cancellation. Collin County reserves the right to terminate the contract immediately in the event the Vendor/Contractor/Provider fails to meet delivery or completion schedules, or otherwise perform in accordance with the specifications. Breach of contract or default authorizes the County to purchase elsewhere and charge the full increase in cost and handling to the defaulting Vendor/Contractor/Provider.

2.13 Collin County Purchasing Department shall serve as Contract Administrator or shall supervise agents

designated by Collin County.

2.14 All delivery and freight charges (FOB Inside delivery at Collin County designated locations) are to be included as part of the bid/quote/proposal price. All components required to render the item complete, installed and operational shall be included in the total bid/quote/proposal price. Collin County will pay no additional freight/delivery/installation/setup fees.

2.15 Vendor/Contractor/Provider shall notify the Purchasing Department immediately if delivery/completion schedule cannot be met. If delay is foreseen, the Vendor/Contractor/Provider shall give written notice to the Purchasing Agent. The County has the right to extend delivery/completion time if reason appears valid.

2.16 The title and risk of loss of the product(s) shall not pass to Collin County until Collin County actually receives and takes possession of the product(s) at the point or points of delivery. Collin County shall generate a purchase order(s) to the Vendor/Contractor/Provider and the purchase order number must appear on all itemized invoices.

2.17 Invoices shall be mailed directly to the Collin County Auditor's Office, 2300 Bloomdale Road, Suite 3100, McKinney, Texas 75071. All invoices shall show:

2.17.1 Collin County Purchase Order Number;

2.17.2 Vendor's/Contractor's/Provider's Name, Address and Tax Identification Number;

2.17.3 Detailed breakdown of all charges for the product(s) and/or service(s) including applicable time frames.

2.18 Payment will be made in accordance with V.T.C.A., Government Code, Title 10, Subtitle F, Chapter 2251.

2.19 All warranties shall be stated as required in the Uniform Commercial Code.

2.20 The Vendor/Contractor/Provider and Collin County agree that both parties have all rights, duties, and remedies available as stated in the Uniform Commercial Code.

2.21 The Vendor/Contractor/Provider agree to protect Collin County from any claims involving infringements of patents and/or copyrights.

2.22 The contract will be governed by the laws of the State of Texas. Should any portion of the contract be in conflict with the laws of the State of Texas, the State laws shall invalidate only that portion. The remaining portion of the contract shall remain in effect. The contract is performable in Collin County, Texas.

2.23 The Vendor/Contractor/Provider shall not sell, assign, transfer or convey the contract, in whole or in part, without the prior written approval from Collin County.

2.24 The apparent silence of any part of the specification as to any detail or to the apparent omission from it of a detailed description concerning any point, shall be regarded as meaning that only the best commercial practices are to prevail. All interpretations of the specification shall be made on the basis of this statement.

2.25 Vendor/Contractor/Provider shall not fraudulently advertise, publish or otherwise make reference to the existence of a contract between Collin County and Vendor/Contractor/Provider for purposes of solicitation. As exception, Vendor/Contractor/Provider may refer to Collin County as an evaluating reference for purposes of establishing a contract with other entities.

2.26 The Vendor/Contractor/Provider understands, acknowledges and agrees that if the Vendor/Contractor/Provider subcontracts with a third party for services and/or material, the primary Vendor/Contractor/Provider (awardee) accepts responsibility for full and prompt payment to the third party. Any dispute between the primary Vendor/Contractor/Provider and the third party, including any payment dispute, will be promptly remedied by the primary vendor. Failure to promptly render a remedy or to make prompt payment to the third party (subcontractor) may result in the withholding of funds from the primary Vendor/Contractor/Provider by Collin County for any payments owed to the third party.



2.27 Vendor/Contractor/Provider shall provide Collin County with diagnostic access tools at no additional cost to Collin County, for all Electrical and Mechanical systems, components, etc., procured through this contract.

2.28 Criminal History Background Check: If required, ALL individuals may be subject to a criminal history background check performed by the Collin County's Sheriff's Office prior to access being granted to Collin County. Upon request, Vendor/Contractor/Provider shall provide list of individuals to Collin County Purchasing Department within five (5) working days.

2.29 Non-Disclosure Agreement: Where applicable, vendor shall be required to sign a non-disclosure agreement acknowledging that all information to be furnished is in all respects confidential in nature, other than information which is in the public domain through other means and that any disclosure or use of same by vendor, except as provided in the contract/agreement, may cause serious harm or damage to Collin County. Therefore, Vendor agrees that Vendor will not use the information furnished for any purpose other than that stated in contract/agreement, and agrees that Vendor will not either directly or indirectly by agent, employee, or representative disclose this information, either in whole or in part, to any third party, except on a need to know basis for the purpose of evaluating any possible transaction. This agreement shall be binding upon Collin County and Vendor, and upon the directors, officers, employees and agents of each.

2.30 Vendors/Contractors/Providers must be in compliance with the Immigration and Reform Act of 1986 and all employees specific to this solicitation must be legally eligible to work in the United States of America.

2.31 Certification of Eligibility: This provision applies if the anticipated Contract exceeds \$100,000.00 and as it relates to the expenditure of federal grant funds. By submitting a bid or proposal in response to this solicitation, the Bidder/Quoter/Offeror certifies that at the time of submission, he/she is not on the Federal Government's list of suspended, ineligible, or debarred contractors. In the event of placement on the list between the time of bid/proposal submission and time of award, the Bidder/Quoter/Offeror will notify the Collin County Purchasing Agent. Failure to do so may result in terminating this contract for default.

2.32 Notice to Vendors/Contractors/Providers delivering goods or performing services within the Collin County Detention Facility: The Collin County Detention Facility houses persons who have been charged with and/or convicted of serious criminal offenses. When entering the Detention Facility, you could: (1) hear obscene or graphic language; (2) view partially clothed male inmates; (3) be subjected to verbal abuse or taunting; (4) risk physical altercations or physical contact, which could be minimal or possibly serious; (5) be exposed to communicable or infectious diseases; (6) be temporarily detained or prevented from immediately leaving the Detention Facility in the case of an emergency or "lockdown"; and (7) subjected to a search of your person or property. While the Collin County Sheriff's Office takes every reasonable precaution to protect the safety of visitors to the Detention Facility, because of the inherently dangerous nature of a Detention Facility and the type of the persons incarcerated therein, please be advised of the possibility of such situations exist and you should carefully consider such risks when entering the Detention Facility. By entering the Collin County Detention Facility, you acknowledge that you are aware of such potential risks and willingly and knowingly choose to enter the Collin County Detention Facility.

2.33 Delays and Extensions of Time when applicable:

2.33.1 If the Vendor/Contractor/Provider is delayed at any time in the commence or progress of the Work by an act or neglect of the Owner or Architect/Engineer, or of an employee of either, or of a separate contractor employed by the Owner, or by changes ordered in the Work, or by labor disputes, fire, unusual delay in deliveries, unavoidable casualties or other causes beyond the Vendor/Contractor/Provider's control, or by delay authorized by the Owner pending mediation and arbitration, or by other causes which the Owner or Architect/Engineer determines may justify delay, then the Contract Time shall be extended by Change Order for such reasonable time as the Owner/Architect may determine.

2.33.2 If adverse weather conditions are the basis for a Claim for additional time, such Claim shall be documented by data substantiating that weather conditions were abnormal for the period of time and could not have been reasonably anticipated, and that the weather conditions had an adverse effect on the scheduled construction.

**NOTE:** All other terms and conditions (i.e. Insurance Requirements, Bond Requirements, etc.) shall be stated in the individual IFB/RFQ/RFP/RFI/CSP/Quotation Solicitation documents as Special Terms, Conditions and Specifications.

<b>3.0 INSURANCE REQUIREMENTS</b>
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3.1 Before commencing work, the vendor shall be required, at its own expense, to furnish the Collin County Purchasing Agent with certified copies of all insurance certificate(s) indicating the coverage to remain in force throughout the term of this contract.

3.1.1 **Commercial General Liability** insurance including but not limited to the coverage indicated below. Coverage shall not exclude or limit Products/Completed Operations, Contractual Liability, or Cross Liability.

- Each Occurrence: \$1,000,000
- Personal & Adv Injury: \$1,000,000
- Products/Completed Operation: \$1,000,000
- General Aggregate: \$2,000,000

3.1.2 **Workers Compensation** insurance as required by the laws of Texas, and Employers' Liability.

Employers' Liability

- Liability, Each Accident: \$500,000
- Disease-Each Employee: \$500,000
- Disease – Policy Limit: \$500,000

3.1.3 **Commercial Automobile Liability** insurance including owned, non-owned, and hired vehicles used in connection with the contract.

- Combined Single Limit – Each Accident: \$1,000,000

3.1.4 **Professional/Errors & Omissions Liability** insurance with a two (2) year extended period of coverage, (i.e. tail coverage). If you choose to have project coverage endorsed onto your base policy, this would be acceptable.

- Each Occurrence/Aggregate: \$1,000,000

3.1.5 **Umbrella/Excess Liability** insurance.

- Each Occurrence/Aggregate: \$1,000,000

3.2 With reference to the foregoing insurance requirement, the vendor shall endorse applicable insurance policies as follows:

3.3.1 A waiver of subrogation in favor of Collin County, its officials, employees, volunteers and officers shall be contained in all policies.

3.3.2 The vendor's insurance coverage shall name Collin County as additional insured under the General Liability policy.

3.3.3 All insurance policies shall be endorsed to require the insurer to immediately notify Collin County of any decrease in the insurance coverage limits.

3.3.4 All insurance policies shall be endorsed to the effect that Collin County will receive at least thirty (30) days notice prior to cancellation, non-renewal or termination of the policy.

3.3.5 All copies of Certificates of Insurance shall reference the project/contract number.

3.4 All insurance shall be purchased from an insurance company that meets the following requirements:

3.4.1 A financial rating of B+VI or better as assigned by the BEST Rating Company or equivalent.

3.5 Certificates of Insurance shall be prepared and executed by the insurance company or its authorized agent, and shall contain provisions representing and warranting the following:

3.5.1 Sets forth all endorsements and insurance coverages according to requirements and instructions contained herein.

3.5.2 Sets forth the notice of cancellation or termination to Collin County.

# PART ONE (1)

# RESPONSE TO MARKET REQUEST INFORMATION AND QUESTIONNAIRE

## **4.0 PART ONE (1) – MARKET ASSIGNMENT AND CRITERIA**

4.1 Proposers will be qualified and insurance companies will be assigned exclusively to an agent. The General Liability and Excess Liability Insurance Questionnaire & Market Survey (Attachment A) is to be completed by the agency in its entirety. Failure to complete form as requested may result in disqualification.

When assigning insurance companies to agencies, the county will use the following criteria:

- The current agent will be assigned incumbent markets, assuming the agent's past service has been satisfactory to the county.
- Assignments will attempt to avoid dividing companies or groups among different agencies.
- Location, services, pricing, experience, backup support, and insurance company relationships will be important considerations when assigning insurance companies and agencies. Past service with Collin County will also be considered when markets are assigned.
- The order in which the requests are received will also be taken into consideration in determining market assignments.

## **4.2 PART ONE (1) - SPECIAL CONDITIONS AND SCOPE OF SERVICES**

4.2.1 Authorization: Sealed proposals will be received for Insurance: General Liability and Excess Liability.

Collin County is conducting a vendor search to select an insurance carrier(s) to provide for Insurance to include the following lines of coverage:

- General Liability
- Myers Park General Liability
- Commercial Auto Liability/Physical Damage
- Excess Liability
- Law Enforcement Liability
- Public Officials Errors and Omissions Liability
- Crime
- Employment Practices Liability
- County Health Clinic Medical Professional Liability
- Inland Marine

4.2.2 The county will utilize a two-step process for completing and making this award. First Attachment A: General Liability and Excess Liability Insurance Questionnaire & market Survey, markets will be assigned; second Attachment B: Coverage Specifications and Response, vendors will be requested to return proposals based upon market assignment.

### Part 1: Assignment of Markets

In order to be considered for this project offerors must return the **Collin County General Liability and Excess Liability Insurance Questionnaire & market Survey (Attachment A)** no later than 5:00 p.m. July 15, 2015 in a sealed envelope marked with the RFP Number, RFP Name and Company Name or email to:

**Sealed Envelope**

Collin County Purchasing  
2300 Bloomdale Rd. #3160  
McKinney, TX 75071  
(972) 548-4165

**Email**

[gosinaike@co.collin.tx.us](mailto:gosinaike@co.collin.tx.us)  
Subject line: RFP Number, RFP Name and Company Name

After receipt of these forms, Collin County will assign markets. No markets may be reserved without the express written permission of Collin County.

## **4.3 PART ONE (1) - PROPOSAL FORMAT**

4.3.1 Submit the following documents:

4.3.2 Attachment A – General Liability and Excess Liability Insurance Questionnaire and Market Survey

# PART TWO (2) PROPOSAL RESPONSE



## **5.0 PART TWO (2) - EVALUATION FACTORS**

### **5.1 EVALUATION CRITERIA**

The award of the contract shall be made to the responsible contractor, whose proposal is determined to be the best evaluated offer resulting from negotiation, taking into consideration the relative importance of price and other factors set forth in the Request For Proposals in accordance with Vernon's Texas Code Annotated, Government Code 2254.

The Evaluation Committee will review all proposals received by the Opening date and time as part of a documented evaluation process. For each decision point in the process, the County will evaluate contractors according to specific criteria and will elevate a certain number of contractors to compete against each other. The proposals will be evaluated on the following criteria.

Functionality, implementation support, on-going support, customer care, integration, reliability, scalability, expandability and adaptability with Collin County will be extremely important in the evaluation/decision process. A strong track record for on-time delivery of these service(s) to organizations comparable in size to Collin County, Texas will be a significant factor in the award process.

The County reserves the right to determine the suitability of proposals on the basis of all of these criteria.

The County will use a competitive process based upon "selection levels." The County recognizes that if a provider fails to meet expectations during any part of the process, it reserves the right to proceed with the remaining providers or to elevate a provider that was not elevated before. The selection levels are described in the following sections.

#### **Level 1 - Procurement Requirements Assessment**

Criteria assessed during Level 1:

- Conformance with RFP guidelines and submittal requirements.

The first part of the elevation process is to validate the completeness of the proposal and ensure that all the RFP guidelines and submittal requirements are met. Those providers who do not meet all the requirements for the RFP may, at the discretion of the County, be contacted to submit the missing information within two (2) Business days. Incomplete or noncompliant RFPs may be disqualified.

## Level 2 – Detailed Proposal Assessment

The Evaluation Committee will conduct a detailed assessment of all proposals elevated to this Level. Criteria evaluated in Level 2:

- 15% Profile of local/national agency operations to include firms qualifications, experience and references – *See 7.1.1, 7.1.2, 7.1.4, 7.1.5*
- 20% Agency resources available to include support services, access of staff, service plan – *see 7.3, 8.3*
- 30% Pricing of programs – Attachment B – *see 7.1.3*
- 15% Availability of other programs to include loss control services – *see 7.1.8*
- 20% Ability to meet established criteria – *see 6.0, 7.1.6, 7.1.7, 7.1.9, 7.2 & 8.0*

It is anticipated that no more than three providers will advance to Level 3 but Collin County reserves the right to adjust the number as necessary.

## Level 3 – Best and Final Offer

Contractors elevated to Level 3 may be asked to respond in writing.

Based on the information collected in this phase, a single contractor will be identified as the finalist for contract negotiations. If a contract cannot be reached after a period of time deemed reasonable by the County, it reserves the right to contact any of the other contractors that have submitted bids and enter into negotiations with them.

## 6.0 PART TWO (2) - GENERAL INFORMATION & SPECIFICATIONS

6.1 Collin County is soliciting competitive proposals to provide services to select an insurance carrier(s) to provide for insurance to include General Liability, Myers Park General Liability, Commercial Auto Liability/Physical Damage, Excess Liability, Law Enforcement Liability, Public Officials Errors and Omissions Liability, Crime, Employment Practices Liability, County Health Clinic Medical Professional Liability, and Inland Marine insurance coverage.

6.2 Intent of Request for Proposal: Collin County's intent of this Request for Proposal (RFP) and resulting contract is to provide offerors with sufficient information to prepare an RFP response for General Liability, Myers Park General Liability, Commercial Auto Liability/Physical Damage, Excess Liability, Law Enforcement Liability, Public Officials Errors and Omissions

Liability, Crime, Employment Practices Liability, County Health Clinic Medical Professional Liability, and Inland Marine insurance coverage.

6.3 The current insurance agency is Wells Fargo Insurance Services USA, Inc. All lines of coverage are provided by One Beacon Government Risks except County Health Medical Professional Liability that is provided by ACE Healthcare Risks.

Collin County's current program consists of a layered approach, combining self-insured retention at various levels, dependent upon the coverage provided. The current underwriting information is included in Exhibit One (1): Underwriting Information and the loss information is included in Exhibit Two (2): One Beacon Lost Runs and Exhibit Three (3): Three TriStar Loss Runs. As evidenced by the provided loss run, Collin County has not filed any claims on these lines of insurance.

To better assist the offeror in their attempts to obtain quotes, the following additional information has been provided:

- Attachment A: General Liability and Excess Liability Insurance Questionnaire & market Survey
- Attachment B: Coverage Specifications and Response
- Exhibit One (1): Underwriting Information
- Exhibit Two (2): One Beacon Loss Runs
- Exhibit Three (3): TriStar Loss Runs
- Exhibit Four (4): The One Beacon renewal application from fiscal year 2015
- Exhibit Five (5): ACE Healthcare Risks renewal application county's Health Medical Professional Liability for fiscal year 2015 for the
- Exhibit Six (6): Auto Schedule on the county's over-the-road fleet
- Exhibit Seven (7): MICP information for equipment covered through inland marine coverage
- Exhibit Seven A (7A) MMU Information
- Exhibit Eight (8): Bond Master Spreadsheet

6.4 TERM: Provide for a contract commencing on October 1, 2015, through September 30, 2016, with the option to extend for three (3) additional one (1) year periods.

6.5 FUNDING: Funds for payment have been provided through the Collin County budget approved by the Commissioners' Court for this fiscal year only. State of Texas statutes prohibit the county from any obligation of public funds beyond the fiscal year for which a

budget has been approved. Therefore, anticipated orders or other obligations that arise past the end of the current Collin County fiscal year shall be subject to budget approval.

- 6.6 **CHANGES IN SERVICES PROVIDED:** Collin County reserves the right to add or reduce any and all services provided. If such an addition or reduction occurs, the offeror agrees that this change will not negatively affect the prices of any of the remaining services provided.
- 6.7 **TERMINATION:** Collin County reserves the right to cancel the contract at any time for any reason. If the contract is cancelled by Collin County, services will terminate after a 30 day termination notice has been provided by Collin County.
- 6.8 **COUNTY ASSERTION OF ESTIMATES:** Any information herein is provided as an estimate of volume based on past history. This data is provided for the general information of vendors and is not guaranteed to be relied upon for future volumes
- 6.9 **SAMPLES/DEMOS:** When requested, samples/demos shall be furnished free of expense to Collin County.
- 6.10 **PROVIDER COMMUNICATION:** Providers are prohibited from communicating directly with any employee of Collin County, except as described herein. Collin County will not be responsible for verbal information given by any Collin County employee. The issuance of an addendum is the only official method whereby interpretation, clarification or additional information will be communicated and authorized.
- 6.11 **AUDITS AND RECORDS:** The Provider agrees that at any time during normal business hours, and as often as County may deem necessary, Provider shall make available to representatives of the County for examination all of its records with respect to all matters covered by the resulting contract, and will permit such representatives of the County to audit, examine, copy and make excerpts or transcripts from such records, and to make audits of all contracts, invoices, materials, payrolls, records of personnel, conditions of employment and other data relating to all matters covered by the resulting contract, all for a period of three (3) years from the date of final settlement of contract or of such other or longer period, if any, as may be required by applicable statute or other lawful requirements.
- 6.12 **CONFIDENTIALITY:** All completed and submitted proposals become the property of Collin County. Collin County may use the proposal for any purpose it deems appropriate. Prior to Collin County approval, the proposal material is considered as “draft” and is not subject to the Texas “Public Information Act”, Texas Government Code Chapter 552. After approval by Collin County, the proposal material becomes part of the contract

between the vendor and Collin County. Upon signing of a contract, proposals and contracts are subject to the State of Texas "Public Information Act". If any information is to be considered proprietary, the Vendor must place it in a separate envelope and mark it "Proprietary Information." State of Texas Attorney General retains the final authority as to the extent of material that is considered proprietary or confidential.

6.13 PRICE REDUCTION: If during the life of the contract, the vendor's net prices to other customers under the same terms and conditions for items/services awarded herein are reduced below the contracted price, it is understood and agreed that the benefits of such reduction shall be extended to Collin County.

6.14 METHOD OF AWARD:

6.14.1 The award of the contract shall be made to the responsible offeror(s) whose proposal is determined to be the best evaluated offer resulting from negotiation taking into consideration the relative importance of price and other evaluation factors in section 5.0 above. Collin County reserves the right to award on an "all or none" or by "service or coverage" basis.

6.14.2 In consideration of the proposals, Collin County reserves the right to select one or more acceptable offerors who offer contractual terms and conditions most favorable to Collin County

6.14.3 Collin County reserves the right to award all or a portion of the RFP.

6.14.4 No vendor has exclusive rights on this account; competitive proposals will be accepted from all responsible offerors.

6.14.5 All invoices shall be sent to:

Collin County Auditor	with copy to:	Collin County Risk Manager
2300 Bloomdale Rd		2300 Bloomdale Rd
Suite 3100		Suite 4117
McKinney, TX 75071		McKinney, TX 75071

6.15 PRICING AND FEES: The information included in this section may contain questions or information requests that require detailed responses or attachments. Read each section thoroughly, and include your responses in numerical order.

6.15.1 Incurred Expenses: There is no expressed or implied obligation for Collin County to reimburse offerors for any expense incurred in preparing proposals in response

to this request, and Collin County will not reimburse anyone for these expenses. Collin County will consider proposals from all responsible offerors

- 6.15.2 Within the offeror's response, any and all fees and commissions must be disclosed. Any and all set-up costs or termination fees should also be included in the Attachment B.
- 6.15.3 Any and all costs must be disclosed in the Premium Summary as well as all other sections of Attachment B. The county does not want any bundled charges to be listed. The offeror's response should break down all charges by line item including commissions or fees.
- 6.15.4 The county desires that the offeror disclose any discount associated with the cost for the proposed insurance premium in the event the county pays all costs up-front and/or any penalty associated should the county pay the cost over the period of a year.
- 6.15.5 Changes in premium can only be instituted on a policy anniversary date, and it is requested that the selected offeror provide notice of changes in premium at least 120 days before renewal.

#### 6.16 NEGOTIATIONS:

- 6.16.1 Discussions may be conducted with responsible offerors who submit proposals determined to be reasonably susceptible of being selected for award. All offerors will be accorded fair and equal treatment with respect to an opportunity for discussion and revision of proposals. Revisions to proposals may be permitted after submission and before award for the purpose of obtaining best and final offers.
- 6.16.2 Offerors may be required to submit additional data during the process of any negotiations.
- 6.16.3 Collin County reserves the right to negotiate the price and any other term with the offerors.
- 6.16.4 Any oral negotiations must be confirmed in writing prior to award.

**6.17 SUBMISSION REQUIREMENTS:**

Submission of Proposal: To be considered, proposals shall be received by 2:00 p.m., August 6, 2015, in the Purchasing Department or via [www.bidsync.com](http://www.bidsync.com).

All proposals shall be addressed to:

Collin County Purchasing Department  
Attn: Geri Osinaike, 2015-220 General Liability  
Collin County Administration Building  
2300 Bloomdale, Suite 3160  
McKinney, Texas 75071

The envelope in which the proposal is enclosed must be marked:

SEALED PROPOSAL  
GENERAL LIABILITY AND EXCESS LIABILITY  
RFP NO. 2015-220

To achieve a uniform review process and to obtain a maximum degree of comparability, vendors may submit proposals via [www.bidsync.com](http://www.bidsync.com) or if vendor chooses to submit manually Collin County requires that proposals be submitted with a master (marked original) and three (3) copies.

NOTE: If submitting manually, offeror shall submit, in addition to the hard copies, a CD copy. Microsoft Word format is preferred.

POINT OF CONTACT: Information regarding the purchasing process and the contents of this RFP may be obtained from the Collin County Purchasing Department, Attn: Geri Osinaike at [gosinaike@co.collin.tx.us](mailto:gosinaike@co.collin.tx.us).

**6.18 CLARIFICATION OR OBJECTION TO PROPOSAL SPECIFICATION:** If any offeror contemplating submitting a proposal for this contract is in doubt as to the true meaning of the specifications or other documents or any part thereof, they may submit questions to the Purchasing Department on or before SEVEN (7) DAYS PRIOR to the date the bids are due. All such requests for information shall be made in writing and the offeror submitting the request will be responsible for its prompt delivery. Any interpretation of the RFP will be made only by RFP Addendum duly issued. A copy of such RFP Addendum will be posted at [www.bidsync.com](http://www.bidsync.com).

6.19 **INCURRED EXPENSES:** There is no expressed or implied obligation for Collin County to reimburse offerors for any expense incurred in preparing proposals in response to this request, and Collin County will not reimburse anyone for these expenses. Collin County will consider proposals from all responsible offerors.

6.20 **SCHEDULE OF EVENTS:**

RFP Released:	July 7, 2015
Market Assignment Deadline:	July 15, 2015 at 5:00 p.m.
Deadline for submission of vendor questions:	July 29, 2015 at 5:00
Proposals due:	August 6, 2015, 2:00 p.m.
Effective date of contract:	October 1, 2015

Collin County reserves the right to change the schedule of events as it deems necessary.

<b>7.0 PART TWO (2) - PROPOSAL FORMAT</b>
-------------------------------------------

7.1 **PROPOSAL DOCUMENTS:** To achieve a uniform review process and to obtain a maximum degree of comparability, Collin County requires that proposals be submitted with a **master (marked original) and three (3) copies or proposals may be submitted online via Bid Sync.** The proposal shall, at a minimum, include a Table of Contents detailing sections and corresponding page numbers. If submitted manually, it shall be printed on letter-size (8-1/2"x 11") paper and assembled with spiral-type bindings or staples. Do not use metal-ring hard cover binders. Paper copies should also be accompanied by an electronic copy of the information provided in a searchable format on a CD or flash drive.

7.1.1 **Title Page:** Title page shall show the RFP subject, the offeror's name, the name, address, email and telephone number of a contact person, and the date of the proposal.



- 7.1.2 Transmittal Letter: Offer shall include a signed letter briefly addressing the offeror's understanding of the insurance program being requested, the commitment to provide the coverage and services required, and a statement explaining why the offeror believes itself to be best qualified to provide the coverage and service detailed within this RFP.
- 7.1.3 Detailed Proposal: Complete the attached document: **Attachment B-Coverage Specifications and Response**. In addition, all questions included in the body of the RFP should be answered. The detailed proposal shall address the ability to provide services for each requirement as set forth in this RFP. Any options or alternatives to the requirements set forth in this RFP should be shown as dollar adjustment(s) to the provided quotation. All charges and fees should also be broken out and listed in Attachment B. The Premium Summary section should be completed based on Collin County's current limits and deductibles/SIRs.
- 7.1.4 Executive Summary: Please include with your proposal a management summary that outlines the competitive advantages of your proposal. Summarize the key points of the proposal for non-technical, executive review. Please detail any differences between Collin County's current coverage and the proposed coverage.
- 7.1.5 Offeror References: References in each category should be unique clients. If possible, list clients with similar insurance needs as Collin County. The offeror shall furnish the following reference information:
- 7.1.5.1 Name, address, contact name, and telephone number for the last three (3) clients who terminated service within the last two (2) years. Indicate what insurance you carried for the client and reason for termination if known
- 7.1.5.2 Name, address, contact name, and telephone number for two (2) most recent clients within the last year. Indicate what insurance you carry for the client.
- 7.1.5.3 Name, address, contact name, and telephone number for five (5) existing clients with three (3) or more year history with the offeror. Indicate what insurance you carry for the client. Include at least two (2) references who have general liability coverage through your proposed company and have made a claim.
- 7.1.5.4 Name, address, contact name, and telephone number for three (3) governmental clients, either city or county. Indicate what insurance you carry for the client.
- 7.1.6 Provide information on all current litigation and any litigation within the past three years.

- 7.1.7 **Statement of Compliance:** All offerors to this RFP shall detail in a single location in section 9.0 Exception, any and all exceptions or deviations from the RFP requirements. Any requirements listed in the RFP that cannot or will not be met or complied with in their entirety, or that require separate actions, additional fees or charges, or additional consideration must be described in this section. Requirements not specifically identified in this section will be interpreted as the offeror's compliance to the RFP requirements.
- 7.1.8 **Additional Information:** Please include any additional information that may be pertinent to this RFP. Collin County intends to consider all aspects of the proposed services in determining what the best overall package is for Collin County employees. Please include this information in the RFP response.
- 7.1.9 You must submit your responses in the order that is provided in the RFP. Responses should also be numbered with the same numbers and sections as the RFP.
- 7.1.10 This RFP and the offeror's response shall be included as part of the contract.
- 7.2 **SUPPORTING DOCUMENTATION:** It is requested that the offeror submit the following documents with the proposal:
- 7.2.1 Copies of your last audited financial including balance sheets and income statements
- 7.2.2 Plans for merger/divestiture or a major capital investment or divestment or major claims administration conversion during the next 12 months
- 7.2.3 S/P, Weiss and AM Best Ratings
- 7.2.4 Location of claims processing site
- 7.2.5 All other information required by this RFP

## **8.0 PART TWO (2) – REQUIREMENTS**

- 8.1 Collin County is a political subdivision of the State of Texas, with the county seat in McKinney, Texas. The county is home to over 855,000 residents, and occupies over 851 square miles. The county currently has approximately 1,635 full-time employees and 24 part-time employees. The county operates from multiple locations in areas such as Public Works, Facilities, Administration including Finance, Courthouse Operations, Sheriff's Office, Detention, Juvenile Detention and Probation, and operates its own low-risk Medical Clinic from which the county's Health Official

is based. The county does not operate a fire department; instead, the county utilizes the fire departments of the various cities and towns in its area.

The county does not own, or operate a golf course, an airport, or a landfill. We do have a small water treatment facility at Collin County Adventure Camp which is used solely for that facility. The county does own, and operate, the County's Sheriff's department and the area's primary detention center. The Sheriff's department has approximately 167 peace officers, 238 detention officers, 17 reserve officers, 63 civilians, and two police dogs. The facility houses an average daily population of 1,000 low and moderate-risk detainees. Capital offense detainees are housed there during trial but transferred to state facilities upon sentencing.

- 8.2 General Requirements: The information included in this section may contain questions or information requests that require detailed responses or attachments. Read each section thoroughly and please include your responses in numerical order. Any requirements listed in the RFP that cannot or will not be met or complied with in their entirety should be noted in the "Statement of Compliance" with the item number included.
- 8.2.1 The county requests that the winning offeror submit electronic reports, noting the details of the claims as to paid, incurred costs, designated reserves, and status of each claim. These reports should be provided on a monthly schedule and as needed by the county. Within their response, the county requests that the offeror provide samples of any and all reports that will be provided as well as the timing of such reports. The county expects prompt and accurate loss runs at least quarterly showing all paid and outstanding (reserved) claims and the amount of the reserve. Please describe how the county will receive this information and provide a sample loss run for review. Upon receipt of this information, any claims that are reserved too low or high will be reviewed by the Risk Manager and appropriate action will be discussed to adjust reserves accordingly. In your response, please detail the process by which reserves will be determined.
- 8.2.2 The offeror may be asked to submit to regular audits of the pertinent claim files and to interviews with the involved adjuster(s) and their supervisors. These audits will endeavor to identify timeliness and accuracy of processing.
- 8.2.3 The information contained in the claim files is the property of the county and the offeror is expected to provide the information, in electronic format, to the county at within 15 days of the county request, at no additional cost. The offeror will submit or allow the county's representative access to electronic databases that reference the county's claim or claims within 15 days of request, at no additional costs.
- 8.2.4 It is the desire of the county that a dedicated representative or team be designated as the contact between the offeror and the county. The contact information must document

office phone numbers, hours of operations as well as e-mail addresses, and if possible a toll free number. The county requires phone calls and e-mails be returned within one business day.

- 8.2.5 Claims Management Service: Most claims the county receives are administered internally; however, the county may use the services of a third party administrator. Collin County currently uses TriStar Risk Management as its third party administrator. Please note if there are additional fees associated with going through a TPA and what TPAs, if any, the offeror will not accept. Any additional fees should be detailed on Attachment B.
- 8.2.6 The offeror shall provide a copy of the offeror's errors and omissions coverage. Within their response.
- 8.2.7 The offeror shall detail their claim process including notification requirements, required documentation, penalties for incorrect filing, how claims are calculated, processing timelines as well as available statistics regarding their claim processing, and payment history. Please provide this information in your response.
- 8.2.8 It is requested that the offeror include an Unintentional Errors and Omissions clause as to knowledge of occurrence. It is understood and agreed that only knowledge of an occurrence by the Risk Manager, Assistant Director of Human Resources, or the Director of Human Resources of Collin County shall in itself constitute knowledge of the insured. If one of these parties does not have knowledge of the occurrence, Collin County cannot be held accountable for late reporting.
- 8.2.9 It is requested that the offeror include a Knowledge of Hazards or Exposure Base clause. It is understood and agreed, that failure by the insured to disclose all information regarding existing hazards as of the inception date of the policy shall not prejudice the insured with respect to the coverage afforded by the policy, provided such failure or omission is not intentional.
- 8.2.10 It is requested that the offeror include a clause about Notice of Occurrence. The insured's right under this policy will not be affected if it fails to give notice of an accident or occurrence, because it believed the accident or occurrence was not covered under the policy.
- 8.2.11 Within the response, the offeror shall describe all termination processes when the relationship with the offeror terminates.

- 8.2.12 All claim information is the property of Collin County. Provider is to return all such information to the county within fifteen days of contract exhaustion, upon demand and/or termination. In the event that provider fails to return Collin County claim information to the county within fifteen days of contract exhaustion, upon demand and/or termination, Collin County reserves the right to collect from provider an administrative fee of \$1,000.00 to remedy county personnel costs required to research and recapture such claim information.
- 8.2.13 It is requested that the offeror describe its ability to provide information to Collin County via electronic means. Collin County is especially interested in resources available to upload/download or otherwise transmit claim activity and history to the county's HRIS (PeopleSoft) system.
- 8.2.14 The offeror shall provide an implementation schedule detailing required actions by both Collin County and the offeror in order for the plan to be effective October 1, 2015.
- 8.2.15 It is requested that the offeror provide a 120-day renewal plan including any plan changes and rates. All renewals must be submitted and approved in September of each year. The offeror shall provide at least a 90-day, preferably 120-day, notice of non-renewal. Please provide a sample renewal plan for review within your response.
- 8.3 Additional Services: The information included in this section may contain questions or information requests that require detailed responses or attachments. Read each section thoroughly and please include your responses in numerical order.
- 8.3.1 Safety and Loss Prevention: It is requested that the offeror submit a proposal or plan which states the specific ways in which it intends to reduce claims, increase loss prevention, advance safe procedures, and detail any other services available. Within the offeror's response, a general outline of proposed services and inspections should be submitted including the cost of such services, if not included in the premium. Any fees should also be included on Attachment B.
- 8.3.2 Training: Please provide information on training programs or opportunities that can be provided through your company or selected insurance carrier. Please include information about the fees associated with these training programs.
- 8.3.3 Bonds: The county currently goes through Wells Fargo to obtain Public Official Bonds. The county would like all respondents to provide service plan information on Public Official Bonds, to include the cost of the bonds, turnaround time when processing new or renewed bonds, and a proposed transition plan. Attached in Exhibit Eight (8): Bond Master spreadsheet the current bond schedule which includes the total number of bonds

currently in place as well as their value. Describe your expertise in handling Public Official Bonds. How do you ensure the right bonds are issued, and what checks and balances are in place to ensure that Collin County is in compliance?

8.3.4 Cyber Liability: Please provide detailed information on the Cyber Liability that is included in your quote. In addition, please provide information on any additional Cyber Liability coverage that is available for purchase and its pricing.

8.4 Copies of Policies: A complete specimen policy (including all forms and endorsements) should be furnished with each quotation. Once coverage is purchased, a complete copy of all policies should be delivered to Collin County no later than January 1, 2016.

8.5 If there is a difference in the policy compared to the information provided and agreed upon in the RFP response, the RFP responses will prevail.

**9.0 EXCEPTIONS**

Please complete the following worksheet listing any and all exceptions from the information requested in the RFP. Attach additional pages as needed. If no deviations are listed it is understood that the Contractor has agreed to all requirements as listed in the RFP.

Section Number/ Question Number	Required Service Offeror is Unable to Perform	Steps Taken to Meet Requirement

**NOTE: FAILURE TO PROVIDE ALL INFORMATION REQUESTED AND FAILURE TO PROVIDE THE INFORMATION IN THE ORDER REQUESTED MAY RESULT IN DISQUALIFICATION OF THE PROPOSAL.**

**SIGNATURE FORM  
COLLIN COUNTY, TEXAS**

**DELIVERY**

DELIVERY WILL BE F.O.B. INSIDE DELIVERY AT COLLIN COUNTY DESIGNATED LOCATIONS AND ALL TRANSPORTATION CHARGES PAID BY THE SUPPLIER TO DESTINATION.

DELIVERY TO BE SPECIFIED IN CALENDAR DAYS FROM DATE OF ORDER.

WE **DO NOT** TAKE EXCEPTION TO THE BID SPECIFICATIONS.

WE **TAKE** EXCEPTION TO THE BID SPECIFICATIONS (EXPLAIN):

**COMPANY INFORMATION/PROFILE/REFERENCES**

Preferential Requirement: The County of Collin, as a governmental agency of the State of Texas, may not award a contract to a nonresident bidder unless the nonresident's bid is lower than the lowest bid submitted by a responsible Texas resident bidder by the same amount that a Texas resident bidder would be required to underbid a nonresident bidder to obtain a comparable contract in the state in which the nonresident's principal place of business is located (Government Code, Title 10, V.T.C.A., Chapter 2252, Subchapter A). Bidder shall make answer to the following questions by selecting the appropriate radio button or inserting information in the box provided:

Is your principal place of business in the State of Texas?  Yes  No

If the answer to question is "yes", no further information is necessary; if "no", please indicate:

in which state is your principal place of business located:

If that state favors resident bidders (bidders in your state) by some dollar increment or percentage?  Yes  No

if "yes", what is that dollar increment or percentage?



**REFERENCES**

List at least three (3) companies or governmental agencies where these same/like products /services, as stated herein, have been provided.

Company/Entity:		Contact:	
Address:		City/State/Zip:	
Phone:		E-mail:	

Company/Entity:		Contact:	
Address:		City/State/Zip:	
Phone:		E-mail:	

Company/Entity:		Contact:	
Address:		City/State/Zip:	
Phone:		E-mail:	

**COOPERATIVE CONTRACTS**

As permitted under Title 8, Chapter 271, Subchapter F, Section 271.101 and 271.102 V.T.C.A. and Title 7, Chapter 791, Subchapter C, Section 791.025, V.T.C.A., other local governmental entities may wish to also participate under the same terms and conditions contained in this contract. Each entity wishing to participate must enter into an inter-local agreement with Collin County and have prior authorization from vendor. If such participation is authorized, all purchase orders will be issued directly from and shipped directly to the local governmental entity requiring supplies/services. Collin County shall not be held responsible for any orders placed, deliveries made or payment for supplies/services ordered by these entities. Each entity reserves the right to determine their participation in this contract. Would bidder be willing to allow other local governmental entities to participate in this contract, if awarded, under the same terms and conditions?  Yes  No

**BIDDER ACKNOWLEDGEMENT**

By signing and submitting this Bid/Proposal, Bidder/Offeror acknowledges, understands the specifications, any and all addenda, and agrees to the bid/proposal terms and conditions and can provide the minimum requirements stated herein. Bidder/Offeror acknowledges they have read the document in its entirety, visited the site, performed investigations and verifications as deemed necessary, is familiar with local conditions under which work is to be performed and will be responsible for any and all errors in Bid/Proposal submittal resulting from Bidder/Offeror’s failure to do so. Bidder/Offeror acknowledges the prices submitted in this Bid/Proposal have been carefully reviewed and are submitted as correct and final. If Bid/Proposal is accepted, vendor further certifies and agrees to furnish any and all products/services upon which prices are extended at the price submitted, and upon conditions in the specifications of the Invitation for Bid/Request for Proposal

THE UNDERSIGNED HEREBY CERTIFIES THE FOREGOING BID/PROPOSAL SUBMITTED BY THE COMPANY LISTED BELOW HEREINAFTER CALLED "BIDDER/OFFEROR" IS THE DULY AUTHORIZED AGENT OF SAID COMPANY AND THE PERSON SIGNING SAID BID/PROPOSAL HAS BEEN DULY AUTHORIZED TO EXECUTE SAME. BIDDER/OFFEROR AFFIRMS THAT THEY ARE DULY AUTHORIZED TO EXECUTE THIS CONTRACT; THIS COMPANY; CORPORATION, FIRM, PARTNERSHIP OR INDIVIDUAL HAS NOT PREPARED THIS BID/PROPOSAL IN COLLUSION WITH ANY OTHER BIDDER/OFFEROR OR OTHER PERSON OR PERSONS ENGAGED IN THE SAME LINE OF BUSINESS; AND THAT THE CONTENTS OF THIS BID/PROPOSAL AS TO PRICES, TERMS AND CONDITIONS OF SAID BID/PROPOSAL HAVE NOT BEEN COMMUNICATED BY THE UNDERSIGNED NOR BY ANY EMPLOYEE OR AGENT TO ANY OTHER PERSON ENGAGED IN THIS TYPE OF BUSINESS PRIOR TO THE OFFICIAL OPENING OF THIS BID/PROPOSAL.

Legal Company Name	
Doing Business As (DBA)	
Street Address of Principal Place of Business	
City, State, Zip	
Phone of Principal Place of Business	
Fax of Principal Place of Business	
E-mail Address of Representative	
Federal Identification Number	
Acknowledgement of Addenda	#1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> #4 <input type="checkbox"/> #5 <input type="checkbox"/> #6 <input type="checkbox"/>
Authorized Representative Name	
Authorized Representative Title	
Signature (Required for paper bid submission)	
Date	

**ATTACHMENT A -  
GENERAL LIABILITY AND  
EXCESS LIABILITY  
INSURANCE  
QUESTIONNAIRE &  
MARKET SURVEY**

**Complete and return this form no later than  
July 15, 2015 at 5:00 p.m., to**

Email: [gosinaike@co.collin.tx.us](mailto:gosinaike@co.collin.tx.us) or  
Collin County Purchasing  
2300 Bloomdale Rd #3160 McKinney, TX 75071  
Phone: 972-548-4165 (McKinney)  
972-424-1460 (Metro)

Agency:	Office Head:
Address:	City, State, Zip:
Date founded:	Number of Local Employees:

Phone:	Fax:	Toll Free Number:
Contact Person:	Contact Person Phone Number:	
E-mail address:	Web site:	
In-house Services Representative:	Claims Representative:	
Service Representative:	Loss Control Representative:	

	Account Executive	Back-Up Executive
Name:		
Direct Phone:		
Mobile Phone:		
E-mail Address:		
Designations:		
Years with firm:		
Years of Insurance Experience- Government Entities:		

1. Approximate P&C commission/fee revenue by year for the last 3 years:

- a. 2014 - \$ \_\_\_\_\_
- b. 2013 - \$ \_\_\_\_\_
- c. 2012 - \$ \_\_\_\_\_

2. Business Retention Percentage overall by year for the last 3 years:

- a. 2014 - \$ \_\_\_\_\_
- b. 2013 - \$ \_\_\_\_\_
- c. 2012 - \$ \_\_\_\_\_

3. Percentage of your business in Public Entity: \_\_\_\_%

4. Number of Public Entity clients and commission/fee by year for the last 3 years:

- a. 2014 - \$ \_\_\_\_\_
- b. 2013 - \$ \_\_\_\_\_
- c. 2012 - \$ \_\_\_\_\_

5. **Agency Resources Available** – locally/nationally and the number of employees working in that specialty and their years of experience:

<b>Specialty</b>	<b># of Employees</b>	<b>Cumulative Years Experience</b>
Commercial General Liability		
Claims Consultants		
Loss Control Consultants		

6. Please provide a description of the services you provide to clients.

7. Please list any additional services your firm can provide including loss prevention and training opportunities.

8. Top 10 Markets – 2014 Premium Volume Annual – All Lines

Market	Premium Volume

9. **Market Selections- in order of preference: (total premium by line for the local office) DO NOT CONTACT OR BLOCK A MARKET UNTIL A WRITTEN ASSIGNMENT HAS BEEN ISSUED BY COLLIN COUNTY.** List up to a maximum of five (5) insurance carriers, by line of coverage, in ranked preference to provide the coverage you would propose. Additionally, you must show the average annual premium dollars for the past three years and the length of the relationship your firm has with each insurance carrier.

**General Liability (including law enforcement, errors and omissions, crime, and employment practices)** If you intend to write a standalone policy for any of these lines of coverage please select a separate market on page 5. If you do not select a separate market, it is understood that all of these lines of coverage will be included in your general liability quote.

<u>Market (parent company)</u>	<u>Annual Prem. Vol.</u>	<u>Length of Relationship</u>
	\$	
	\$	
	\$	
	\$	

**General Liability- Myers Park**

<u>Market (parent company)</u>	<u>Annual Prem. Vol.</u>	<u>Length of Relationship</u>
	\$	
	\$	
	\$	
	\$	

**Excess Liability**

<b><u>Market (parent company)</u></b>	<b><u>Annual Prem. Vol.</u></b>	<b><u>Length of Relationship</u></b>
	\$	
	\$	
	\$	
	\$	
	\$	

**Commercial Auto Liability/ Physical Damage**

<b><u>Market (parent company)</u></b>	<b><u>Annual Prem. Vol.</u></b>	<b><u>Length of Relationship</u></b>
	\$	
	\$	
	\$	
	\$	

**County Health Clinic Medical Professional Liability**

<b><u>Market (parent company)</u></b>	<b><u>Annual Prem. Vol.</u></b>	<b><u>Length of Relationship</u></b>
	\$	
	\$	
	\$	
	\$	

**Inland Marine**

<b><u>Market (parent company)</u></b>	<b><u>Annual Prem. Vol.</u></b>	<b><u>Length of Relationship</u></b>
	\$	
	\$	
	\$	
	\$	

If you intend to write a standalone policy for any of the following lines of coverage, please indicate the market(s) of your choice below.

**Law Enforcement Liability**

<b><u>Market (parent company)</u></b>	<b><u>Annual Prem. Vol.</u></b>	<b><u>Length of Relationship</u></b>
	\$	
	\$	
	\$	

**Public Officials and Errors and Omissions Liability**

<b><u>Market (parent company)</u></b>	<b><u>Annual Prem. Vol.</u></b>	<b><u>Length of Relationship</u></b>
	\$	
	\$	

	\$	
--	----	--

**Crime**

<b><u>Market (parent company)</u></b>	<b><u>Annual Prem. Vol.</u></b>	<b><u>Length of Relationship</u></b>
	\$	
	\$	
	\$	

**Employment Practices Liability**

<b><u>Market (parent company)</u></b>	<b><u>Annual Prem. Vol.</u></b>	<b><u>Length of Relationship</u></b>
	\$	
	\$	
	\$	



**ATTACHMENT B -  
COVERAGE  
SPECIFICATIONS AND  
RESPONSE**

## COMMERCIAL GENERAL LIABILITY COVERAGE SPECIFICATIONS AND RESPONSE

<b>General Liability Premium Summary</b>		
<b>Specifications (All Locations except for Myers Park and Farm Museum)</b>	<b>Premium Amount</b>	<b>Comments</b>
Annual Premium for General Liability based on \$50,000 Per Occurrence SIR and the county's current limits.		This is the county's current and desired SIR. Please provide quotes for the other SIRs listed.
\$25,000 Per Occurrence SIR		
\$100,000 Per Occurrence SIR		
Deductible or retention combined with any other coverage?		
TRIA Coverage Premium		For each quoted SIR
Additional Fees		
Total annual premium for general liability including TRIA and any additional fees		For each quoted SIR
Name of insurance company for general liability:		
Current A.M. Best rating:		
<b>Specifications for Myers Park and Farm Museum Only</b>	<b>Premium Amount</b>	<b>Comments</b>
Annual Premium for Myers Park General Liability based on \$1,000 Per Occurrence Deductible and the county's current limit.		This is the county's current and desired deductible. Please provide quotes for other deductibles listed.
\$5,000 Per Occurrence Deductible		
\$10,000 Per Occurrence Deductible		
Deductible or retention combined with any other coverage?		
TRIA Coverage Premium		For each quoted SIR
Additional Fees		
Total annual premium for Myers Park general liability including TRIA and any additional fees		For each quoted SIR
Name of insurance company for Myers Park and Farm Museum:		
Current A.M. Best rating:		
<b>General Liability Limits of Insurance</b>		
<b>Specifications (All locations except for Myers Park and Farm Museum)</b>	<b>Included Yes/No</b>	<b>Comments</b>
\$1,000,000 - Bodily injury and property damage, per occurrence		
\$1,000,000 - Personal injury and advertising injury, any one person or organization		

\$1,000,000 – Products/completed operations		
\$100,000 – Fire damage limit, any one fire		
\$1,000,000 – Annual aggregate		
\$100,000 – Fire legal liability		
\$1,000,000 - Employee benefits liability coverage		
Is this a standalone policy?		
Is this part of a package program?		
<b>Specifications for Myers Park and Farm Museum</b>	<b>Included Yes/No</b>	<b>Comments</b>
\$1,000,000 – Bodily injury and property damage, per occurrence		
\$1,000,000 - Personal injury and advertising injury, any one person or organization		
\$1,000,000 – Products/completed operations		
\$1,000,000- Damages to Premises Rented to You		
Is this a standalone policy?		
Is this part of a package program?		
<b>Commercial General Liability Coverage Details</b>		
<b>Specifications</b>	<b>Included Yes/No</b>	<b>Comments</b>
Employee benefits liability – occurrence form		
Waiver of subrogation – as required by contract		
Clarification of punitive damages coverage		
Notice to amend, non-renew or cancel – minimum of 90 days		
Pollution for sudden & accidental contractual liability		
Non-Waiver of governmental immunity		
Is this coverage coordinated coverage with professional liability policies?		
Use of reasonable force to protect persons or property		
Covered contract includes interlocal contracts and/or agreements		
Covered contracts include mutual aid contracts		
Bodily injury includes: a. Incidental med services by non		

med person b. Medical services by public health district, local health units or departments other than physicians, surgeons and dentists at a location not providing 24 hour care		
Are employed doctors and physician assistants covered?		
Bodily injury and property damage is covered arising from the escape of fuels and lubricants for the maintenance and operation of mobile equipment		
Attach details of any enhancements not listed		
Attach a list of any exclusions applicable		
Defense costs/legal expenses within limits or outside limits		
First dollar defense and defense coverage		
County selects defense counsel		
All forms and endorsements are attached to and made a part of this proposal		
Herbicide and Pesticide Liability Coverage Included?		
Is Cyber Coverage included in this policy? If so, please detail coverage included.		
Broad form named insured (including non-profits)?		
Additional Insured as required by written contract		
Employed attorneys as additional insured		
Elected/appointed officials as additional insured		
Volunteers as additional insured		
<b>General Liability Claims Processing</b>		
Does the insurance company require in-house processing of claims?		
May a TPA process claims?		
Provide a list of approved TPAs		

## COMMERCIAL AUTOMOBILE LIABILITY COVERAGE SPECIFICATIONS AND RESPONSE

<b>Commercial Automobile Liability Premium Summary</b>		
<b>Specifications</b>	<b>Annual Amount</b>	<b>Comments</b>
Annual Premium for Auto Liability based on \$50,000 – Per Occurrence SIR and the county’s current limits.		This is the county’s current and desired SIR. Please provide quotes for other SIRs listed.
\$25,000 – Per Occurrence SIR		
\$100,000 – Per Occurrence SIR		
\$10,000 Comprehensive		This is the county’s current deductible.
\$10,000 Collision		This is the county’s current deductible.
Is the deductible or self-insured retention combined with any other lines of insurance?		
TRIA Premium		For each quoted SIR
Additional Fees		
Total annual premium for auto liability including TRIA and any additional fees		For each quoted SIR
Name of insurance company for automobile liability:		
Current A.M. Best rating:		
<b>Auto Liability Limits of Insurance</b>		
<b>Specifications</b>	<b>Included Yes/No</b>	<b>Comments</b>
<b>Liability</b>		
\$1,000,000 Per Accident		
\$1,000,000 - Non-owned and hired, per occurrence		
Hired Auto Liability		
Non- Owned Auto Liability		
Hired Auto- Physical Damage		
All owned autos (394)		
Is this a standalone policy		
Is this part of a package program?		
<b>Auto Liability Coverage Details</b>		
<b>Specifications</b>	<b>Included Yes/No</b>	<b>Comments</b>
Broad form named insured endorsement including:		
Coverage for any officer, director, elected or appointed official, any member of a board or commission of the County and any employee of the County acting in the scope of their duties or with permission		

Any volunteer acting within the scope of duties assigned by the county		
Coverage for permissive users		
Any officer, director, elected or appointed official, any member of a board or commission of the county with respect to non-owned automobiles used in the business of the county		
Pay on behalf of the county or covered party all sums for damages arising out of an occurrence because of bodily injury or property damage arising out of the ownership, operation, use, loading, unloading or maintenance of an automobile.		
Coverage for liability arising out of hired and non-owned vehicles		
Territory - U.S., territories, Canada and Mexico (within 100 miles of the border)		
Coverage applies for bodily injury and property damage arising out of the overturn or collision of an automobile.		
Coverage applies for pollutants that result from electrical, hydraulic, or mechanical functioning of an automobile or its parts if pollutants escape, seep, migrate or are discharged, dispersed, or released from an automobile part designed to hold such pollutants.		
Coverage is coordinated with coverage for general liability, law enforcement liability, and errors and omissions coverage.		
Coverage for claims arising out of the use of an automobile by law enforcement.		
Fellow employee exclusion deleted?		
Attach details of any enhancements not listed		
Attach a list of any exclusions applicable		
<b>Auto Liability Claims Processing</b>		
Does the insurance company require in-house processing of claims?		
May a TPA process claims?		
Provide a list of approved TPAs		

## LAW ENFORCEMENT LIABILITY COVERAGE SPECIFICATIONS AND RESPONSE

<b>Law Enforcement Liability Premium Summary</b>		
<b>Specifications</b>	<b>Total Annual Premium</b>	<b>Comments</b>
Annual Premium for Law Enforcement Liability based on \$50,000 – SIR and the county’s current limits.		This is the county’s current and desired SIR. Please provide quotes for other SIRs listed.
\$25,000 – SIR		
\$100,000 – SIR		
Is the deductible combined with any other lines of coverage?		
TRIA coverage premium		For each quoted SIR
Any additional fees?		
Total annual premium for law enforcement liability including TRIA and any additional fees		For each quoted SIR
Name of insurance company for law enforcement liability:		
Current A.M. Best rating:		
<b>Law Enforcement Liability Limits of Insurance</b>		
<b>Specifications</b>	<b>Included Yes/No</b>	<b>Comments/Limits</b>
\$1,000,000 – Each Wrongful Act		
\$1,000,000- Aggregate		
Is this coverage claims made or occurrence basis?		
Is this a standalone policy?		
Is this part of a package program?		
Is this a standalone policy or is it part of a package program?		
<b>Law Enforcement Liability Coverage Details</b>		
<b>Specifications</b>	<b>Included Yes/No</b>	<b>Comments</b>
Broad form named insured endorsement including:		
Any law enforcement commission, board, authority, administrative department or similar law enforcement unit operated by the county, or		
Any duly elected or appointed official or member of a governing body of a		

public entity while acting within the scope of their law enforcement duties, and		
Any employee of the county, off duty law enforcement employee or authorized volunteer.		
Defense costs/legal expenses within limits or outside limits		
First dollar defense		
County selects defense counsel		
Covers damages as a result of bodily injury, property damage, advertising injury, personal injury, false arrest, detention or imprisonment, malicious prosecution, false or improper service of process, violation of civil rights or authorized activity including moonlighting that arises out of the County's law enforcement activities		
Covers damages as a result of bodily injury that arises out of law enforcement activities from rendering or failure to render incidental medical services by any covered party not regularly engaged in the medical profession.		
Coverage applies to law enforcement activities of the county while at an airport or while on an aircraft which is on the ground		
Coverage applies to property that has been seized or impounded in the course of law enforcement activities while such property is in the care custody and control of the covered party		
Covers bodily injury & property damage arising out of the ownership, maintenance, operation, use, loading and unloading of any automobile or owned or operated by or rented or loaned to any person in the course of employment by the County. This coverage applies to damages that arise from the use of either commandeered automobile or an automobile of the law enforcement agency if the damages are not the result of physical contact with the pursuit vehicle		
Attach details of any enhancements not listed		
Attach a list of any exclusions applicable		



<b>Law Enforcement Liability Claims Processing</b>		
Does the insurance company require in-house processing of claims?		
May a TPA process claims?		
Provide a list of approved TPAs		

**PUBLIC OFFICIALS LIABILITY INCLUDING EMPLOYMENT PRACTICES,  
ERRORS AND OMISSIONS, AND EMPLOYEE BENEFITS ADMINISTRATION  
COVERAGE SPECIFICATIONS AND RESPONSE**

<b>Public Officials and Employment Practices Liability Premium Summary</b>		
<b>Specifications</b>	<b>Total Annual Premium</b>	<b>Comments</b>
Annual Premium for Public Officials Liability based on \$50,000 – SIR (each wrongful act) and the county’s current limits.		This is the county’s current and desired SIR. Please provide quotes for other SIRs listed.
\$25,000 – SIR (each wrongful act)		
\$100,000 - SIR (each wrongful act)		
Terrorism Risk Insurance Act coverage premium		For each quoted SIR
Additional Fees		
Total annual premium for public officials liability including TRIA and any additional fees		For each quoted SIR
List the insurance company for public officials liability:		
Current A.M. Best rating:		
<b>Public Officials and Employment Practices Liability Limits of Insurance</b>		
<b>Specifications</b>	<b>Included Yes/No</b>	<b>Comments</b>
\$1,000,000 - Limit of Liability (each wrongful act)		
\$1,000,000 - Limit of Liability (annual aggregate)		
Is this coverage written on a claims made or occurrence basis?		
SIR retro date 12/10/1988		
Is this a standalone policy?		
Is this part of a package policy?		
<b>Public Officials and Employment Practices Liability Coverage Details</b>		
<b>Specifications</b>	<b>Included Yes/No</b>	<b>Comments</b>
Any officer, director, elected or appointed official, any member of a board or commission of the county and any employee of the county acting in the scope of their duties or employment		
Broad form named insured (including		

non-profits, Collin County Health Foundation Board and Collin County Housing Finance Corporation Board)		
Any volunteer acting within the scope of duties assigned by the county		
Pay on behalf of the county all monetary damages which covered party is legally obligated to pay because of a wrongful act		
Pay on behalf of the county all monetary damages which covered party is legally obligated to pay because of discrimination on the basis of race, color, religion, creed, age, sex, national origin, disability, appearance, pregnancy, sexual orientation or preference, or other status that is protected pursuant to any applicable federal, state or local statute or ordinance		
Reimbursement of defense expenses		
Boards or commissions are covered		
Third party liability – built in		
Covers punitive damages- most favorable jurisdiction		
Coverage for sexual harassment		
Coverage for non-sexual harassment		
Errors and Omissions		
Automatic coverage for independent contractors		
Spousal coverage		
Defense is “duty to defend”		
Cancellation provision – non cancelable		
Arbitration or mediation– optional		
Coinsurance hammer clause		
Reporting period – 90 days Extended reporting period- bilateral within 12 months of expiration		
ERP – minimum one (1) year at 75% of expiring premium		
ADA violations including defense costs		
Prior knowledge – only if by a supervisory employee		
Defense coverage for employment contract breach		
WARN Act as long as insured consulted with legal counsel and made good faith attempt to comply with the law		
Dishonesty or fraudulent acts		
Criminal abstraction of tangible property		

Contractual Liability – except for employment agency or leasing company		
Gaining personal profit		
Failure to purchase insurance		
Intentional acts		
Remuneration in violation of the law		
Other professional duties		
Criminal, fraudulent or intentional injury		
Bodily injury - except emotional distress		
Law enforcement activities		
Attach details of any enhancements not listed		
Attach a list of any exclusions applicable		
<b>Public Officials and Employment Practices Liability Claims Processing</b>		
Does the insurance company require in-house processing of claims?		
May a TPA process claims?		
Provide a list of approved TPAs		

## CRIME COVERAGE SPECIFICATIONS AND RESPONSE

<b>Crime Premium Summary</b>		
<b>Specifications</b>	<b>Amount</b>	<b>Comments</b>
Annual premium for Crime Coverage based on \$5,000 deductible (each wrongful act) and the county's current coverage.		This is the county's current and desirable deductible. Please provide quotes for other deductibles listed.
\$10,000 deductible (each wrongful act)		
\$15,000 deductible (each wrongful act)		
TRIA coverage premium		For each quoted deductible
Any additional fees		
Total annual premium for crime coverage including TRIA and any additional fees		For each quoted deductible
List the insurance company for public officials liability:		
Current A.M. Best rating:		
<b>Crime Limits of Insurance</b>		
<b>Specifications</b>	<b>Included Yes/No</b>	<b>Comments</b>
\$1,000,000 - Public Employee Theft or Dishonesty, per occurrence		
\$1,000,000 - Forgery or Alteration, per occurrence		
\$1,000,000- Theft, Disappearance and Destruction - Inside, per occurrence		
\$1,000,000- Theft, Disappearance and Destruction - Outside, per occurrence		
\$1,000,000 - Paper Currency		
\$1,000,000- Computer Fraud, per occurrence		
Please detail other limits available.		
Is this a standalone policy?		
Is this part of a package program?		
<b>Crime Coverage Details</b>		
<b>Specifications</b>	<b>Included Yes/No</b>	<b>Comments</b>
Broad form named insured (including non-profits)		
Including all Section 457, Section 125, Pension Plans, Medical, Dental, Vision, Life, Long Term Care and Disability insurance plans to comply with ERISA requirements		
Public employee dishonesty		
Theft, disappearance and destruction		

- inside Theft, disappearance and destruction - outside		
Computer fraud		
Robbery and safe burglary - money and securities		
Robbery and safe burglary - property other than money & securities		
Extortion		
Kidnap & ransom coverage		
Directors, Trustees, Public Officials, Members of Boards, Sheriff's Office employees, County Treasurer, Tax Collector & Assessor, District Clerk, County Clerk and Commissions et al for Employee Dishonesty Coverage		
Terminated and retired employees - employee dishonesty coverage		
Volunteers as employees - employee dishonesty coverage		
Ninety (90) day notice of cancellation, non-renewal or material change in renewal		
Loss sustained or loss discovered form?		
Attach details of any enhancements not listed		
Attach a list of any exclusions applicable		
<b>Crime Claims Processing</b>		
Does the insurance company require in-house processing of claims?		
May a TPA process claims?		
Provide a list of approved TPAs		

**MEDICAL PROFESSIONAL LIABILITY  
COVERAGE SPECIFICATIONS AND RESPONSE  
(Separate policy for Healthcare Foundation)**

<b>Medical Professional Liability Premium Summary</b>		
<b>Specifications</b>	<b>Amount</b>	<b>Comments</b>
Annual Premium based on \$5,000 deductible and the county's current limits		
TRIA Premium		
Additional Fees		
Total annual premium for medical professional liability including TRIA and any additional fees		
List the insurance company for medical professional liability:		
Current A.M. Best Rating:		
<b>Medical Professional Liability Limits of Insurance</b>		
<b>Specifications</b>	<b>Included Yes/No</b>	<b>Comments</b>
\$2,000,000 each claim \$4,000,000 policy aggregate		
\$1,000,000 each claim \$3,000,000 policy aggregate (05/01/2004 retro date)		
\$5,000 Medical Payments		
\$50,000 Damages to Premises Rented to You		
Is this coverage written on claims made basis?		
Retro dates 05/01/2004 and 05/01/2009		
Is this a standalone policy?		
Is this policy part of a package program?		
<b>Medical Professional Liability Coverage Details</b>		
<b>Specifications</b>	<b>Included Yes/No</b>	<b>Comments</b>
Coverage provided for employed physician, physician assistant, nurses, ancillary staff, dentists, and nurse practitioner		
Notice to amend, non renew or cancel – minimum of 90 days		
Willful or intentional errors and omissions?		
Does the policy provide coverage for "prior" acts?		

Does the policy provide coverage for medical waste?		
Are defense costs/legal expenses outside limits?		
First dollar defense and defense costs		
County selects defense counsel		
Bodily injury includes: <ul style="list-style-type: none"> <li>• Incidental med services by non med person</li> <li>• Medical services by local health units or departments other than physicians, surgeons and dentists at a location not providing 24 hour care</li> </ul>		
Coverage for AIDS and HIV?		
Good Samaritan coverage?		
Coverage for medical waste?		
Volunteers covered as additional insured?		
Volunteers covered during disasters?		
Volunteers covered during training exercises?		
Provides coverage against claims resulting from injury to a patient arising out of the operations of a participating medical facility or because of an injury arising out of the rendering of or failure to render professional services by a covered person(s)		
Injury means bodily physical injury, sickness, disease, mental or emotional distress accompanied by physical manifestation thereof, or death resulting from any one or more thereof		
Sexual and non-sexual harassment covered?		
Sexual abuse/molestation is covered?		
No additional sub-limit for a sexual abuse claim		
Knowledge of Occurrence must be made to – County Risk Manager or County Judge		
Reporting Period – 90 days Extended reporting period- bilateral within 12 months of expiration		
ERP – minimum one (1) year at 75% of expiring premium		
Cyber Coverage included? If so, please detail coverage included.		
Audit – No more than 60 days after expiration of policy		
Attach details of any enhancements		



not listed		
Attach a list of any exclusions applicable		
<b>Medical Malpractice Claims Processing</b>		
Does the insurance company require in-house processing of claims?		
May a TPA process claims?		
Provide a list of approved TPAs		

**INLAND MARINE COVERAGE SPECIFICATIONS AND RESPONSE**

<b>Inland Marine Premium Summary</b>		
<b>Specifications</b>	<b>Amount</b>	<b>Comments</b>
Annual Premium based on the county's current limits and \$25,000 deductible		
TRIA Premium		
Additional Fees		
Total annual premium for inland marine coverage including TRIA and any additional fees		
List the insurance company for inland marine coverage:		
Current A.M. Best Rating:		
<b>Inland Marine Limits of Insurance</b>		
<b>Specifications</b>	<b>Included Yes/No</b>	<b>Comments</b>
\$100,000 Any One Occurrence		
\$100,000 Annual Aggregate		
\$1,460,451 Mobile Incident Command Center		
\$705,724 Mobile Medical Units		
\$250,000 Additionally Acquired Equipment		
Is this a standalone policy?		
Is this policy part of a package program?		
<b>Inland Marine Deductibles and Self-Insured Retentions</b>		
<b>Specifications</b>	<b>Included Yes/No</b>	<b>Comments</b>
Data Breach \$1,000 Deductible		
Contractor's Equipment \$25,000 Deductible		
<b>Inland Marine Coverage Details</b>		
<b>Specifications</b>	<b>Included Yes/No</b>	<b>Comments</b>
Annual aggregate sublimits:		
Legal Services \$50,000		
Public Relations \$50,000		
Third Party Data Breach \$50,000		
Data Extortion Ransom Coverage \$50,000		
Data Extortion Reward Coverage \$50,000		
Construction Documents \$2,500		
Debris Removal \$5,000		
Employee Tools and Clothing \$2,500		

Pollutant Clean Up \$10,000		
Preservation of Property Expense- 30 Days		
Rental reimbursement-2 days, \$2,500		
Leased, rented or borrowed contactors' equipment from others \$1,000/ \$2,000		
Your leased, rented or borrowed contactors' equipment by others \$1,000/\$2,000		
Attach details of any enhancements not listed		
Attach a list of any exclusions applicable		
<b>Inland Marine Claims Processing</b>		
Does the insurance company require in-house processing of claims?		
May a TPA process claims?		
Provide a list of approved TPAs		

## EXCESS LIABILITY COVERAGE SPECIFICATIONS AND RESPONSE

<b>Excess Liability Premium Summary</b>		
<b>Specifications</b>	<b>Premium Amount</b>	<b>Comments</b>
Annual premium for excess liability Based on \$2,000,000/\$4,000,000		
TRIA coverage premium		
Additional fees		
Total annual premium for excess liability including TRIA and any additional fees		
Name of insurance company for excess liability:		
Current A.M. Best rating:		
<b>Excess Liability Limits of Insurance</b>		
<b>Specifications</b>	<b>Included? Yes/No</b>	<b>Comments</b>
<ul style="list-style-type: none"> <li>• \$2,000,000 – per occurrence, in excess of any primary liability coverage</li> <li>• \$4,000,000 policy aggregate</li> </ul>		
Is this a standalone policy?		
Is this part of a package program?		
<b>Excess Liability Claims Processing</b>		
Does the insurance company require in-house processing of claims?		
May a TPA process claims?		
Provide a list of approved TPAs		
<b>Excess Liability Underlying Coverage</b>		
<b>Underlying coverage</b>	<b>Included? Yes/No</b>	<b>Comments</b>
General Liability		
Myers Park General Liability		
Law Enforcement Liability		
Public Officials Liability		
Employment Practices Liability		
Automobile Liability		
Pollution Liability Insurance		
Healthcare Facilities Liability		
Inland Marine Insurance		
List coverages excluded		

# Premium Summary

Complete the table below based on the county's current limits and deductibles.

<b>Agency:</b>				
<b>Agent:</b>				
<b>Insurance Company(s):</b>				
<u>Line of Coverage</u>	<u>Exposure</u>	<u>Deductible or SIR</u>	<u>Rate</u>	<u>Premium</u>
General Liability	\$	\$50,000		
Mono-line GL Policy for Farm & Museum	\$	\$1,000		
Auto Liability		\$50,000		
Auto Physical Damage	\$	\$10,000		
Public Officials	\$	\$50,000		
EPL		\$50,000		
Employee Benefits Liability		\$50,000		
Law Enforcement		\$50,000		
Excess Liability (GL, AL, POL, LEL)	\$	N/A		
Primary Healthcare Facilities Liability		\$5,000		
Inland Marine	\$	\$25,000		
Crime		\$5,000		
Property (if applicable)		\$1,000		
Sub-Total excluding TRIPRA				
Any Additional Fees				
TRIPRA				
<b>Total Premium for all lines of coverage including TRIPRA and any additional fees</b>				

## ANNUAL AGGREGATE LOSS FUND AND RESPONSE

If you indicated in your proposal that a line of coverage applied to an Annual Aggregate, please complete the area listed below:

Line of Coverage	Yes/No
Worker's Compensation	
General Liability	
Law Enforcement Liability	
Public Official Liability	
Employment Practices Liability	
Automobile Liability	
Auto Physical Damage	
Inland Marine Coverage	
Crime	
Pollution Liability Insurance	
Medical Malpractice Insurance	
Boiler and Machinery Insurance	

Annual aggregate premium	\$
Annual TRIA premium	\$
Annual aggregate attachment point	\$
Maximum amount of coverage available above attachment point	\$
Name of insurance company:	
A.M. Best rating:	
Name and Title of person completing this form:	
Name of Agency:	



**COLLIN COUNTY GOVERNMENT**

**2014-2015 Schedule of Insurance**

Coverage	Policy Term	Limits & Coverages	Deductibles/Self Insured Retention
Property	10/1/2014 - 10/1/2015	\$1,000 Business Personal Property	\$1,000 Ded
Commercial Crime	10/1/2014 - 10/1/2015	\$1,000,000 Employee Theft - Per Loss \$1,000,000 Forgery or Alteration \$1,000,000 Money & Securities - Inside \$1,000,000 Money & Securities - Outside \$1,000,000 Computer Fraud \$1,000,000 Money Order & Counterfeit Paper Currency Included Faithful Performance of Duty \$25,000 ERISA Employee Theft	\$5,000 deductible applicable to all coverages except for ERISA Employee Theft
Commercial General Liability	10/1/2014 - 10/1/2015	\$1,000,000 General Aggregate \$1,000,000 Products/Completed Operation Aggregate \$1,000,000 Cov A Bodily Injury & Property Damage - Each Occurrence \$1,000,000 Cov B Personal & Advertising Injury \$1,000,000 Damage to Premises Rented To You - Each Occurrence Not Covered Cov C Health Care & Social Services Not Covered Medical Expenses	\$50,000 (Cov A SIR) \$50,000 (Cov B SIR)
Professional Liability	10/1/2014 - 10/1/2015	Public Officials Errors & Omissions (Claims Made) \$1,000,000 Each Wrongful Act \$1,000,000 Aggregate 12/01/88 Retro Date Public Officials Employment Practices (Claims Made) \$1,000,000 Each Offense \$1,000,000 Aggregate 12/01/88 Retro Date Public Officials Employee Benefits Administration (Claims Made) \$1,000,000 Each Offense \$1,000,000 Aggregate 12/01/88 Retro Date Law Enforcement Liability (Occurrence) \$1,000,000 Each Wrongful Act \$1,000,000 Aggregate	\$50,000 SIR  \$50,000 SIR  \$50,000 SIR  \$50,000 SIR
Excess Liability	10/1/2014 - 10/1/2015	\$2,000,000 Each Claim Excess of Underlying Insurance \$4,000,000 Aggregate Limit	

**COLLIN COUNTY GOVERNMENT**  
**2014-2015 Schedule of Insurance**



Coverage	Policy Term	Limits & Coverages	Deductibles/ Self Insured Retention
Commercial Automobile Including Physical Damage	10/1/2014 - 10/1/2015	\$1,000,000 Automobile Liability including Owned Physical Damage Included Hired/Non-Owned Liability \$50,000 Hired Car Physical Damage  Composite Rated Based on 396 Vehicles	Liability: \$50,000 SIR except \$25K SIR- Mobile Command Ctr & 06 Freightliner Tractor Physical Damage: \$10,000 Comprehensive \$10,000 Collision
Inland Marine	10/1/2014 - 10/1/2015	\$1,430,451 For Mobile Incident Command Center \$701,724 For Mobile Medical Units \$2,132,175 Any One Occurrence	\$25,000 Deductible
Commercial General Liability Location: (Myers Park & Farm Museum)	10/1/2014 - 10/1/2015	\$1,000,000 General Aggregate \$1,000,000 Products/Completed Operation Aggregate \$1,000,000 Cov A Bodily Injury & Property Damage- Each Occurrence \$1,000,000 Cov B Personal & Advertising Injury- Each Occurrence \$1,000,000 Damage to Premises Rented To You - Each Occurrence Not Covered Coverage C Health Care and Social Services Not Covered Medical Expenses	\$1,000 (Cov A Deductible) \$1,000 (Cov B Deductible)
Healthcare Facilities General Liability & Professional Liability	10/1/2014 - 10/1/2015	Professional Incidents occurring on or after 05/01/2004, but prior to 10/01/2009: Each Professional Incident Limit #1 \$3,000,000 Professional Liability Aggregate Limit #1 5/1/2004 Retroactive Date  Professional Incidents occurring on or after 10/01/2009, but prior to the end of the Policy Period: Each Professional Incident Limit #2 \$2,000,000 Professional Liability Aggregate Limit #2 10/1/2009 Retroactive Date  General Liability Each Occurrence Limit \$2,000,000 Personal & Advertising Injury Limit \$2,000,000 Products/Completed Operation Aggregate \$50,000 Damage to Premises Rented To You - Each Occurrence \$5,000 Medical Expenses	Deductibles \$5,000 Each Prof Incident (Erodes/Reduces Limit)  \$5,000 Each GL Occurrence (Erodes/Reduces Limit)
		Sexual Misconduct Sublimit Each Occurrence Limit & Aggregate Limit \$500,000	Retro Date 5/1/2004



# Risk Manager



## Policy Loss Analysis By Policy For All Locations

**Insured:** COLLIN COUNTY GOVERNMENT  
**Loss Period:** 10/01/2000 to 05/11/2015  
**Line(s) of Business:** < All >  
**Producer:** 3200500  
**Policy Number:** 7910002390000

**Valuation:** 05/11/2015  
**Claim Status:** Open and Closed  
**Incidents:** Include  
**SIC Code:** 9199 000  
**Policy Term:** 10/01/2009 - 10/01/2010

Claim/Suffix	Suffix Status	Claimant	Age	Loss Rsv \$	Loss Paid \$	Alloc Exp Rsv \$	Lgl Exp Pd \$	Adj Exp Pd \$	Subro/Salvge \$	Total \$	Ded Amt Rcvd\$
<b>AA-734885 01</b>	Closed	McKee, Chad	00	0	0	0	0	0	0	0	0
Type of Loss:		General Liability - Other Bodily Injury									
<b>Claim Totals:</b>				<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Loss Date: 06/28/2010 Date Reported: 06/30/2010 Claim Status: Closed											
Location:						Accident Location: McKinney, TX					
Cause of Accident: Employment Practices Liability											
Claim Description: PLAINTIFF ALLEGES RETALIATORY DISCHARGE											
<b>AA-753947 01</b>	Closed	Scott, Dallas	00	0	0	0	0	0	0	0	0
Type of Loss:		Other									
<b>Claim Totals:</b>				<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Loss Date: 10/01/2009 Date Reported: 08/27/2010 Claim Status: Closed											
Location:						Accident Location: Richardso, TX					
Cause of Accident: Law Enforcement Liability											
Claim Description: CLAIMANT ALLEGES EXCESSIVE FORCE BY COUNTY LAW ENFORCEMENT											
<b>AA-807381 01</b>	Closed	Drosche, Tyler	00	0	0	0	0	0	0	0	0
Type of Loss:		General Liability - Other Bodily Injury									
<b>Claim Totals:</b>				<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Loss Date: 09/15/2010 Date Reported: 02/16/2011 Claim Status: Closed											
Location:						Accident Location: McKinney, TX					
Cause of Accident: Law Enforcement Liability											
Claim Description: Notice of claim alleges minor was assaulted and molested when subjected to an excessive cavity											

Collin County

Bid 2015-220

**Policy Loss Analysis By Policy  
For All Locations**



**Insured:** COLLIN COUNTY GOVERNMENT  
**Loss Period:** 10/01/2000 to 05/11/2015  
**Line(s) of Business:** < All >  
**Producer:** 3200500  
**Policy Number:** 7910002390000

**Valuation:** 05/11/2015  
**Claim Status:** Open and Closed  
**Incidents:** Include  
**SIC Code:** 9199 000  
**Policy Term:** 10/01/2009 - 10/01/2010

Claim/Suffix	Suffix Status	Claimant	Age	Loss Rsv \$	Loss Paid \$	Alloc Exp Rsv \$	Lgl Exp Pd \$	Adj Exp Pd \$	Subro/Salvge \$	Total \$	Ded Amt Rcvd \$
<b>AA-811372 01</b>	Closed	Ward, Robert Lewis	66	0	0	0	0	0	0	0	0
Type of Loss:		General Liability - Other Bodily Injury									
<b>Claim Totals:</b>				<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Loss Date: 03/02/2010 Date Reported: 03/01/2011 Claim Status: Closed											
Location:						Accident Location: McKinney, TX					
Cause of Accident: Law Enforcement Liability											
Claim Description: ROBERT LEWIS WARD HAS FILED SUIT AGAINST VARIOUS COLLIN COUNTY PUBLIC OFFICIALS. PLEASE SEE S											
<b>AA-822109 01</b>	Closed	Charette, Eric Drake	00	0	0	0	0	0	0	0	0
Type of Loss:		General Liability - Other Bodily Injury									
<b>Claim Totals:</b>				<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Loss Date: 02/15/2009 Date Reported: 04/04/2011 Claim Status: Closed											
Location:						Accident Location: McKinney, TX					
Cause of Accident: Law Enforcement Liability											
Claim Description: PRO SE INMATE SUIT ALLEGING VARIOUS ALLEGATIONS, INADEQUATE INDIGENT DEFENSE DURING TWO SEPARA											

### Policy Loss Analysis By Policy For All Locations



**Insured:** COLLIN COUNTY GOVERNMENT  
**Loss Period:** 10/01/2000 to 05/11/2015  
**Line(s) of Business:** < All >  
**Producer:** 3200500  
**Policy Number:** 7910002390000

**Valuation:** 05/11/2015  
**Claim Status:** Open and Closed  
**Incidents:** Include  
**SIC Code:** 9199 000

	Total Claims	Loss Rsv \$	Loss Paid \$	Alloc Exp Rsv \$	Lgl Exp Pd \$	Adj Exp Pd \$	Subro/ Salvge \$	Total \$	Ded Amt Rcvd \$
<b>Policy Totals:</b>	5	0	0	0	0	0	0	0	0

**Policy Loss Analysis By Policy  
For All Locations**



**Insured:** COLLIN COUNTY GOVERNMENT  
**Loss Period:** 10/01/2000 to 05/11/2015  
**Line(s) of Business:** < All >  
**Producer:** 3200500  
**Policy Number:** 7910002390001

**Valuation:** 05/11/2015  
**Claim Status:** Open and Closed  
**Incidents:** Include  
**SIC Code:** 9199 000  
**Policy Term:** 10/01/2010 - 10/01/2011

Claim/Suffix	Suffix Status	Claimant	Age	Loss Rsv \$	Loss Paid \$	Alloc Exp Rsv \$	Lgl Exp Pd \$	Adj Exp Pd \$	Subro/Salvge \$	Total \$	Ded Amt Rcvd\$
<b>AA-791042 01</b>	Closed	Christoffel, David Thomas	34	0	0	0	0	0	0	0	0
Type of Loss:		General Liability - Other Bodily Injury									
<b>Claim Totals:</b>				<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Loss Date: 12/28/2010 Date Reported: 12/29/2010 Claim Status: Closed				Accident Location: McKinney, TX							
Location:											
Cause of Accident: Law Enforcement Liability											
Claim Description: POLICE SHOT CLAIMANT AFTER 7HOUR STAND OFF.											
<b>AA-806892 01</b>	Closed	Jones, Elvin	00	0	0	0	0	0	0	0	0
Type of Loss:		General Liability - Other Bodily Injury									
<b>Claim Totals:</b>				<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Loss Date: 02/10/2011 Date Reported: 02/15/2011 Claim Status: Closed				Accident Location: McKinney, TX							
Location:											
Cause of Accident: Law Enforcement Liability											
Claim Description: INMATE, PRO SE, ALLEGES OFFICER CARRIED A GUN INTO HIS CELL AND THREATENDED TO SHOOT HIM											
<b>AA-809786 01</b>	Closed	Pitts, Xavier	00	0	0	0	0	0	0	0	0
Type of Loss:		General Liability - Other Bodily Injury									
<b>Claim Totals:</b>				<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Loss Date: 10/31/2010 Date Reported: 02/23/2011 Claim Status: Closed				Accident Location: McKinney, TX							
Location:											
Cause of Accident: Law Enforcement Liability											
Claim Description: SUIT FILED. INMATE CLAIMS DENIAL OF REPRESENTATION AND FAILURE TO ARRAIGN											

**Policy Loss Analysis By Policy  
For All Locations**



**Insured:** COLLIN COUNTY GOVERNMENT  
**Loss Period:** 10/01/2000 to 05/11/2015  
**Line(s) of Business:** < All >  
**Producer:** 3200500  
**Policy Number:** 7910002390001

**Valuation:** 05/11/2015  
**Claim Status:** Open and Closed  
**Incidents:** Include  
**SIC Code:** 9199 000  
**Policy Term:** 10/01/2010 - 10/01/2011

Claim/Suffix	Suffix Status	Claimant	Age	Loss Rsv \$	Loss Paid \$	Alloc Exp Rsv \$	Lgl Exp Pd \$	Adj Exp Pd \$	Subro/Salvge \$	Total \$	Ded Amt Rcvd\$
<b>AA-824927 01</b>	Closed	WRIGHT, KRIS	00	0	0	0	0	0	0	0	0
Type of Loss:		General Liability - Other Bodily Injury									
<b>Claim Totals:</b>				<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Loss Date: 04/05/2011 Date Reported: 04/14/2011 Claim Status: Closed											
Location:						Accident Location: MCKINNEY, TX					
Cause of Accident: Employment Practices Liability											
Claim Description: CLAIMANT ALLEGES TERMINATION DOES NOT FIT THE ALLEGED OFFENSE AGAINST HIM. SEE ATTORNEY'S ATT											
<b>AA-840226 01</b>	Closed	Cooper, Jay	00	0	0	0	0	0	0	0	0
Type of Loss:		Other									
<b>Claim Totals:</b>				<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Loss Date: 10/07/2008 Date Reported: 06/09/2011 Claim Status: Closed											
Location:						Accident Location: Plano, TX					
Cause of Accident: Public Official Liability											
Claim Description: CLAIM AGAINST JUDGE											
<b>AA-843845 01</b>	Closed	AREFKIA GROUP LL,	00	0	0	0	0	0	0	0	0
Type of Loss:		General Liability - Other Bodily Injury									
<b>Claim Totals:</b>				<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Loss Date: 05/05/2011 Date Reported: 06/22/2011 Claim Status: Closed											
Location:						Accident Location: Frisco, TX					
Cause of Accident: Law Enforcement Liability											
Claim Description: PLAINTIFF ALLEGES WRONGFUL SERVICE OF PAPERS, AREFKIA VS. CENCOR REALTY											

Collin County

### Policy Loss Analysis By Policy For All Locations



**Insured:** COLLIN COUNTY GOVERNMENT  
**Loss Period:** 10/01/2000 to 05/11/2015  
**Line(s) of Business:** < All >  
**Producer:** 3200500  
**Policy Number:** 7910002390001

**Valuation:** 05/11/2015  
**Claim Status:** Open and Closed  
**Incidents:** Include  
**SIC Code:** 9199 000  
**Policy Term:** 10/01/2010 - 10/01/2011

Claim/Suffix	Suffix Status	Claimant	Age	Loss Rsv \$	Loss Paid \$	Alloc Exp Rsv \$	Lgl Exp Pd \$	Adj Exp Pd \$	Subro/Salvge \$	Total \$	Ded Amt Rcvd \$
<b>AA-848017 01</b>	Closed	Mejia, Hugo	00	0	0	0	0	0	0	0	0
Type of Loss:		Other									
<b>Claim Totals:</b>				<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Loss Date: 11/23/2010 Date Reported: 07/08/2011 Claim Status: Closed											
Location:						Accident Location: McKinney, TX					
Cause of Accident: Law Enforcement Liability											
Claim Description: INMATE ALLEGES SEXUAL ASSAULT BY ANOTHER INMATE. OTHER INMATE HAS AIDS; WANTS CRIMINAL CHARGE											
<b>AA-855531 01</b>	Closed	Weatherly et al, Lisa	00	0	0	0	0	0	0	0	0
Type of Loss:		Other									
<b>Claim Totals:</b>				<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Loss Date: 07/21/2011 Date Reported: 08/04/2011 Claim Status: Closed											
Location:						Accident Location: McKinney, TX					
Cause of Accident: Public Official Liability											
Claim Description: LAWSUIT FILED AGAINST CDCAT FOR ABUSING THEIR OFFICES											
<b>AA-855576 01</b>	Closed	Lee, Mei	00	0	0	0	0	0	0	0	0
Type of Loss:		Other									
<b>Claim Totals:</b>				<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Loss Date: 07/26/2011 Date Reported: 08/04/2011 Claim Status: Closed											
Location:						Accident Location: McKinney, TX					
Cause of Accident: Law Enforcement Liability											
Claim Description: CLAIMANT IS SUING TO STOP EVICTION PROCEEDINGS.											

Collin County

### Policy Loss Analysis By Policy For All Locations



**Insured:** COLLIN COUNTY GOVERNMENT  
**Loss Period:** 10/01/2000 to 05/11/2015  
**Line(s) of Business:** < All >  
**Producer:** 3200500  
**Policy Number:** 7910002390001

**Valuation:** 05/11/2015  
**Claim Status:** Open and Closed  
**Incidents:** Include  
**SIC Code:** 9199 000  
**Policy Term:** 10/01/2010 - 10/01/2011

Claim/Suffix	Suffix Status	Claimant	Age	Loss Rsv \$	Loss Paid \$	Alloc Exp Rsv \$	Lgl Exp Pd \$	Adj Exp Pd \$	Subro/Salvge \$	Total \$	Ded Amt Rcvd \$
<b>AA-900304 00</b>	Closed			0	0	0	0	0	0	0	0
Type of Loss:		Other									
<b>AA-900304 02</b>	Closed	Elmore, Jr., Edwin Lee	58	0	0	0	0	0	0	0	0
Type of Loss:		Other									
<b>Claim Totals:</b>				<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Loss Date: 01/07/2011 Date Reported: 09/28/2011 Claim Status: Closed Location: Accident Location: Mckinney, TX Cause of Accident: Employment Practices Liability Claim Description: EE ALLEGES FIRED IN VIOLATION OF FMLA AND ADA RIGHTS											
<b>AA-907086 01</b>	Closed	Jones, Gary Denton	00	0	0	0	0	0	0	0	0
Type of Loss:		Other									
<b>Claim Totals:</b>				<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Loss Date: 07/25/2011 Date Reported: 02/01/2012 Claim Status: Closed Location: Accident Location: McKinney, TX Cause of Accident: Law Enforcement Liability Claim Description: GARY DENTON JONES ALLEGES HE WAS WRONGFULLY ARRESTED ON 7/25/2011, ULTIMATELY NO BILLED BY COL											
<b>AA-972332 01</b>	Closed	Layton, Thomas	00	0	0	0	0	0	0	0	0
Type of Loss:		Other									
<b>Claim Totals:</b>				<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Loss Date: 09/11/2011 Date Reported: 10/11/2012 Claim Status: Closed Location: Accident Location: McKinney, TX Cause of Accident: Law Enforcement Liability Claim Description: PLAINTIFF ALLEGES DENIAL OF MEDICAL CARE, DENIAL OF NEW GLASSES PRESCRIPTION											

Collin County

Bid 2015-220

**Policy Loss Analysis By Policy  
For All Locations**



**Insured:** COLLIN COUNTY GOVERNMENT  
**Loss Period:** 10/01/2000 to 05/11/2015  
**Line(s) of Business:** < All >  
**Producer:** 3200500  
**Policy Number:** 7910002390001

**Valuation:** 05/11/2015  
**Claim Status:** Open and Closed  
**Incidents:** Include  
**SIC Code:** 9199 000  
**Policy Term:** 10/01/2010 - 10/01/2011

Claim/Suffix	Suffix Status	Claimant	Age	Loss Rsv \$	Loss Paid \$	Alloc Exp Rsv \$	Lgl Exp Pd \$	Adj Exp Pd \$	Subro/Salvge \$	Total \$	Ded Amt Rcvd\$
<b>AB-089252 01</b>	Closed	Johnson, Linda	56	0	0	0	0	0	0	0	0
Type of Loss:	Other										
<b>Claim Totals:</b>				<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

Loss Date: 07/07/2011 Date Reported: 04/11/2014 Claim Status: Closed

Location:

Accident Location: McKinney, TX

Cause of Accident: Employment Practices Liability

Claim Description: Claimant alleges EEOC complaint for age and race discrimination



**Policy Loss Analysis By Policy  
For All Locations**



**Insured:** COLLIN COUNTY GOVERNMENT  
**Loss Period:** 10/01/2000 to 05/11/2015  
**Line(s) of Business:** < All >  
**Producer:** 3200500  
**Policy Number:** 7910002390001

**Valuation:** 05/11/2015  
**Claim Status:** Open and Closed  
**Incidents:** Include  
**SIC Code:** 9199 000

	Total Claims	Loss Rsv \$	Loss Paid \$	Alloc Exp Rsv \$	Lgl Exp Pd \$	Adj Exp Pd \$	Subro/ Salvge \$	Total \$	Ded Amt Rcvd \$
<b>Policy Totals:</b>	13	0	0	0	0	0	0	0	0

**Policy Loss Analysis By Policy  
For All Locations**



**Insured:** COLLIN COUNTY GOVERNMENT  
**Loss Period:** 10/01/2000 to 05/11/2015  
**Line(s) of Business:** < All >  
**Producer:** 3200500  
**Policy Number:** 7910002390002

**Valuation:** 05/11/2015  
**Claim Status:** Open and Closed  
**Incidents:** Include  
**SIC Code:** 9199 000  
**Policy Term:** 10/01/2011 - 10/01/2012

Claim/Suffix	Suffix Status	Claimant	Age	Loss Rsv \$	Loss Paid \$	Alloc Exp Rsv \$	Lgl Exp Pd \$	Adj Exp Pd \$	Subro/Salvge \$	Total \$	Ded Amt Rcvd\$
<b>AA-889963 01</b>	Closed	Artola, Rosa	00	0	0	0	0	0	0	0	0
Type of Loss:		General Liability - Other Bodily Injury									
<b>Claim Totals:</b>				<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Loss Date: 11/09/2011 Date Reported: 11/17/2011 Claim Status: Closed											
Location:						Accident Location: McKinney, TX					
Cause of Accident: Public Official Liability											
Claim Description: ALLEGES WRONGFUL CONVICTION OF THEFT OF MONEY, OTHER ALLEGATIONS.											
<b>AA-901004 01</b>	Closed	Jones, Evelyn	00	0	0	0	0	0	0	0	0
Type of Loss:		Other									
<b>Claim Totals:</b>				<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Loss Date: 12/13/2011 Date Reported: 01/05/2012 Claim Status: Closed											
Location:						Accident Location: McKinney, TX					
Cause of Accident: Employment Practices Liability											
Claim Description: EMPLOYEE OF COLLIN COUNTY JUVENILE DETENTION CENTER IS ALLEGING THAT HER RIGHTS UNDER THE ADA,											
<b>AA-903565 01</b>	Closed	Hudson, Bruce	00	0	0	0	0	0	0	0	0
Type of Loss:		Other									
<b>Claim Totals:</b>				<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Loss Date: 10/27/2011 Date Reported: 01/17/2012 Claim Status: Closed											
Location:						Accident Location: McKinney, TX					
Cause of Accident: Employment Practices Liability											
Claim Description: SHERIFF DEPUTY BRUCE HUDSON WAS TERMINATED FOLLOWING AND INVESTIFATION INTO HIS ACTIONS WHILE											

Collin County

**Policy Loss Analysis By Policy  
For All Locations**



**Insured:** COLLIN COUNTY GOVERNMENT  
**Loss Period:** 10/01/2000 to 05/11/2015  
**Line(s) of Business:** < All >  
**Producer:** 3200500  
**Policy Number:** 7910002390002

**Valuation:** 05/11/2015  
**Claim Status:** Open and Closed  
**Incidents:** Include  
**SIC Code:** 9199 000  
**Policy Term:** 10/01/2011 - 10/01/2012

Claim/Suffix	Suffix Status	Claimant	Age	Loss Rsv \$	Loss Paid \$	Alloc Exp Rsv \$	Lgl Exp Pd \$	Adj Exp Pd \$	Subro/Salvge \$	Total \$	Ded Amt Rcvd \$
<b>AA-903672 01</b>	Closed	Littrell, Rebecca	00	0	0	0	0	0	0	0	0
Type of Loss:		Other									
<b>Claim Totals:</b>				<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Loss Date: 12/06/2011 Date Reported: 01/18/2012 Claim Status: Closed											
Location:						Accident Location: McKinney, TX					
Cause of Accident: Employment Practices Liability											
Claim Description: REBECCA LITTRELL WAS TERMINATED FOLLOWING HER CONVICTION OF TWO FELONY OFFENSES.											
<b>AA-903697 01</b>	Closed	Adcox, Joseph	00	0	0	0	0	0	0	0	0
Type of Loss:		Other									
<b>Claim Totals:</b>				<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Loss Date: 12/29/2011 Date Reported: 01/18/2012 Claim Status: Closed											
Location:						Accident Location: McKinney, TX					
Cause of Accident: Employment Practices Liability											
Claim Description: CLAIMANT ALLEGES WRONGFUL TERMINATION											
<b>AA-909914 01</b>	Closed	Wilson, Gina	00	0	0	0	0	0	0	0	0
Type of Loss:		Other									
<b>Claim Totals:</b>				<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Loss Date: 01/09/2012 Date Reported: 02/14/2012 Claim Status: Closed											
Location:						Accident Location: McKinney, TX					
Cause of Accident: Employment Practices Liability											
Claim Description: SGT WILSON RESIGNED AFTER CO-WORKER COMPLAINED OF SEXUAL HARRASSMENT. OPEN RECORDS REQUEST. A											

### Policy Loss Analysis By Policy For All Locations



**Insured:** COLLIN COUNTY GOVERNMENT  
**Loss Period:** 10/01/2000 to 05/11/2015  
**Line(s) of Business:** < All >  
**Producer:** 3200500  
**Policy Number:** 7910002390002

**Valuation:** 05/11/2015  
**Claim Status:** Open and Closed  
**Incidents:** Include  
**SIC Code:** 9199 000  
**Policy Term:** 10/01/2011 - 10/01/2012

Claim/Suffix	Suffix Status	Claimant	Age	Loss Rsv \$	Loss Paid \$	Alloc Exp Rsv \$	Lgl Exp Pd \$	Adj Exp Pd \$	Subro/Salvge \$	Total \$	Ded Amt Rcvd \$
<b>AA-911782 01</b>	Closed	Collin County Go,	00	0	0	0	0	0	0	0	0
Type of Loss:		Auto Physical Damage Comprehensive									
<b>AA-911782 02</b>	Closed	Nelson, Meghan	00	0	0	0	0	0	0	0	0
Type of Loss:		Auto Liability - Property Damage									
<b>AA-911782 03</b>	Closed	Nelson, Meghan	00	0	0	0	0	0	0	0	0
Type of Loss:		Auto Liability - Bodily Injury									
<b>Claim Totals:</b>				<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Loss Date: 02/22/2012 Date Reported: 02/23/2012 Claim Status: Closed Location: Accident Location: Frisco, TX Cause of Accident: Was Passing Other Vehicle Claim Description: OV was traveling in right lane when IV pulled out though traffic and struck OV Driver: Noyola, Soledad											
<b>AA-913476 01</b>	Closed	Merritt, Lowell	00	0	0	0	0	0	0	0	0
Type of Loss:		Other									
<b>Claim Totals:</b>				<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Loss Date: 02/13/2012 Date Reported: 03/02/2012 Claim Status: Closed Location: Accident Location: McKinney, TX Cause of Accident: Public Official Liability Claim Description: PLAINTIFF FILED SUIT AGAINST DISTRICT JUDGE FOR VEXATIONS LITIGANT RULING. COUNTY WILL MONITO											
<b>AA-919798 01</b>	Closed	Martin, Brenda	00	0	0	0	0	0	0	0	0
Type of Loss:		Other									
<b>Claim Totals:</b>				<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Loss Date: 12/30/2011 Date Reported: 03/30/2012 Claim Status: Closed Location: Accident Location: McKinney, TX Cause of Accident: Employment Practices Liability Claim Description: EEOC GRANTED RIGHT TO SUE FOR AGE DISCRIMINATION											

Collin County

Bid 2015-220

### Policy Loss Analysis By Policy For All Locations



**Insured:** COLLIN COUNTY GOVERNMENT  
**Loss Period:** 10/01/2000 to 05/11/2015  
**Line(s) of Business:** < All >  
**Producer:** 3200500  
**Policy Number:** 7910002390002

**Valuation:** 05/11/2015  
**Claim Status:** Open and Closed  
**Incidents:** Include  
**SIC Code:** 9199 000  
**Policy Term:** 10/01/2011 - 10/01/2012

Claim/Suffix	Suffix Status	Claimant	Age	Loss Rsv \$	Loss Paid \$	Alloc Exp Rsv \$	Lgl Exp Pd \$	Adj Exp Pd \$	Subro/Salvge \$	Total \$	Ded Amt Rcvd\$
<b>AA-952904 02</b>	Closed	Heck, Michelle	00	0	3,005	0	0	193	0	<b>3,198</b>	0
Type of Loss:		Auto Liability - Property Damage									
<b>AA-952904 03</b>	Closed	Avis Rental,	00	0	0	0	0	0	0	<b>0</b>	0
Type of Loss:		Auto Liability - Property Damage									
<b>Claim Totals:</b>				<b>0</b>	<b>3,005</b>	<b>0</b>	<b>0</b>	<b>193</b>	<b>0</b>	<b>3,198</b>	<b>0</b>
Loss Date: 07/27/2012 Date Reported: 07/30/2012 Claim Status: Closed Location: Accident Location: Mckinney, TX Cause of Accident: Struck By Other Vehicle Following Claim Description: Three car accident. IV rearended OV1, pushed into OV2 Driver: Heck, Michelle											
<b>AA-954633 01</b>	Closed	Smith, Richard	00	0	0	0	0	0	0	<b>0</b>	0
Type of Loss:		Other									
<b>Claim Totals:</b>				<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Loss Date: 07/14/2012 Date Reported: 08/03/2012 Claim Status: Closed Location: Accident Location: McKinney, TX Cause of Accident: Law Enforcement Liability Claim Description: INMATE CLAIMS HE FELL AND WASNT GIVEN PROPER TREATMENT											
<b>AA-965489 01</b>	Closed	Marzett, Robert	00	0	0	0	0	0	0	<b>0</b>	0
Type of Loss:		Other									
<b>Claim Totals:</b>				<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Loss Date: 09/10/2012 Date Reported: 09/14/2012 Claim Status: Closed Location: Accident Location: McKinney, TX Cause of Accident: Public Official Liability Claim Description: FIRST NOTICE OF COMPLAINT - INTERSTATE ORGANIZED CRIME SYNDICATE											

Collin County

Bid 2015-220

**Policy Loss Analysis By Policy  
For All Locations**



**Insured:** COLLIN COUNTY GOVERNMENT  
**Loss Period:** 10/01/2000 to 05/11/2015  
**Line(s) of Business:** < All >  
**Producer:** 3200500  
**Policy Number:** 7910002390002

**Valuation:** 05/11/2015  
**Claim Status:** Open and Closed  
**Incidents:** Include  
**SIC Code:** 9199 000  
**Policy Term:** 10/01/2011 - 10/01/2012

Claim/Suffix	Suffix Status	Claimant	Age	Loss Rsv \$	Loss Paid \$	Alloc Exp Rsv \$	Lgl Exp Pd \$	Adj Exp Pd \$	Subro/Salvge \$	Total \$	Ded Amt Rcvd\$
<b>AA-966642</b>	Closed	Mcfate, Joshua		0	0	0	0	0	0	0	0
Type of Loss:		Unknown									
<b>Claim Totals:</b>				<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Loss Date: 09/19/2012 Date Reported: 09/19/2012 Claim Status: Closed											
Location: Accident Location: Lucas, TX											
Cause of Accident: Any Other											
Claim Description: IVS mirror scratched OV											
Driver: Mcfate, Joshua											
<b>AA-967455 01</b>	Closed	Shaw, Steven	00	0	0	0	0	0	0	0	0
Type of Loss:		Other									
<b>Claim Totals:</b>				<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Loss Date: 04/02/2012 Date Reported: 09/21/2012 Claim Status: Closed											
Location: Accident Location: McKinney, TX											
Cause of Accident: Law Enforcement Liability											
Claim Description: MR. SHAW ALLEGES THAT HE WAS FALSELY ARRESTED AT THE DIRECTION OF THE PLANO POLICE DEPARTMENT											
<b>AA-968893 01</b>	Closed	Amrhein, Darlene	00	0	0	0	0	0	0	0	0
Type of Loss:		Other									
<b>AA-968893 02</b>	Closed	Balistreri, Anthony	00	0	0	0	0	0	0	0	0
Type of Loss:		Other									
<b>Claim Totals:</b>				<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Loss Date: 09/12/2012 Date Reported: 09/27/2012 Claim Status: Closed											
Location: Accident Location: McKinney, TX											
Cause of Accident: Public Official Liability											
Claim Description: VIOLATION OF RIGHTS, IMPROPER TAXATION, DEFAMATION, INJUNCTIVE RELIEF											

Collin County

**Policy Loss Analysis By Policy  
For All Locations**



**Insured:** COLLIN COUNTY GOVERNMENT  
**Loss Period:** 10/01/2000 to 05/11/2015  
**Line(s) of Business:** < All >  
**Producer:** 3200500  
**Policy Number:** 7910002390002

**Valuation:** 05/11/2015  
**Claim Status:** Open and Closed  
**Incidents:** Include  
**SIC Code:** 9199 000  
**Policy Term:** 10/01/2011 - 10/01/2012

Claim/Suffix	Suffix Status	Claimant	Age	Loss Rsv \$	Loss Paid \$	Alloc Exp Rsv \$	Lgl Exp Pd \$	Adj Exp Pd \$	Subro/Salvge \$	Total \$	Ded Amt Rcvd \$
<b>AB-040746 01</b>	Closed	Jones, Evelyn	39	0	0	0	0	0	0	0	0
Type of Loss:	Other										
<b>Claim Totals:</b>				<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Loss Date: 05/09/2012 Date Reported: 07/01/2013 Claim Status: Closed Location: Accident Location: McKinney, TX Cause of Accident: Employment Practices Liability Claim Description: EEOC COMPLAINT FILED BY CLMT EVELYN JONES.											
<b>AB-058458 01</b>	Closed	Marzett, Robert	59	0	0	0	0	0	0	0	0
Type of Loss:	Other										
<b>Claim Totals:</b>				<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Loss Date: 01/18/2012 Date Reported: 10/03/2013 Claim Status: Closed Location: Accident Location: McKinney, TX Cause of Accident: Law Enforcement Liability Claim Description: CLTM CLAIMS VIOLATION OF CONSTITUTIONAL RIGHTS											
<b>AB-066980 01</b>	Closed	Charboneau, Janine	00	0	0	0	0	0	0	0	0
Type of Loss:	Other										
<b>Claim Totals:</b>				<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Loss Date: 11/16/2011 Date Reported: 11/21/2013 Claim Status: Closed Location: Accident Location: McKinney, TX Cause of Accident: Law Enforcement Liability Claim Description: CLMT ALLEGES 4TH AMMENDMENT RIGHTS WERE VIOLATED.											

**Policy Loss Analysis By Policy  
For All Locations**



**Insured:** COLLIN COUNTY GOVERNMENT  
**Loss Period:** 10/01/2000 to 05/11/2015  
**Line(s) of Business:** < All >  
**Producer:** 3200500  
**Policy Number:** 7910002390002

**Valuation:** 05/11/2015  
**Claim Status:** Open and Closed  
**Incidents:** Include  
**SIC Code:** 9199 000

	Total Claims	Loss Rsv \$	Loss Paid \$	Alloc Exp Rsv \$	Lgl Exp Pd \$	Adj Exp Pd \$	Subro/ Salvge \$	Total \$	Ded Amt Rcvd \$
<b>Policy Totals:</b>	18	0	3,005	0	0	193	0	3,198	0



### Policy Loss Analysis By Policy For All Locations



**Insured:** COLLIN COUNTY GOVERNMENT  
**Loss Period:** 10/01/2000 to 05/11/2015  
**Line(s) of Business:** < All >  
**Producer:** 3200500  
**Policy Number:** 7910002390003

**Valuation:** 05/11/2015  
**Claim Status:** Open and Closed  
**Incidents:** Include  
**SIC Code:** 9199 000  
**Policy Term:** 10/01/2012 - 10/01/2013

Claim/Suffix	Suffix Status	Claimant	Age	Loss Rsv \$	Loss Paid \$	Alloc Exp Rsv \$	Lgl Exp Pd \$	Adj Exp Pd \$	Subro/Salvge \$	Total \$	Ded Amt Rcvd\$
<b>AB-001804 01</b>	Closed	Canas, Audras	46	0	0	0	0	0	0	0	0
Type of Loss:		Other									
<b>Claim Totals:</b>				<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Loss Date: 12/19/2012 Date Reported: 01/07/2013 Claim Status: Closed											
Location:						Accident Location: McKinney, TX					
Cause of Accident: Employment Practices Liability											
Claim Description: EEOC COMPLAINT											
<b>AB-026033 01</b>	Closed	Collin County Go,	00	0	0	0	0	0	0	0	0
Type of Loss:		Auto Physical Damage Comprehensive									
<b>AB-026033 03</b>	Closed	Smith, Robert	00	0	0	0	0	0	0	0	0
Type of Loss:		Auto Liability - Bodily Injury									
<b>AB-026033 04</b>	Closed	Smith, Charlotte	00	0	0	0	0	0	0	0	0
Type of Loss:		Auto Liability - Bodily Injury									
<b>Claim Totals:</b>				<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Loss Date: 10/23/2012 Date Reported: 04/24/2013 Claim Status: Closed											
Location:						Accident Location: Brisco, TX					
Cause of Accident: Struck Other Vehicle Ahead											
Claim Description: IV r/e OV that had stopped in traffic											
Driver: Smith, Robert											
<b>AB-056567 01</b>	Closed	Blank, Travis	37	0	0	0	0	0	0	0	0
Type of Loss:		Other									
<b>Claim Totals:</b>				<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Loss Date: 09/23/2013 Date Reported: 09/23/2013 Claim Status: Closed											
Location:						Accident Location: Ft Worth, TX					
Cause of Accident: Law Enforcement Liability											
Claim Description: CLMT FILING SUIT FOR MISTREATMENT WHILE IN CUSTODY.											

Collin County

Bid 2015-220

### Policy Loss Analysis By Policy For All Locations



**Insured:** COLLIN COUNTY GOVERNMENT  
**Loss Period:** 10/01/2000 to 05/11/2015  
**Line(s) of Business:** < All >  
**Producer:** 3200500  
**Policy Number:** 7910002390003

**Valuation:** 05/11/2015  
**Claim Status:** Open and Closed  
**Incidents:** Include  
**SIC Code:** 9199 000

	Total Claims	Loss Rsv \$	Loss Paid \$	Alloc Exp Rsv \$	Lgl Exp Pd \$	Adj Exp Pd \$	Subro/ Salvge \$	Total \$	Ded Amt Rcvd \$
<b>Policy Totals:</b>	3	0	0	0	0	0	0	0	0

### Policy Loss Analysis By Policy For All Locations



**Insured:** COLLIN COUNTY GOVERNMENT  
**Loss Period:** 10/01/2000 to 05/11/2015  
**Line(s) of Business:** < All >  
**Producer:** 3200500  
**Policy Number:** 7910002390004

**Valuation:** 05/11/2015  
**Claim Status:** Open and Closed  
**Incidents:** Include  
**SIC Code:** 9199 000  
**Policy Term:** 10/01/2013 - 10/01/2014

Claim/Suffix	Suffix Status	Claimant	Age	Loss Rsv \$	Loss Paid \$	Alloc Exp Rsv \$	Lgl Exp Pd \$	Adj Exp Pd \$	Subro/Salvge \$	Total \$	Ded Amt Rcvd\$
<b>AB-072901 01</b>	Closed	Ward, David	49	0	0	0	0	0	0	0	0
Type of Loss:		Other									
<b>Claim Totals:</b>				<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Loss Date: 12/27/2013 Date Reported: 01/02/2014 Claim Status: Closed											
Location:						Accident Location: Dallas, TX					
Cause of Accident: Law Enforcement Liability											
Claim Description: INMATE PASSED AWAY											
<b>AB-082285 01</b>	Closed	Collin County Go,	36	0	0	0	0	0	0	0	0
Type of Loss:		Auto Physical Damage Collision									
<b>AB-082285 02</b>	Closed	Ferguson, Stephanie	36	0	0	0	0	0	0	0	0
Type of Loss:		Auto Liability - Property Damage									
<b>Claim Totals:</b>				<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Loss Date: 02/17/2014 Date Reported: 02/25/2014 Claim Status: Closed											
Location:						Accident Location: Plano, TX					
Cause of Accident: Struck Other Vehicle Ahead											
Claim Description: IV REARENDED OV											
Driver: Ferguson, Stephanie											
<b>AB-084058 01</b>	Closed	Collin County Go,	58	0	0	0	0	0	0	0	0
Type of Loss:		Auto Physical Damage Collision									
<b>AB-084058 02</b>	Closed	Calk, William	58	0	0	0	0	0	0	0	0
Type of Loss:		Auto Liability - Property Damage									
<b>Claim Totals:</b>				<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Loss Date: 03/01/2014 Date Reported: 03/07/2014 Claim Status: Closed											
Location:						Accident Location: Mckinney, TX					
Cause of Accident: Lost Control Of Vehicle											
Claim Description: IV STRUCK OV											
Driver: Calk, William											

Collin County

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### Policy Loss Analysis By Policy For All Locations



**Insured:** COLLIN COUNTY GOVERNMENT  
**Loss Period:** 10/01/2000 to 05/11/2015  
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**Producer:** 3200500  
**Policy Number:** 7910002390004

**Valuation:** 05/11/2015  
**Claim Status:** Open and Closed  
**Incidents:** Include  
**SIC Code:** 9199 000  
**Policy Term:** 10/01/2013 - 10/01/2014

Claim/Suffix	Suffix Status	Claimant	Age	Loss Rsv \$	Loss Paid \$	Alloc Exp Rsv \$	Lgl Exp Pd \$	Adj Exp Pd \$	Subro/Salvge \$	Total \$	Ded Amt Rcvd\$
<b>AB-086941 01</b>	Closed	Collin County Go,	00	0	0	0	0	0	0	0	0
Type of Loss:		Auto Physical Damage Collision									
<b>AB-086941 02</b>	Closed	Enterprise Fleet,	00	0	0	0	0	0	0	0	0
Type of Loss:		Auto Liability - Property Damage									
<b>Claim Totals:</b>				<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Loss Date: 02/07/2014 Date Reported: 03/27/2014 Claim Status: Closed											
Location:						Accident Location: Plano, TX					
Cause of Accident: Any Other											
Claim Description: IV STRUCK OV											
Driver: Gallegos, Jenny											
<b>AB-093340 60</b>	Closed	Collin County GG,	00	0	0	0	0	0	0	0	0
Type of Loss:		Property - All Other									
<b>Claim Totals:</b>				<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Loss Date: 05/21/2014 Date Reported: 05/28/2014 Claim Status: Closed											
Location:						Accident Location: McKinney, TX					
Cause of Accident: Crime Related Loss											
Claim Description: Attached letter indicating that the County owes taxes in the sum of \$264,945.33 for the period											
<b>AB-098119 01</b>	Closed	Hoppenstein, Norman	00	0	0	0	0	0	0	0	0
Type of Loss:		Other									
<b>Claim Totals:</b>				<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Loss Date: 07/17/2014 Date Reported: 07/17/2014 Claim Status: Closed											
Location:						Accident Location: Plano, TX					
Cause of Accident: Public Official Liability											
Claim Description: CLAIMANT DENIED ACCESS TO COURTROOM DURING PROCEEDINGS. CLAIMS VIOLATION OF RIGHTS.											

Collin County

Bid 2015-220

**Policy Loss Analysis By Policy  
For All Locations**



**Insured:** COLLIN COUNTY GOVERNMENT  
**Loss Period:** 10/01/2000 to 05/11/2015  
**Line(s) of Business:** < All >  
**Producer:** 3200500  
**Policy Number:** 7910002390004

**Valuation:** 05/11/2015  
**Claim Status:** Open and Closed  
**Incidents:** Include  
**SIC Code:** 9199 000  
**Policy Term:** 10/01/2013 - 10/01/2014

Claim/Suffix	Suffix Status	Claimant	Age	Loss Rsv \$	Loss Paid \$	Alloc Exp Rsv \$	Lgl Exp Pd \$	Adj Exp Pd \$	Subro/Salvge \$	Total \$	Ded Amt Rcvd \$
<b>AB-106344 01</b>	Closed	Brandon, Lawrence	53	0	0	0	0	0	0	0	0
Type of Loss:		Other									
<b>Claim Totals:</b>				<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Loss Date: 09/25/2014 Date Reported: 10/09/2014 Claim Status: Closed											
Location:						Accident Location: McKinney, TX					
Cause of Accident: Law Enforcement Liability											
Claim Description: Claimant alleges he was tricked into signing a probation contract with the state under threat											
<b>AB-119938 01</b>	Open	Perez, Christopher	00	2	0	0	0	0	0	2	0
Type of Loss:		Other									
<b>Claim Totals:</b>				<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>0</b>
Loss Date: 03/01/2014 Date Reported: 02/18/2015 Claim Status: Open											
Location:						Accident Location: Mc Kinney, TX					
Cause of Accident: Law Enforcement Liability											
Claim Description: PLEASE SEE ATTACHED PRO SE COMPLAINT FILED BY INMATE CHRISTOPHER RANDY PEREZ VS. OFFICER LAWRE											

**Policy Loss Analysis By Policy  
For All Locations**



**Insured:** COLLIN COUNTY GOVERNMENT  
**Loss Period:** 10/01/2000 to 05/11/2015  
**Line(s) of Business:** < All >  
**Producer:** 3200500  
**Policy Number:** 7910002390004

**Valuation:** 05/11/2015  
**Claim Status:** Open and Closed  
**Incidents:** Include  
**SIC Code:** 9199 000

	Total Claims	Loss Rsv \$	Loss Paid \$	Alloc Exp Rsv \$	Lgl Exp Pd \$	Adj Exp Pd \$	Subro/ Salvge \$	Total \$	Ded Amt Rcvd \$
<b>Policy Totals:</b>	8	2	0	0	0	0	0	2	0

**Policy Loss Analysis By Policy  
For All Locations**



**Insured:** COLLIN COUNTY GOVERNMENT  
**Loss Period:** 10/01/2000 to 05/11/2015  
**Line(s) of Business:** < All >  
**Producer:** 3200500  
**Policy Number:** 7910002390005

**Valuation:** 05/11/2015  
**Claim Status:** Open and Closed  
**Incidents:** Include  
**SIC Code:** 9199 000  
**Policy Term:** 10/01/2014 - 10/01/2015

Claim/Suffix	Suffix Status	Claimant	Age	Loss Rsv \$	Loss Paid \$	Alloc Exp Rsv \$	Lgl Exp Pd \$	Adj Exp Pd \$	Subro/Salvge \$	Total \$	Ded Amt Rcvd \$
<b>AB-106346 01</b>	Closed	Brandon, Lawrence	53	0	0	0	0	0	0	0	0
Type of Loss:		Other									
<b>Claim Totals:</b>				<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Loss Date: 10/08/2014 Date Reported: 10/09/2014 Claim Status: Closed											
Location:						Accident Location: McKinney, TX					
Cause of Accident: Law Enforcement Liability											
Claim Description: Claimant alleges insured refused to provide him access to law library, working for no pay, dri											
<b>AB-109475 01</b>	Open	Welch, Ronald	50	2	0	0	0	0	0	2	0
Type of Loss:		Other									
<b>Claim Totals:</b>				<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>0</b>
Loss Date: 11/05/2014 Date Reported: 11/05/2014 Claim Status: Open											
Location:						Accident Location: McKinney, TX					
Cause of Accident: Employment Practices Liability											
Claim Description: EEOC CHARGE- CLAIMANT ALLEGES DISCRIMINATION BASED ON RACE AND AGE											
<b>AB-111024 01</b>	Closed	Powell, Keith	47	0	0	0	0	0	0	0	0
Type of Loss:		Other									
<b>Claim Totals:</b>				<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Loss Date: 11/20/2014 Date Reported: 11/21/2014 Claim Status: Closed											
Location:						Accident Location: McKinney, TX					
Cause of Accident: Law Enforcement Liability											
Claim Description: INMATE COMITTED SUICIDE IN JAIL CELL USING A TRASH BAG.											

### Policy Loss Analysis By Policy For All Locations



**Insured:** COLLIN COUNTY GOVERNMENT  
**Loss Period:** 10/01/2000 to 05/11/2015  
**Line(s) of Business:** < All >  
**Producer:** 3200500  
**Policy Number:** 7910002390005

**Valuation:** 05/11/2015  
**Claim Status:** Open and Closed  
**Incidents:** Include  
**SIC Code:** 9199 000  
**Policy Term:** 10/01/2014 - 10/01/2015

Claim/Suffix	Suffix Status	Claimant	Age	Loss Rsv \$	Loss Paid \$	Alloc Exp Rsv \$	Lgl Exp Pd \$	Adj Exp Pd \$	Subro/Salvge \$	Total \$	Ded Amt Rcvd \$
<b>AB-113239 01</b>	Closed	Olivo, Greg	40	0	0	0	0	0	0	0	0
Type of Loss:		Other									
<b>Claim Totals:</b>				<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Loss Date: 10/13/2014 Date Reported: 12/15/2014 Claim Status: Closed											
Location:						Accident Location: mckinney, TX					
Cause of Accident: Law Enforcement Liability											
Claim Description: CLAIMANT ALLEGES POOR JAIL CONDITIONS INCLUDING EXPOSURE TO BLACK MOLD AND EXPOSURE TO A HARSH											
<b>AB-114028 01</b>	Open	Flow, Jason	39	2	0	0	0	0	0	2	0
Type of Loss:		Other									
<b>Claim Totals:</b>				<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>0</b>
Loss Date: 11/28/2014 Date Reported: 12/22/2014 Claim Status: Open											
Location:						Accident Location: McKinney, TX					
Cause of Accident: Law Enforcement Liability											
Claim Description: JASON FLOW ALLEGING HIS CIVIL LIBERTIES WERE VIOLATED.											
<b>AB-114776 01</b>	Closed	Baez, James	00	0	0	0	0	0	0	0	0
Type of Loss:		Other									
<b>Claim Totals:</b>				<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Loss Date: 12/29/2014 Date Reported: 01/06/2015 Claim Status: Closed											
Location:						Accident Location: McKinney, TX					
Cause of Accident: Law Enforcement Liability											
Claim Description: INMATE FILING PRO SE IS ALLEGING ILLNESS AS A RESULT OF BEING EXPOSED TO MOLD IN THE JAIL CE											

Collin County



### Policy Loss Analysis By Policy For All Locations



**Insured:** COLLIN COUNTY GOVERNMENT  
**Loss Period:** 10/01/2000 to 05/11/2015  
**Line(s) of Business:** < All >  
**Producer:** 3200500  
**Policy Number:** 7910002390005

**Valuation:** 05/11/2015  
**Claim Status:** Open and Closed  
**Incidents:** Include  
**SIC Code:** 9199 000  
**Policy Term:** 10/01/2014 - 10/01/2015

Claim/Suffix	Suffix Status	Claimant	Age	Loss Rsv \$	Loss Paid \$	Alloc Exp Rsv \$	Lgl Exp Pd \$	Adj Exp Pd \$	Subro/Salvge \$	Total \$	Ded Amt Rcvd\$
<b>AB-117302 01</b>	Closed	Collin County Go,	00	0	0	0	0	0	0	0	0
Type of Loss:		Auto Physical Damage Collision									
<b>AB-117302 02</b>	Closed	Foshee, Cary	00	0	0	0	0	0	0	0	0
Type of Loss:		Auto Liability - Property Damage									
<b>AB-117302 03</b>	Closed	Foshee, Cary	00	0	0	0	0	0	0	0	0
Type of Loss:		Auto Liability - Bodily Injury									
<b>Claim Totals:</b>				<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

Loss Date: 01/26/2015 Date Reported: 01/26/2015 Claim Status: Closed  
 Location:

Accident Location: Mckinney, TX

Cause of Accident: Struck Other Vehicle Ahead  
 Claim Description: OV STOPPED AT YIELD SIGN. IV REAR ENDED OV,  
 Driver: Foster, Stephanie

<b>AB-117436 01</b>	Closed	Flow, Jason	39	0	0	0	0	0	0	0	0
Type of Loss:		Other									
<b>Claim Totals:</b>				<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

Loss Date: 11/20/2014 Date Reported: 01/28/2015 Claim Status: Closed  
 Location:

Accident Location: McKinney, TX

Cause of Accident: Law Enforcement Liability  
 Claim Description: CLAIMANT ALLEGES IMPROPER MEDICAL CARE WHILE IN CUSTODY

<b>AB-118663 01</b>	Open	Escobedo, Juan	00	2	0	0	0	0	0	2	0
Type of Loss:		Other									
<b>Claim Totals:</b>				<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>0</b>

Loss Date: 01/30/2015 Date Reported: 02/06/2015 Claim Status: Open  
 Location:

Accident Location: McKinney, TX

Cause of Accident: Law Enforcement Liability  
 Claim Description: CLAIMANT ATTEMPTED SUICIDE BY JUMPING HEAD FIRST FROM THE SECOND STORY OF ONE OF THE PODS.

### Policy Loss Analysis By Policy For All Locations



**Insured:** COLLIN COUNTY GOVERNMENT  
**Loss Period:** 10/01/2000 to 05/11/2015  
**Line(s) of Business:** < All >  
**Producer:** 3200500  
**Policy Number:** 7910002390005

**Valuation:** 05/11/2015  
**Claim Status:** Open and Closed  
**Incidents:** Include  
**SIC Code:** 9199 000  
**Policy Term:** 10/01/2014 - 10/01/2015

Claim/Suffix	Suffix Status	Claimant	Age	Loss Rsv \$	Loss Paid \$	Alloc Exp Rsv \$	Lgl Exp Pd \$	Adj Exp Pd \$	Subro/Salvge \$	Total \$	Ded Amt Rcvd\$
<b>AB-122681 01</b>	Closed	Collin County Go,	18	0	0	0	0	0	0	0	0
Type of Loss:		Auto Physical Damage Collision									
<b>AB-122681 02</b>	Closed	Greene, Kera	18	0	0	0	0	0	0	0	0
Type of Loss:		Auto Liability - Property Damage									
<b>Claim Totals:</b>				<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Loss Date: 03/11/2015 Date Reported: 03/16/2015 Claim Status: Closed Location: Accident Location: Plano, TX Cause of Accident: Struck Other Vehicle Ahead Claim Description: OV WAS STOPPED AT A RED LIGHT WHEN ID ALLEGEDLY REAR-ENDED OV Driver: Greene, Kera											
<b>AB-126473 01</b>	Open	Moore, Gary	59	2	0	0	0	0	0	2	0
Type of Loss:		Other									
<b>Claim Totals:</b>				<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>0</b>
Loss Date: 01/20/2015 Date Reported: 04/21/2015 Claim Status: Open Location: Accident Location: McKinney, TX Cause of Accident: Law Enforcement Liability Claim Description: Claimant alleges excessive force by officers											

Collin County

**Policy Loss Analysis By Policy  
For All Locations**



**Insured:** COLLIN COUNTY GOVERNMENT  
**Loss Period:** 10/01/2000 to 05/11/2015  
**Line(s) of Business:** < All >  
**Producer:** 3200500  
**Policy Number:** 7910002390005

**Valuation:** 05/11/2015  
**Claim Status:** Open and Closed  
**Incidents:** Include  
**SIC Code:** 9199 000

	Total Claims	Loss Rsv \$	Loss Paid \$	Alloc Exp Rsv \$	Lgl Exp Pd \$	Adj Exp Pd \$	Subro/ Salvge \$	Total \$	Ded Amt Rcvd \$
<b>Policy Totals:</b>	11	8	0	0	0	0	0	8	0

**Policy Loss Analysis By Policy  
For All Locations**



**Insured:** COLLIN COUNTY GOVERNMENT  
**Loss Period:** 10/01/2000 to 05/11/2015  
**Line(s) of Business:** < All >  
**Producer:** 3200500  
**Policy Number:** 7910002400000

**Valuation:** 05/11/2015  
**Claim Status:** Open and Closed  
**Incidents:** Include  
**SIC Code:** 9199 000  
**Policy Term:** 10/01/2009 - 10/01/2010

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NO CLAIMS ON FILE

**Policy Loss Analysis By Policy  
For All Locations**



**Insured:** COLLIN COUNTY GOVERNMENT  
**Loss Period:** 10/01/2000 to 05/11/2015  
**Line(s) of Business:** < All >  
**Producer:** 3200500  
**Policy Number:** 7910002470000

**Valuation:** 05/11/2015  
**Claim Status:** Open and Closed  
**Incidents:** Include  
**SIC Code:** 9199 000  
**Policy Term:** 10/01/2009 - 10/01/2010

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NO CLAIMS ON FILE

**Policy Loss Analysis By Policy  
For All Locations**



**Insured:** COLLIN COUNTY GOVERNMENT  
**Loss Period:** 10/01/2000 to 05/11/2015  
**Line(s) of Business:** < All >  
**Producer:** 3200500  
**Policy Number:** 7910002470001

**Valuation:** 05/11/2015  
**Claim Status:** Open and Closed  
**Incidents:** Include  
**SIC Code:** 9199 000  
**Policy Term:** 10/01/2010 - 10/01/2011

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NO CLAIMS ON FILE

**Policy Loss Analysis By Policy  
For All Locations**



**Insured:** COLLIN COUNTY GOVERNMENT  
**Loss Period:** 10/01/2000 to 05/11/2015  
**Line(s) of Business:** < All >  
**Producer:** 3200500  
**Policy Number:** 7910002470002

**Valuation:** 05/11/2015  
**Claim Status:** Open and Closed  
**Incidents:** Include  
**SIC Code:** 9199 000  
**Policy Term:** 10/01/2011 - 10/01/2012

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NO CLAIMS ON FILE

**Policy Loss Analysis By Policy  
For All Locations**



**Insured:** COLLIN COUNTY GOVERNMENT  
**Loss Period:** 10/01/2000 to 05/11/2015  
**Line(s) of Business:** < All >  
**Producer:** 3200500  
**Policy Number:** 7910002470003

**Valuation:** 05/11/2015  
**Claim Status:** Open and Closed  
**Incidents:** Include  
**SIC Code:** 9199 000  
**Policy Term:** 10/01/2012 - 10/01/2013

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NO CLAIMS ON FILE



**Policy Loss Analysis By Policy  
For All Locations**



**Insured:** COLLIN COUNTY GOVERNMENT  
**Loss Period:** 10/01/2000 to 05/11/2015  
**Line(s) of Business:** < All >  
**Producer:** 3200500  
**Policy Number:** 7910002470004

**Valuation:** 05/11/2015  
**Claim Status:** Open and Closed  
**Incidents:** Include  
**SIC Code:** 9199 000  
**Policy Term:** 10/01/2013 - 10/01/2014

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NO CLAIMS ON FILE

**Policy Loss Analysis By Policy  
For All Locations**



**Insured:** COLLIN COUNTY GOVERNMENT  
**Loss Period:** 10/01/2000 to 05/11/2015  
**Line(s) of Business:** < All >  
**Producer:** 3200500  
**Policy Number:** 7910002470005

**Valuation:** 05/11/2015  
**Claim Status:** Open and Closed  
**Incidents:** Include  
**SIC Code:** 9199 000  
**Policy Term:** 10/01/2014 - 10/01/2015

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NO CLAIMS ON FILE

**Policy Loss Analysis By Policy  
For All Locations**



**Insured:** COLLIN COUNTY GOVERNMENT  
**Loss Period:** 10/01/2000 to 05/11/2015  
**Line(s) of Business:** < All >  
**Producer:** 3200500  
**Policy Number:** 7910005450000      COLLIN COUNTY

**Valuation:** 05/11/2015  
**Claim Status:** Open and Closed  
**Incidents:** Include  
**SIC Code:** 9199 000  
**Policy Term:** 03/29/2012 - 10/01/2012

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NO CLAIMS ON FILE

**Policy Loss Analysis By Policy  
For All Locations**



**Insured:** COLLIN COUNTY GOVERNMENT  
**Loss Period:** 10/01/2000 to 05/11/2015  
**Line(s) of Business:** < All >  
**Producer:** 3200500  
**Policy Number:** 7910005450001

COLLIN COUNTY

**Valuation:** 05/11/2015  
**Claim Status:** Open and Closed  
**Incidents:** Include  
**SIC Code:** 9199 000  
**Policy Term:** 10/01/2012 - 10/01/2013

Claim/Suffix	Suffix Status	Claimant	Age	Loss Rsv \$	Loss Paid \$	Alloc Exp Rsv \$	Lgl Exp Pd \$	Adj Exp Pd \$	Subro/Salvge \$	Total \$	Ded Amt Rcvd \$
<b>AB-090217 01</b>	Closed	Smith, Robert	66	0	65,000	0	0	0	0	<b>65,000</b>	-39,651
Type of Loss:		Auto Bodily Injury									
<b>AB-090217 02</b>	Closed	Smith, Charlotte	66	0	7,000	0	0	0	0	<b>7,000</b>	0
Type of Loss:		Auto Bodily Injury									
<b>AB-090217 03</b>	Closed	Smith, Robert	66	0	0	0	0	0	0	<b>0</b>	0
Type of Loss:		Auto Property Damage									
<b>Claim Totals:</b>				<b>0</b>	<b>72,000</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>72,000</b>	<b>-39,651</b>

Loss Date: 10/23/2012 Date Reported: 04/24/2014 Claim Status: Closed  
 Location:  
 Cause of Accident: Struck Other Vehicle Ahead  
 Claim Description: IV r/e OV that had stopped in traffic  
 Driver: Smith, Robert

Accident Location: Brisco, TX

**Policy Loss Analysis By Policy  
For All Locations**



**Insured:** COLLIN COUNTY GOVERNMENT  
**Loss Period:** 10/01/2000 to 05/11/2015  
**Line(s) of Business:** < All >  
**Producer:** 3200500  
**Policy Number:** 7910005450001

**Valuation:** 05/11/2015  
**Claim Status:** Open and Closed  
**Incidents:** Include  
**SIC Code:** 9199 000

	Total Claims	Loss Rsv \$	Loss Paid \$	Alloc Exp Rsv \$	Lgl Exp Pd \$	Adj Exp Pd \$	Subro/ Salvge \$	Total \$	Ded Amt Rcvd \$
<b>Policy Totals:</b>	1	0	72,000	0	0	0	0	72,000	-39,651

### Policy Loss Analysis By Policy For All Locations



**Insured:** COLLIN COUNTY GOVERNMENT  
**Loss Period:** 10/01/2000 to 05/11/2015  
**Line(s) of Business:** < All >  
**Producer:** 3200500  
**Policy Number:** 7910005450002

COLLIN COUNTY

**Valuation:** 05/11/2015  
**Claim Status:** Open and Closed  
**Incidents:** Include  
**SIC Code:** 9199 000  
**Policy Term:** 10/01/2013 - 10/01/2014

Claim/Suffix	Suffix Status	Claimant	Age	Loss Rsv \$	Loss Paid \$	Alloc Exp Rsv \$	Lgl Exp Pd \$	Adj Exp Pd \$	Subro/ Salvge \$	Total \$	Ded Amt Rcvd\$
<b>AB-084643 01</b>	Closed	Collin County Go,	00	0	0	0	0	227	0	227	0
Type of Loss:		Auto Physical Damage Collision									
<b>AB-084643 02</b>	Closed	Baxter, Jennifer	00	0	1,184	0	0	0	0	1,184	-1,184
Type of Loss:		Auto Property Damage									
<b>Claim Totals:</b>				<b>0</b>	<b>1,184</b>	<b>0</b>	<b>0</b>	<b>227</b>	<b>0</b>	<b>1,411</b>	<b>-1,184</b>

Loss Date: 03/11/2014 Date Reported: 03/12/2014 Claim Status: Closed  
 Location:

Accident Location: Mckinney, TX

Cause of Accident: Backed Into Other Vehicle

Claim Description: IN EMPLOYEE PARKING LOT OF COURTHOUSE IV WAS BACKING OUT OF A PARKING SPACE AND HIT ANOTHER IV

Driver: Gross, Mark

<b>AB-084647 01</b>	Closed	Collin County Go,	00	0	0	0	0	0	0	0	0
Type of Loss:		Auto Physical Damage Collision									
<b>Claim Totals:</b>				<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

Loss Date: 03/12/2014 Date Reported: 03/12/2014 Claim Status: Closed  
 Location:

Accident Location: Plano, TX

Cause of Accident: Struck By Other Vehicle Following

Claim Description: OV rearended IV

Driver: Arendt, Joseph

**Policy Loss Analysis By Policy  
For All Locations**



**Insured:** COLLIN COUNTY GOVERNMENT  
**Loss Period:** 10/01/2000 to 05/11/2015  
**Line(s) of Business:** < All >  
**Producer:** 3200500  
**Policy Number:** 7910005450002

**Valuation:** 05/11/2015  
**Claim Status:** Open and Closed  
**Incidents:** Include  
**SIC Code:** 9199 000

	Total Claims	Loss Rsv \$	Loss Paid \$	Alloc Exp Rsv \$	Lgl Exp Pd \$	Adj Exp Pd \$	Subro/ Salvge \$	Total \$	Ded Amt Rcvd \$
<b>Policy Totals:</b>	2	0	1,184	0	0	227	0	1,411	-1,184

**Policy Loss Analysis By Policy  
For All Locations**



**Insured:** COLLIN COUNTY GOVERNMENT

**Loss Period:** 10/01/2000 to 05/11/2015

**Line(s) of Business:** < All >

**Producer:** 3200500

**Policy Number:** 7910005450003      COLLIN COUNTY

**Valuation:** 05/11/2015

**Claim Status:** Open and Closed

**Incidents:** Include

**SIC Code:** 9199 000

**Policy Term:** 10/01/2014 - 10/01/2015

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NO CLAIMS ON FILE



**Policy Loss Analysis By Policy  
For All Locations**



**Insured:** COLLIN COUNTY GOVERNMENT  
**Loss Period:** 10/01/2000 to 05/11/2015  
**Line(s) of Business:** < All >  
**Producer:** 3200500

**Valuation:** 05/11/2015  
**Claim Status:** Open and Closed  
**Incidents:** Include

	Total Claims	Loss Rsv \$	Loss Paid \$	Alloc Exp Rsv \$	Lgl Exp Pd \$	Adj Exp Pd \$	Subro/ Salvge \$	Total \$	Ded Amt Rcvd\$
<b>Grand Total:</b>	<b>61</b>	<b>10</b>	<b>76,189</b>	<b>0</b>	<b>0</b>	<b>420</b>	<b>0</b>	<b>76,619</b>	<b>-40,835</b>

OneBeacon claims reported after November 2004 contain a greater level of claim detail within this report. Select report fields within this report may be blank for claims reported prior to November 2004. The information provided in this report is proprietary and confidential. No further disclosure of this information may be made except to authorized representatives of the policyholder. OneBeacon makes no representation or warranty with respect to the information contained herein.

Run Date: 05/07/2015

Run Time: 13:07:47

Page: 1 of 3

## Collin County Custom Claim Log Summary - Liability (\*)

Collin County Liability Loss Dates 10-1-10 thru 4-30-15

Valued as of 04/30/2015

Claim Number	Claimant	Incident	Reported	Line of Business	Type	Status	Closed Dt	Ind Paid	O/S Ind Reserve	Exp Paid	O/S Exp Reserve	Net Incurred
<b>Fiscal Year : 2010/2011</b>												
11304005	Pitts, Xavier	10/31/2010	02/23/2011	GL	Property Damage	Closed	04/30/2012	0.00	0.00	0.00	0.00	0.00
11314082	Mejia, Hugo A	11/23/2010	07/07/2011	GL	Law Enforcement	Closed	06/11/2013	0.00	0.00	0.00	0.00	0.00
11300166	Christoffel, David T	12/28/2010	12/29/2010	E&O	Law Enforcement	Closed	04/30/2012	0.00	0.00	0.00	0.00	0.00
11303413	Jones, Elvin	01/12/2011	02/14/2011	GL	Law Enforcement	Closed	06/11/2013	0.00	0.00	705.00	0.00	705.00
11306014	Armstrong, Carrie	02/28/2011	03/22/2011	GL	Bodily Injury	Closed	06/26/2012	0.00	0.00	0.00	0.00	0.00
11306017	Ewing, Jennifer	02/28/2011	03/22/2011	GL	Law Enforcement	Closed	04/09/2013	0.00	0.00	0.00	0.00	0.00
11306989	Bennett, Emily	03/09/2011	03/30/2011	GL	Bodily Injury	Closed	03/12/2012	0.00	0.00	0.00	0.00	0.00
11314080	Lynette Fronterhouse	03/25/2011	07/07/2011	GL	Bodily Injury	Closed	12/19/2011	0.00	0.00	0.00	0.00	0.00
11306983	Stewart Forsburg	03/30/2011	04/01/2011	GL	Bodily Injury	Closed	03/07/2013	0.00	0.00	0.00	0.00	0.00
11312606	Breneman, Holly	06/07/2011	06/13/2011	GL	Bodily Injury	Closed	12/12/2011	9,506.74	0.00	7.85	0.00	9,514.59
11312606	Liberty Healthcare	06/07/2011	06/13/2011	GL	Bodily Injury	Closed	12/12/2011	5,900.00	0.00	0.00	0.00	5,900.00
11316604	Davis, Alice	06/09/2011	06/19/2011	GL	Bodily Injury	Closed	12/19/2011	0.00	0.00	0.00	0.00	0.00
14541098	Blank, Travis	06/23/2011		GL	Law Enforcement	Closed	03/25/2014	0.00	0.00	0.00	0.00	0.00
11319953	Haffliger, Amanda	07/09/2011	09/19/2011	GL	Law Enforcement	Closed	10/21/2011	238.30	0.00	0.00	0.00	238.30
11315061	Vazquez, Stanley	07/19/2011	07/21/2011	GL	Property Damage	Closed	08/15/2011	923.95	0.00	0.00	0.00	923.95
11316459	Henderson, Sandra	08/04/2011	08/15/2011	GL	Property Damage	Closed	03/12/2012	175.00	0.00	0.00	0.00	175.00
11317825	Gross, Wanda	08/05/2011	08/31/2011	GL	Bodily Injury	Closed	01/09/2012	21,642.14	0.00	132.85	0.00	21,774.99
<b>Fiscal Year Total:</b>				<b>16 Claims</b>			<b>17 Claimants</b>	<b>38,386.13</b>	<b>0.00</b>	<b>845.70</b>	<b>0.00</b>	<b>39,231.83</b>
<b>Fiscal Year : 2011/2012</b>												
11325451	Artola, Rosa	11/09/2011		GL	Property Damage	Closed	02/18/2013	0.00	0.00	0.00	0.00	0.00
14531954	Charboneau, Janine	11/16/2011		GL	Law Enforcement	Open		0.00	100.00	0.00	0.00	100.00
11326019	McClintock, Suzanne	12/05/2011		GL	Bodily Injury	Closed	01/11/2012	0.00	0.00	0.00	0.00	0.00
12464583	Nelson, Meghan	02/22/2012	02/24/2012	Auto	Bodily Injury	Closed	06/12/2012	40.02	0.00	7.85	0.00	47.87
12464583	Nelson, Meghan	02/22/2012	02/24/2012	Auto	Property Damage	Closed	09/11/2012	8,172.02	0.00	0.00	0.00	8,172.02
12465407	Hinojosa, David	03/06/2012	03/07/2012	Auto	Bodily Injury	Closed	10/06/2014	48,000.00	0.00	7.85	0.00	48,007.85
12465407	Hinojosa, David	03/06/2012	03/07/2012	Auto	Property Damage	Closed	04/06/2012	7,999.10	5,000.00	125.00	0.00	13,124.10
12476824	Wilson, Derwin	03/23/2012		GL	Law Enforcement	Closed	09/19/2012	499.00	0.00	0.00	0.00	499.00
12480101	Buford, Johnny D	04/24/2012	08/21/2012	GL	Bodily Injury	Closed	02/18/2013	0.00	0.00	0.00	0.00	0.00
12490219	Garcia, Rafael	07/07/2012		Auto	Property Damage	Closed	11/24/2014	0.00	0.00	0.00	0.00	0.00
12478384	Carr, Jamie L	07/22/2012	07/27/2012	Auto	Property Damage	Closed	10/30/2012	8,552.07	0.00	125.00	0.00	8,677.07
12478384	Dunavin, James	07/22/2012	07/27/2012	Auto	Bodily Injury	Closed	02/06/2013	3,382.80	0.00	7.85	0.00	3,390.65
12478384	Dunavin, Luisa	07/22/2012	07/27/2012	Auto	Bodily Injury	Closed	02/01/2013	9,927.60	0.00	7.85	0.00	9,935.45
12480103	Ford, Robert P	08/02/2012	08/10/2012	GL	Property Damage	Closed	12/31/2012	0.00	0.00	0.00	0.00	0.00
12480104	Hixon, Darla H	08/18/2012	08/21/2012	GL	Bodily Injury	Closed	12/31/2012	0.00	0.00	0.00	0.00	0.00
12485686	Layton, Thomas G	09/11/2012	10/10/2012	GL	Bodily Injury	Closed	06/11/2013	0.00	0.00	0.00	0.00	0.00

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**Collin County  
Custom Claim Log Summary - Liability (\*)**

Collin County Liability Loss Dates 10-1-10 thru 4-30-15

Valued as of 04/30/2015

Claim Number	Claimant	Incident	Reported	Line of Business	Type	Status	Closed Dt	Ind Paid	O/S Ind Reserve	Exp Paid	O/S Exp Reserve	Net Incurred
<b>Fiscal Year : 2011/2012</b>												
12483812	Bennett, Michael	09/19/2012		Auto	Property Damage	Closed	11/29/2012	0.00	0.00	0.00	0.00	0.00
12484087	Underwood, Denise	09/25/2012		GL	Property Damage	Closed	01/14/2013	0.00	0.00	0.00	0.00	0.00
<b>Fiscal Year Total:</b>				<b>14 Claims</b>	<b>18 Claimants</b>			<b>86,572.61</b>	<b>5,100.00</b>	<b>281.40</b>	<b>0.00</b>	<b>91,954.01</b>
<b>Fiscal Year : 2012/2013</b>												
12484726	Terry Dickerson Writer	10/01/2012		GL	Incident Only	Closed	12/17/2012	0.00	0.00	0.00	0.00	0.00
12486716	Morgan, James	10/10/2012	10/10/2012	GL	Property Damage	Closed	12/17/2012	0.00	0.00	0.00	0.00	0.00
12487319	Smith, Charlotte	10/23/2012	10/23/2012	Auto	Bodily Injury	Closed	10/03/2013	0.00	0.00	0.00	0.00	0.00
12487319	Smith, Robert	10/23/2012	10/23/2012	Auto	Bodily Injury	Closed	01/16/2013	0.00	0.00	0.00	0.00	0.00
12487319	Smith, Robert	10/23/2012	10/23/2012	Auto	Bodily Injury	Closed	10/18/2013	0.00	0.00	65.74	0.00	65.74
12487319	Smith, Robert	10/23/2012	10/23/2012	Auto	Property Damage	Closed	05/03/2013	0.00	0.00	(65.74)	0.00	(65.74)
12490217	Moreno, Javier	11/13/2012		Auto	Property Damage	Closed	04/30/2014	0.00	0.00	0.00	0.00	0.00
15576544	Ballard, Joan E	02/12/2013		GL	Bodily Injury	Open		0.00	100.00	0.00	0.00	100.00
13513217	Chloe Rey	06/19/2013		GL	Bodily Injury	Closed	05/06/2014	1,725.00	0.00	0.00	0.00	1,725.00
13513217	Rebecca Rey	06/19/2013		GL	Bodily Injury	Closed	05/06/2014	2,650.00	0.00	0.00	0.00	2,650.00
13513217	Rey, Rebecca	06/19/2013		GL	Property Damage	Closed	10/21/2013	3,821.83	0.00	125.00	0.00	3,946.83
13522687	Enterprise Rent-A-Car	06/26/2013		GL	Property Damage	Closed	10/30/2013	271.15	0.00	0.00	0.00	0.02
13520207	Smith, Jay	07/23/2013		Auto	Property Damage	Closed	10/16/2013	4,700.02	0.00	0.00	0.00	4,700.02
13520210	Wood, Elaine	08/26/2013		GL	Bodily Injury	Closed	09/17/2013	0.00	0.00	0.00	0.00	0.00
<b>Fiscal Year Total:</b>				<b>9 Claims</b>	<b>14 Claimants</b>			<b>13,168.00</b>	<b>100.00</b>	<b>125.00</b>	<b>0.00</b>	<b>13,121.87</b>
<b>Fiscal Year : 2013/2014</b>												
14532594	Cash, Loretta A	10/29/2013	10/29/2013	GL	Property Damage	Closed	06/30/2014	0.00	0.00	0.00	0.00	0.00
15573510	Flow, Jason	11/09/2013		GL	Contractual Liability	Open		0.00	100.00	0.00	0.00	100.00
15574365	Flow, Jason	11/09/2013		GL	Bodily Injury	Open		0.00	100.00	0.00	0.00	100.00
14534065	Norton, James T	11/20/2013		GL	Law Enforcement	Closed	01/23/2014	0.00	0.00	0.00	1,500.00	1,500.00
14532380	Ward, David A	12/27/2013		GL	Law Enforcement	Closed	02/28/2014	0.00	0.00	0.00	0.00	0.00
14560211	Messer, Jennifer	01/08/2014		Auto	Subrogation	Closed	11/18/2014	0.00	0.00	0.00	0.00	0.00
14560547	Enterprise, FM Trust	02/07/2014	02/07/2014	Auto	Personal Injury Proti	Closed	02/03/2015	10,579.58	0.00	0.00	0.00	10,579.58
14560547	Gallegos, Jenny	02/07/2014	02/07/2014	Auto	Subrogation	Closed	11/21/2014	0.00	0.00	0.00	0.00	0.00
14553444	Hoppenstein, Norman J	02/13/2014		GL	Premises Liability	Open		0.00	100.00	0.00	0.00	100.00
14539953	Ferguson, Stephanie	02/17/2014		GL	Property Damage	Closed	10/10/2014	922.27	0.00	125.00	0.00	1,047.27
15576551	Perez, Christopher R	03/01/2014		GL	Personal Injury	Open		0.00	100.00	0.00	0.00	100.00
14541105	Calk, William L	03/01/2014		GL	Property Damage	Closed	06/23/2014	0.00	0.00	0.00	0.00	0.00
14546071	Cox, Austin	04/11/2014		GL	Subrogation	Closed	03/20/2015	0.00	0.00	0.00	0.00	0.00
14548729	State Farm Insurance	05/08/2014		GL	Subrogation	Closed	06/26/2014	0.00	0.00	0.00	0.00	0.00

Run Date: 05/07/2015

Run Time: 13:07:47

**Collin County  
Custom Claim Log Summary - Liability (\*)**

Collin County Liability Loss Dates 10-1-10 thru 4-30-15

Valued as of 04/30/2015

<u>Claim Number</u>	<u>Claimant</u>	<u>Incident</u>	<u>Reported</u>	<u>Line of Business</u>	<u>Type</u>	<u>Status</u>	<u>Closed Dt</u>	<u>Ind Paid</u>	<u>O/S Ind Reserve</u>	<u>Exp Paid</u>	<u>O/S Exp Reserve</u>	<u>Net Incurred</u>
<b>Fiscal Year : 2013/2014</b>												
14550431	Collin, County	06/11/2014		GL	Bodily Injury	Closed	01/19/2015	0.00	0.00	0.00	0.00	0.00
14551913	Infinity Insurance Compar	06/12/2014		GL	Subrogation	Open		0.00	100.00	0.00	0.00	100.00
14566504	Abrams, Tashee	07/23/2014	08/04/2014	GL	Property Damage	Closed	12/10/2014	169.95	0.00	0.00	0.00	169.95
14559500	Monninger, Beth	09/09/2014		Auto	Bodily Injury	Closed	02/06/2015	9,287.14	0.00	0.00	0.00	9,287.14
14559500	Monninger, Beth A	09/09/2014		Auto	Property Damage	Closed	10/09/2014	3,128.54	0.00	125.00	0.00	3,253.54
14562507	Smith, Kathy	09/15/2014		Auto	Property Damage	Closed	11/10/2014	300.00	0.00	0.00	0.00	300.00
<b>Fiscal Year Total:</b>				<b>18 Claims</b>	<b>20 Claimants</b>			<b>24,387.48</b>	<b>500.00</b>	<b>250.00</b>	<b>1,500.00</b>	<b>26,637.48</b>
<b>Fiscal Year : 2014/2015</b>												
14569744	Harris, Janita	10/11/2014		GL	Bodily Injury	Closed	01/08/2015	0.00	0.00	0.00	0.00	0.00
15573504	Olivo, Greg	10/13/2014		GL	Environmental Pollu	Open		0.00	100.00	0.00	0.00	100.00
14567416	Wilson, Michael	10/30/2014	10/30/2014	GL	Property Damage	Closed	12/31/2014	973.91	0.00	125.00	0.00	1,098.91
15577424	Neel, Jonell B	11/02/2014		GL	Subrogation	Open		0.00	0.00	0.00	0.00	0.00
14568167	Powell, Keith W	11/20/2014		GL	Law Enforcement	Closed	12/29/2014	0.00	0.00	0.00	0.00	0.00
15581955	Schultz, Mindy L	11/25/2014	11/25/2014	GL	Subrogation	Open		0.00	1,000.00	0.00	0.00	1,000.00
15571813	Rios, Diana	12/22/2014		GL	Property Damage	Closed	01/19/2015	0.00	750.00	125.00	0.00	875.00
15571813	Rios, Jose	12/22/2014		GL	Property Damage	Open		610.10	14.90	0.00	0.00	625.00
15577528	Caldwell, Leica	12/23/2014		GL	Subrogation	Open		0.00	100.00	0.00	0.00	100.00
15571801	Folkman, Douglas R	12/30/2014	01/03/2015	GL	Property Damage	Closed	01/19/2015	858.05	10,579.58	0.00	0.00	11,437.63
15575543	Escobedo, Juan	01/02/2015		GL	Incident Only	Closed	03/04/2015	0.00	0.00	0.00	0.00	0.00
15574724	Foshee, Cary	01/26/2015		GL	Property Damage	Closed	03/09/2015	5,165.12	0.00	125.00	0.00	5,290.12
15581503	Butzke, Kim	03/11/2015		GL	Property Damage	Closed	04/13/2015	697.45	0.00	0.00	0.00	697.45
<b>Fiscal Year Total:</b>				<b>12 Claims</b>	<b>13 Claimants</b>			<b>8,304.63</b>	<b>12,544.48</b>	<b>375.00</b>	<b>0.00</b>	<b>21,224.11</b>
<b>Grand Total:</b>				<b>69 Claims</b>	<b>82 Claimants</b>			<b>170,818.85</b>	<b>18,244.48</b>	<b>1,877.10</b>	<b>1,500.00</b>	<b>192,169.30</b>



# OneBeacon Government Risks

8000 IH-10 West  
 The Forum, Suite 1045  
 San Antonio, TX 78230  
 (866) 971-6247 • [www.onebeacongov.com](http://www.onebeacongov.com)  
[OBGRNewBusiness@OneBeacon.com](mailto:OBGRNewBusiness@OneBeacon.com)

## RENEWAL APPLICATION

*Please complete PART A and other PARTS as applicable.*

- PART A      GENERAL INFORMATION (PAGE 2)**
- PART B      PROPERTY (PAGE 3)**  
     > *Attach Statement of Values (Excel format preferred)*
- PART C      INLAND MARINE (PAGE 3)**  
     > *Attach Statement of Values (Excel format preferred)*
- PART D      CRIME (PAGE 4)**
- PART E      AUTOMOBILE (PAGE 4)**  
     > *Attach Schedule of Covered Automobiles (Excel format preferred)*
- PART F      GENERAL LIABILITY (PAGE 5)**
- PART G      DAM, RESERVOIR OR LEVEE SUPPLEMENT (PAGE 6)**
- PART H      PUBLIC OFFICIALS ERRORS AND OMISSIONS LIABILITY (PAGE 7)**
- PART I      LAW ENFORCEMENT LIABILITY (PAGE 8)**
- PART J      EXCESS LIABILITY (PAGE 9)**

**PART A – GENERAL INFORMATION**

<b>1. Entity</b>		
<b>Application Date:</b>	<b>Proposal Due Date:</b>	
Mailing Address:		
Street Address:	County:	
City, State, Zip:	Population:	
FEIN:	Website:	
<b>Primary Insured Contact:</b>	<b>E-Mail:</b>	<b>Phone:</b>
<b>Risk Control Contact:</b>	<b>E-Mail:</b>	<b>Phone:</b>

<b>2. Submitting Agency</b>			
Agency:			
Mailing Address:			
Producer:	E-Mail:	Phone:	Fax:

<b>3. Coverage Requested</b>			
<input type="checkbox"/>	General Liability	<input type="checkbox"/>	Property / Equipment Breakdown
<input type="checkbox"/>	Public Officials Errors and Omission Liability	<input type="checkbox"/>	Equipment / Inland Marine
<input type="checkbox"/>	Law Enforcement Liability	<input type="checkbox"/>	Crime
<input type="checkbox"/>	Automobile Liability	<input type="checkbox"/>	Flood
<input type="checkbox"/>	Automobile Physical Damage	<input type="checkbox"/>	Earthquake
<input type="checkbox"/>	Excess Liability	<input type="checkbox"/>	Other:

<b>4. Operating Controls</b>	
<input type="checkbox"/> Y <input type="checkbox"/> N	Are certificates of insurance required from your subcontractors? If <b>Yes</b> , explain:
<input type="checkbox"/> Y <input type="checkbox"/> N	Are you named as an additional insured on your subcontractors' liability policies?
<input type="checkbox"/> Y <input type="checkbox"/> N	Does the entity have a formalized risk management procedure or program?
<b>Do the formal procedures include the following?</b>	
<input type="checkbox"/> Y <input type="checkbox"/> N	Written Safety or Loss Prevention Manual
<input type="checkbox"/> Y <input type="checkbox"/> N	Employee Training Meeting
<input type="checkbox"/> Y <input type="checkbox"/> N	Property or Equipment Inspection and Maintenance Logs
<input type="checkbox"/> Y <input type="checkbox"/> N	Procedures to prevent & report Sexual Harassment
<input type="checkbox"/> Y <input type="checkbox"/> N	Accident Investigation Program
<b>Describe any other formal or informal operating controls:</b>	

**PART B – PROPERTY SUPPLEMENTAL APPLICATION**

1.  Y  N Have the submitted property values increased for renewal?  
 If **Yes**, how were these renewal values determined?  Flat Percentage  Updated Appraisal

2.  Y  N Any loss payees or additional insured interests applicable to any properties?  
 If **Yes**, please list item # and interest:  
 \_\_\_\_\_  
 \_\_\_\_\_

3.  Y  N Any newly vacant property locations?

4.  Y  N Do you currently have any property in the “course of construction” or do you plan to have any new additions, renovations, or expansions?  
 If **Yes**, describe:  
 \_\_\_\_\_  
 Cost of construction: \_\_\_\_\_

5.  Y  N Have any occupancies changed for any currently insured locations? If Yes, describe:  
 \_\_\_\_\_

**PART C – INLAND MARINE SUPPLEMENTAL APPLICATION**

What types of inland marine equipment are to be insured?  
 Contractor’s Equipment  
 Miscellaneous Tools and Equipment  
 Employee Tools  
 Leased, Rented or Borrowed Equipment  
 Other :

*Please provide all values to be insured in an Excel attachment.*

Please indicate the deductible to be applied to the following:

	\$1,000	\$2,500	\$5,000	Other (Please list)
Contractor’s Type Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Miscellaneous Tools and Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employee Tools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leased, Rented or Borrowed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**PART D – CRIME SUPPLEMENTAL APPLICATION**

1. What deductible is requested?  \$500  \$1,000  \$2,500  \$5,000  \$10,000  Other:

2.  Y  N Are additional limits needed for any crime insuring agreement?  
 If **Yes**, please list insuring agreement and limit.

Insuring Agreement	Limit

3. What security provisions apply?	How Often?
<input type="checkbox"/> Audit	
<input type="checkbox"/> Reconciliations	
<input type="checkbox"/> Bank statements	
<input type="checkbox"/> Countersignature	
<input type="checkbox"/> Other:	

**PART E – AUTOMOBILE SUPPLEMENTAL APPLICATION**

1.  Y  N Are all of the entity's owned or leased vehicles to be insured under this policy?  
 If **No**, list vehicles insured elsewhere:

\_\_\_\_\_

\_\_\_\_\_

2.  Y  N Are Fire or Ambulance vehicles to be covered on an Agreed Amount basis for APD?  
 If **Yes**, note vehicle unit #s and requested values on submitted automobile schedule.  
*Only Fire and Ambulance vehicles are eligible for Agreed Valuation Physical Damage*

3.  Y  N Any loss payees or additional insured interests applicable at renewal to any automobile?  
 If **Yes**, please list auto number and interest:

\_\_\_\_\_



Legal Named Insured: \_\_\_\_\_

Proposed Effective Date: \_\_\_\_\_

**PART F – GENERAL LIABILITY SUPPLEMENTAL APPLICATION**

Indicate presence of each item by checking the appropriate box:

Operation	Exposure? (Y / N)	Any Part of Operation Subcontracted to Others? (Y / N)
Aircraft, Airport and Related Facilities	<input type="checkbox"/> / <input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>
Ambulance Services	<input type="checkbox"/> / <input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>
Boat Docks or Marina	<input type="checkbox"/> / <input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>
Bridges	<input type="checkbox"/> / <input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>
Carnivals, Fairs, Parades	<input type="checkbox"/> / <input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>
Cemetery Operations	<input type="checkbox"/> / <input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>
Chemical Spraying – Pesticide/Herbicide	<input type="checkbox"/> / <input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>
Children and Youth Services	<input type="checkbox"/> / <input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>
Dams, Reservoir or Levee <b>(Complete Part G)</b>	<input type="checkbox"/> / <input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>
Day Care, Day Camps, Day Nurseries	<input type="checkbox"/> / <input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>
Electric Utility <b>(Request Supplemental Application – Part L)</b>	<input type="checkbox"/> / <input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>
Emergency Medical Services	<input type="checkbox"/> / <input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>
Exhibit Hall or Meeting Area	<input type="checkbox"/> / <input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>
Fire Department	<input type="checkbox"/> / <input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>
Fireworks Exhibits	<input type="checkbox"/> / <input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>
Garbage or Refuse Collection	<input type="checkbox"/> / <input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>
Gas Utility <b>(Request Supplemental Application – Part K)</b>	<input type="checkbox"/> / <input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>
Golf Course	<input type="checkbox"/> / <input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>
Halfway Houses, Shelters, Group Homes	<input type="checkbox"/> / <input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>
Health Clinics	<input type="checkbox"/> / <input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>
Hospitals	<input type="checkbox"/> / <input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>
Ice or Roller Rinks	<input type="checkbox"/> / <input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>
Industrial Buildings for Redevelopment	<input type="checkbox"/> / <input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>
Irrigation Ditches – Existence Hazard	<input type="checkbox"/> / <input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>
Jails or Correctional Facilities	<input type="checkbox"/> / <input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>
Lake or Reservoir	<input type="checkbox"/> / <input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>
Landfills/Dumps/Refuse Sites/Incinerators	<input type="checkbox"/> / <input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>
Law Enforcement Activities	<input type="checkbox"/> / <input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>
Liquor Sales	<input type="checkbox"/> / <input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>
Nursing Homes	<input type="checkbox"/> / <input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>
Parks and Playgrounds	<input type="checkbox"/> / <input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>
Ports/Harbors/Terminal	<input type="checkbox"/> / <input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>
Public Health Department	<input type="checkbox"/> / <input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>
Public Housing Authority	<input type="checkbox"/> / <input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>
Rescue Squad	<input type="checkbox"/> / <input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>
Sewage Collection Lines	<input type="checkbox"/> / <input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>
Sewage Disposal Plant	<input type="checkbox"/> / <input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>
School	<input type="checkbox"/> / <input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>
Streets and Roads	<input type="checkbox"/> / <input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>
Swimming Areas, Pool or Beach	<input type="checkbox"/> / <input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>
Transit Operations	<input type="checkbox"/> / <input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>
Vacant Land	<input type="checkbox"/> / <input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>
Wastewater Operations	<input type="checkbox"/> / <input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>
Watercraft > 100 Horsepower	<input type="checkbox"/> / <input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>
Water Operations	<input type="checkbox"/> / <input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>
Zoo	<input type="checkbox"/> / <input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/>

**PART F – GENERAL LIABILITY SUPPLEMENTAL APPLICATION**

1. What deductible is requested? *Note: Underwriters may require higher or lower deductibles than requested*  
*If a deductible > \$25,000 or self-insured retention is requested, mark as "other" and specify amount*

\$1,000     \$2,500     \$5,000     \$10,000     \$15,000     \$25,000     Other:

2. How are deductibles to apply?     Loss Only     Loss and Loss Expense

3. General Liability is rated on operating budget – how is the budget provided to OneBeacon?  
 Attached to this application     Link to website located here:

4. What expenditures are associated with "green initiatives"?  
*"Green initiatives" are expenditures associated with efforts to implement environmental sustainability.*  
*Examples of eligible expenditures include community environmental sustainability education, recycling and composting programs, sustainability planning or similar operations undertaken to improve the physical environment.*

5. What is the payroll for water, sewer or irrigation operations? (Not required for city or county business)  
*Payroll includes remuneration paid to direct employees (except clerical office and executive officers), 100% of contract cost for leased employees, and 33% of total contract costs*

6. How many of each type of employee are to be included? **Required if Health Care Coverage is requested**

# _____	Social Service Providers	# _____	Paramedic
# _____	Jail Nurses	# _____	Emergency Medical Technician
# _____	Nurse	# _____	First Responder

**PART G – DAM, RESERVIOR OR LEVEE SUPPLEMENTAL APPLICATION**

*OneBeacon Government Risks will specifically request if required for renewal.*

**PART H – PUBLIC OFFICIALS LIABILITY SUPPLEMENTAL APPLICATION**

1. What deductible is requested? *Note: Underwriters may require higher or lower deductibles than requested*  
*If a deductible > \$25,000 or self-insured retention is requested, mark as "other" and specify amount*

<p><b>Coverage A – Wrongful Acts</b></p> <p><input type="checkbox"/> \$5,000 Loss and Loss Expense</p> <p><input type="checkbox"/> \$10,000 Loss and Loss Expense</p> <p><input type="checkbox"/> \$15,000 Loss and Loss Expense</p> <p><input type="checkbox"/> \$25,000 Loss and Loss Expense</p> <p><input type="checkbox"/> Other:</p>	<p><b>Coverage B – Employment Practices and</b></p> <p><b>Coverage C – Employee Benefits Administration</b></p> <p><input type="checkbox"/> \$5,000 Loss and Loss Expense</p> <p><input type="checkbox"/> \$10,000 Loss and Loss Expense</p> <p><input type="checkbox"/> \$15,000 Loss and Loss Expense</p> <p><input type="checkbox"/> \$25,000 Loss and Loss Expense</p> <p><input type="checkbox"/> Other:</p>
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

2. How many of the following does the entity have?

# \_\_\_\_\_ Board Members, Public Officials, Directors, or Officers?

# \_\_\_\_\_ Full-Time Paid Employees?                      # \_\_\_\_\_ Part-Time Paid Employees?

# \_\_\_\_\_ Temporary or Seasonal Workers?                      # \_\_\_\_\_ Volunteers? (do not include volunteer board members)

3. What is the estimated employee turnover rate each year?    % \_\_\_\_\_

4. How many *involuntary* employment terminations each year? # \_\_\_\_\_

5.  Y  N    Are any *involuntary* employment terminations planned for the upcoming year?

6. What are term lengths of the board members and management team?

7. Are there any outstanding disputes involving any of the following? Check if **Yes**:

Civil rights violations?

Refusal of public service?

Inadequacy of public service?

Wrongful takings or condemnation proceedings?

Approval of building plans or building specifications?

8. If **Yes** with regard to any outstanding disputes, *not yet a claim*, describe circumstances:

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**PART I – LAW ENFORCEMENT LIABILITY SUPPLEMENTAL APPLICATION**

1. What Law Enforcement Wrongful Acts Coverage deductible is requested?  
*Note: Underwriters may require higher or lower deductibles than requested*  
*If a deductible > \$25,000 or self-insured retention is requested, mark as "other" and specify amount*

<input type="checkbox"/> \$5,000 Loss and Loss Expense	<input type="checkbox"/> \$10,000 Loss and Loss Expense
<input type="checkbox"/> \$15,000 Loss and Loss Expense	<input type="checkbox"/> \$25,000 Loss and Loss Expense
<input type="checkbox"/> Other:	

2. How many of the following does the entity have?

# _____ Full-time officers, armed and with full arrest authority?	# _____ Part-time officers, armed and with full arrest authority?
# _____ Full- or part-time officers, unarmed and with limited authority?	# _____ Police dogs?
# _____ Full-time jailers?	# _____ Part-time jailers?
# _____ Administrative employees?	

3.  Y  N Is the law enforcement agency accredited by any professional organization or agency?  
 If **Yes**, what accreditation?

4. Are written policies established for the following?

<input type="checkbox"/> Use of deadly force	<input type="checkbox"/> Use of non-lethal force	<input type="checkbox"/> Vehicle "hot pursuit"	<input type="checkbox"/> Domestic violence
<input type="checkbox"/> Handling of intoxicated persons	<input type="checkbox"/> Outside employment (moonlighting)	<input type="checkbox"/> Armed while off duty	<input type="checkbox"/> Use of volunteers

5. What types of detention facilities are operated?

<input type="checkbox"/> Jail	<input type="checkbox"/> Holding Facility	<input type="checkbox"/> Juvenile Center	<input type="checkbox"/> Other:
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**PART J – EXCESS LIABILITY SUPPLEMENTAL APPLICATION**

*Minimum underlying limits required to schedule Employers' Liability are \$500,000 Each Accident/ \$500,000 Disease per Employee/ \$500,000 Disease Aggregate*

1. Coverage is to apply over what underlying coverage?
<input type="checkbox"/> General Liability
<input type="checkbox"/> Law Enforcement Liability
<input type="checkbox"/> Public Officials Errors and Omissions Liability
<input type="checkbox"/> Commercial Automobile Liability
<input type="checkbox"/> Employers Liability (if so, please provide carrier policy information below)
Carrier: _____
Term: _____
Policy #: _____
Limits: _____

2. Excess Limit Requested:
<input type="checkbox"/> \$1,000,000 / \$1,000,000 Aggregate
<input type="checkbox"/> \$2,000,000 / \$2,000,000 Aggregate
<input type="checkbox"/> \$3,000,000 / \$3,000,000 Aggregate
<input type="checkbox"/> \$4,000,000 / \$4,000,000 Aggregate
<input type="checkbox"/> \$5,000,000 / \$5,000,000 Aggregate
<input type="checkbox"/> \$6,000,000 / \$6,000,000 Aggregate
<input type="checkbox"/> \$7,000,000 / \$7,000,000 Aggregate
<input type="checkbox"/> \$8,000,000 / \$8,000,000 Aggregate
<input type="checkbox"/> \$9,000,000 / \$9,000,000 Aggregate
<input type="checkbox"/> \$10,000,000 / \$10,000,000 Aggregate

3. Excess limits may be tailored to account requirements subject to OneBeacon underwriting approval. <b>Renewal coverage will be issued as expiring unless otherwise requested.</b>	
Please select if excess limits are to apply above the following coverages:	
<input type="checkbox"/> Y <input type="checkbox"/> N	Above underlying Uninsured/Underinsured Motorist Limits?
<input type="checkbox"/> Y <input type="checkbox"/> N	Above underlying Pollution Coverage extensions?
<input type="checkbox"/> Y <input type="checkbox"/> N	Above underlying Failure to Supply coverage?
<input type="checkbox"/> Y <input type="checkbox"/> N	Above underlying Sexual Abuse coverage?

Legal Named Insured: \_\_\_\_\_

Proposed Effective Date: \_\_\_\_\_

**Arkansas Fraud Warning**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information on an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Colorado Fraud Warning**

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 Fraud Warning**

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 Fraud Warning**

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.

**Louisiana Fraud Warning**

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.

**Maine Fraud Warning**

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.

**Maryland Fraud Warning**

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.

**New Hampshire Statement of Residency**

To procure automobile insurance, I hereby attest that I am, and each named insured is, a resident of the State of New Hampshire. I understand that if I falsely claim for myself or any named insured to be a resident of the State of New Hampshire, I am subject to prosecution, imprisonment of up to one year, a fine of \$2,000 and the denial of coverage for any loss, not occurring in New Hampshire, under the automobile insurance policy for which I am applying. I also understand that this statement will be relied upon in connection with future renewals of the automobile insurance policy for which I am applying, and that it is my responsibility to inform my insurance company before my next renewal after I or any named insured ceases to be a New Hampshire resident and that I will be subject to the penalties listed above if I fail to do so.

**New Jersey Fraud Warning**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**New Mexico Fraud Warning**

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.

**New York Fraud Warning**

Automobile Insurance: Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the Department of Motor Vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed \$5,000 and the value of the subject motor vehicle or stated claim for each violation.

Other Types of Insurance: 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 \$5,000 and the stated value of the claim for each such violation.

**Ohio Fraud Warning**

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.

**Oklahoma Fraud Warning**

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.

**Pennsylvania Fraud Warning**

Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any materially false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and payment of a fine of up to \$15,000.

**Tennessee Fraud Warning**

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.

**Virginia Fraud Warning**

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. READ YOUR POLICY. THE POLICY OF INSURANCE FOR WHICH APPLICATION IS BEING MADE, IF ISSUED, MAY BE CANCELLED WITHOUT CAUSE AT THE OPTION OF THE INSURER AT ANY TIME IN THE FIRST 60 DAYS DURING WHICH IT IS IN EFFECT AND AT ANY TIME THEREAFTER FOR REASONS STATED IN THE POLICY.

Legal Named Insured: \_\_\_\_\_

Collin County

Proposed Effective Date: \_\_\_\_\_

Bid 2015-220

**RENEWAL CHECKLIST**

- COMPLETED ONEBEACON GOVERNMENT RISKS RENEWAL APPLICATION**
- SIGNATURES ON APPLICATIONS AND STATEMENT OF VALUES WHERE REQUIRED**
- COPY OF OR LINK TO APPLICANT'S MOST RECENT BUDGET PROVIDED**
- VERIFIED LOSS HISTORY, INCLUDING LARGE LOSS DETAILS**
- STATEMENT OF VALUES FOR PROPERTY AND EQUIPMENT**
- VEHICLE SCHEDULES INCLUDES VEHICLE USAGE AND COST NEW**

**I CERTIFY THE INFORMATION CONTAINED WITHIN THIS APPLICATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE.**

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<b>SIGNATURE OF PROPOSED INSURED</b>	<b>TITLE</b>	<b>DATE</b>
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<b>SIGNATURE OF AGENT OR BROKER</b>	<b>TITLE</b>	<b>DATE</b>
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- Ace American Insurance Company  
 Illinois Union Insurance Company  
 Westchester Surplus Lines Insurance Company

**Miscellaneous Facilities Renewal Liability Application**

**Instructions:**

The requested information is necessary before a renewal quotation can be obtained.

Type or print clearly.

Answer ALL questions completely, leaving no blanks. If any questions, or part thereof, do not apply, print "N/A" in the appropriate space. Any spaces left blank will be interpreted to not apply.

Provide any supporting information on a separate sheet and reference the applicable question number.

Use  for Yes or No answers and other selections.

This application must be completed, dated and signed by an authorized representative of the applicant. Underwriters will rely on all statements made in this application.

The information requested in this application is for underwriting purposes only and does not constitute notice to the Company under any Policy of a claim or potential claim. All such notices must be submitted to the Company pursuant to the terms of the Policy, if and when issued.

**Supporting information:**

Along with this completed and signed application, the applicant must also submit the following information:

1. Loss experience details:
  - a. Currently valued loss runs for years not written by ACE. A minimum of 5 years is required.
  - b. Incurred loss amounts: Breakdown of paid and outstanding loss amounts for indemnity and expenses.
  - c. Loss descriptions: For all losses with incurred loss amounts.
  - d. Scope of Coverage: Loss experience for all applicants and coverages to be considered under this application.
2. Financial statements if premium is over \$100,000 (audited, if available).

**SECTION A. – APPLICANT**

1. Legal name of the parent entity to be the first named insured exactly as it shall be shown on the policy.

First Named Insured	Street Address
Collin County Government	2300 Bloomdale Road, Suite 4117
City, State, Zip Code	County
McKinney, Texas 75071	Collin

1. Please indicate if there have been any changes in operations, management, ownership, exposures, locations, or services provided in the past 12 months.  Yes X No  
If Yes, describe: \_\_\_\_\_
2. Coverage Period Requested From: October 1, 2014 To: September 30, 2015
3. Date Renewal Quotation Desired: \_\_\_\_\_





- Ace American Insurance Company
- Illinois Union Insurance Company
- Westchester Surplus Lines Insurance Company

**Miscellaneous Facilities Renewal Liability Application**

**SECTION B. – EXPOSURES**

1. Provide census data for all exposures applicable to the applicants.

Service	Projections for Current or Expiring Year	Projections for Requested Coverage Period	Service	Projections for Current or Expiring Year	Projections for Requested Coverage Period
<input type="checkbox"/> Ambulatory Surgery Center (1)	Refer to Application Supplement	Refer to Application Supplement	<input type="checkbox"/> Hospice (in-patient services)	____ avg. occupied beds	____ avg. occupied beds
<input type="checkbox"/> Clinic	____ visits	____ visits	<input type="checkbox"/> Imaging Center-noninvasive procedures	\$ ____ receipts	\$ ____ receipts
X Community Health Center or Health Department	<u>24,138</u> visits	<u>19,000</u> visits	<input type="checkbox"/> Imaging Center-invasive procedures	\$ ____ receipts	\$ ____ receipts
<input type="checkbox"/> Dialysis	____ visits	____ visits	<input type="checkbox"/> Imaging Center-therapeutic radiology	\$ ____ receipts	\$ ____ receipts
<input type="checkbox"/> Durable Medical Goods (expendables such as bandages, hypodermic needles, etc.)	\$ ____ receipts	\$ ____ receipts	<input type="checkbox"/> Laboratory	\$ ____ receipts	\$ ____ receipts
<input type="checkbox"/> Durable Medical Goods (non-expendables – excluding diagnostic or treatment devices; includes beds, wheel chairs, etc.)	\$ ____ receipts	\$ ____ receipts	<input type="checkbox"/> Lithotripsy	____ visits	____ visits
<input type="checkbox"/> Durable Medical Goods (diagnostic or treatment devices; includes oxygen and medical gases, IV pumps, etc.)	\$ ____ receipts	\$ ____ receipts	<input type="checkbox"/> Mental Health Counseling	____ visits	____ visits
<input type="checkbox"/> Durable Medical Goods (life sustaining or critical monitoring equipment; includes dialysis or heart lung machines, apnea monitors, etc.)	\$ ____ receipts	\$ ____ receipts	<input type="checkbox"/> Optical Establishment	\$ ____ receipts	\$ ____ receipts
X Employee Health Center	<u>3085</u> visits	<u>3100</u> visits	<input type="checkbox"/> Pharmacy	\$ ____ receipts	\$ ____ receipts
<input type="checkbox"/> Health & Wellness Center	____ visits	____ visits	<input type="checkbox"/> Rehabilitation (physical, occupational, cardiac, trauma, etc.)	____ visits	____ visits
<input type="checkbox"/> Home Health (infusion therapy)	____ visits; or ____ hours	____ visits; or ____ hours	<input type="checkbox"/> School (1)	Refer to Application Supplement	Refer to Application Supplement
<input type="checkbox"/> Home Health (professional care)	____ visits; or ____ hours	____ visits; or ____ hours	<input type="checkbox"/> Sleep Center	____ visits	____ visits
<input type="checkbox"/> Home Health (homemaker/personal care/companion)	____ visits; or ____ hours	____ visits; or ____ hours	<input type="checkbox"/> Staffing Agency	Refer to Section C.	Refer to Section C.
<input type="checkbox"/> Hospice (professional)	____ visits;	____ visits;	X Substance Abuse	<u>1,195</u> visits	<u>1,200</u> visits



- Ace American Insurance Company
- Illinois Union Insurance Company
- Westchester Surplus Lines Insurance Company

**Miscellaneous Facilities Renewal Liability Application**

care)	or ____ hours	Or ____ hours	(Including counseling & rehab.)		
<input type="checkbox"/> Hospice (homemaker/personal care/companion)	____ visits; or ____ hours	____ visits; or ____ hours	<input type="checkbox"/> Weight Loss Center	____ visits	____ visits
<input type="checkbox"/> Student Health Centers	____ visits	____ visits	X Other – Describe: <u>WIC</u>	<u>11,212</u> visits	<u>11,772</u> visits

(1) A separate ACE Application Supplement is required if the applicant provides this service.

**SECTION C. PROFESSIONAL EMPLOYEES AND STAFF**

1. Provide the following for Employed or Contracted Medical Directors.

Not Applicable

Name	Specialty	Employed	Contracted	Number of Hours Worked Per Week for the Applicant	Number of Years of Experience as Medical Director
			<input type="checkbox"/>	40 hours per week	____ years
			<input type="checkbox"/>	40 hours per week	____ years
			<input type="checkbox"/>	40 hours per week	____ years

2. Provide the following for Employed or Contracted Physicians.

Not Applicable

Name	Specialty	Employed	Contracted (2)	Number of Hours Worked Per Week for the Applicant	Does Physician carry own Professional Liability insurance? If Yes, indicate limits.
<u>Michael Langfus</u>	____	X	<input type="checkbox"/>	40 hours per week	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, limits: \$ ____ / \$ ____
<u>Luan Pho</u>	____	<input type="checkbox"/>	X	____ hours per week	X Yes <input type="checkbox"/> No If Yes, limits: \$200,000 / \$600,000
<u>Dr. Muriel Marshall</u>	<u>Physician</u>	X	<input type="checkbox"/>	40 hours per week	X Yes <input type="checkbox"/> No If Yes, limits: \$1,000,000 / \$3,000,000
<u>Dr. Jawaid Asghar</u>	<u>Epidemiologist</u>	X	<input type="checkbox"/>	40 hours per week	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, limits: \$ ____ / \$ ____

(2) These independent contractors will not be Insureds and will not have coverage under the policy for which the applicants are applying. Such independent contractors should obtain their own insurance.



- Ace American Insurance Company
- Illinois Union Insurance Company
- Westchester Surplus Lines Insurance Company

**Miscellaneous Facilities Renewal Liability Application**

3. Provide the following for Professional Employees/Independent Contractors.

Professional Classification	Number of Employees		Number of Contractors (3)		Number of Volunteers	
	FTEs (4)	Hours (annual)	FTEs (4)	Hours (annual)	FTEs (4)	Hours (annual)
Aides/Assistants Indicate type:		---	---	---	---	---
Companion/Personal Care Asst/ Homemaker	---	---	---	---	---	---
Dentist	---	---	---	---	---	---
Dialysis Technician	---	---	---	---	---	---
Dietician/Nutritionist	5	2080	---	---	---	---
Mental Health Counselor	---	---	---	---	---	---
Nurse Practitioner	1	2080	---	---	---	---
Nurse/R.N./L.P.N.	12	2080	---	---	---	---
Occupational Therapist	---	---	---	---	---	---
Pastoral Counselor	---	---	---	---	---	---
Pharmacist	---	---	---	---	---	---
Physical Therapist	---	---	---	---	---	---
Physician Assistant	1	2080	---	---	---	---
Psychologist	---	---	---	---	---	---
Radiological Technologist	---	---	---	---	---	---
Rehabilitation Counselor/ Therapist	---	---	---	---	---	---
Respiratory Therapist	---	---	---	---	---	---
Social Worker	---	---	---	---	---	---
Speech Therapist	---	---	---	---	---	---
Technicians	3	2080	---	---	---	---
Other (specify) <u>Counselor</u> (Substance Abuse)	1	2080	---	---	---	---
Other (specify) <u>Administrative</u> Healthcare Director	1	2080	---	---	---	---
<b>GRAND TOTAL:</b>	<b>24</b>	<b>2080</b>				

(3) These independent contractors will not be Insureds and will not have coverage under the policy for which the applicants are applying. Such independent contractors should obtain their own insurance.

(4) FTE means Full Time Equivalents. 1 Full Time Equivalent = 2,000 annual hours.

4. Provide total number of employees: 56

5. Provide historical and prospective annual gross revenue as follows:

	Projections for Current or Expiring Year	Projections for Requested Coverage Period
Gross Revenue:	\$268,920	\$185,830

**SECTION D. – FRAUD WARNING, DECLARATION & CERTIFICATION, AND SIGNATURE**

**NOTICE TO ARKANSAS APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment for 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.



- Ace American Insurance Company  
 Illinois Union Insurance Company  
 Westchester Surplus Lines Insurance Company

**Miscellaneous Facilities Renewal  
 Liability Application**

**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 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.

**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 insurer files a statement of claim or an application (or any supplemental application, questionnaire or similar document) 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 purposes 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 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 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 the 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.



- Ace American Insurance Company  
 Illinois Union Insurance Company  
 Westchester Surplus Lines Insurance Company

**Miscellaneous Facilities Renewal  
 Liability Application**

**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 OREGON APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or another person, files an application for insurance or statement of claim containing any materially false information, or conceals information for the purpose of misleading, commits a fraudulent insurance act, which may be a crime and may subject such person to criminal and civil penalties.

**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 RHODE ISLAND 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 TENNESSEE & VIRGINIA AND WASHINGTON 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 WEST VIRGINIA APPLICANTS:** Any person who knowingly presents a false or fraudulent claims 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 ALL OTHER APPLICANTS:**

**ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON, FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS INFORMATION FOR THE PURPOSE OF MISLEADING, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.**

**DECLARATION AND CERTIFICATION**

**BY SIGNING THIS APPLICATION, THE APPLICANT WARRANTS TO THE COMPANY THAT ALL STATEMENTS MADE IN THIS APPLICATION AND ANY SUPPLEMENTS ATTACHED HERETO ABOUT THE APPLICANT AND ITS OPERATIONS ARE TRUE AND COMPLETE, AND THAT NO MATERIAL FACTS HAVE BEEN MISSTATED OR MISREPRESENTED IN THIS APPLICATION OR HAVE BEEN SUPPRESSED OR CONCEALED.**

**THE APPLICANT AGREES THAT IF AFTER THE DATE OF THIS APPLICATION, ANY INCIDENT, OCCURRENCE, EVENT OR OTHER CIRCUMSTANCE SHOULD RENDER ANY OF THE INFORMATION CONTAINED IN THIS APPLICATION OR ANY OTHER DOCUMENTS SUBMITTED IN CONNECTION WITH THE UNDERWRITING OF THIS APPLICATION INACCURATE OR INCOMPLETE, THEN THE APPLICANT SHALL NOTIFY THE COMPANY OF SUCH INCIDENT, OCCURRENCE, EVENT OR CIRCUMSTANCE AND SHALL PROVIDE THE COMPANY WITH INFORMATION THAT WOULD COMPLETE, UPDATE OR CORRECT SUCH INFORMATION. ANY OUTSTANDING QUOTATIONS OR BINDERS MAY BE MODIFIED OR WITHDRAWN AT THE SOLE DISCRETION OF THE COMPANY.**



- Ace American Insurance Company
- Illinois Union Insurance Company
- Westchester Surplus Lines Insurance Company

**Miscellaneous Facilities Renewal  
Liability Application**

**COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. THE APPLICANT'S ACCEPTANCE OF THE COMPANY'S QUOTATION IS REQUIRED BEFORE THE APPLICANT MY BE BOUND AND A POLICY ISSUED. THE APPLICANT AGREES THAT THIS APPICATION, IF THE INSURANCE COVERAGE APPLIED FOR IS WRITTEN, SHALL BE THE BASIS OF THE CONTRACT WITH THE INSURANCE COMPANY, AND BE DEEMED TO BE A PART OF THE POLICY TO BE ISSUED AS IF PHYSICALLY ATTACHED THERETO. THE APPLICANT HEREBY AUTHORIZES THE RELEASE OF CLAIMS INFORMATION FROM ANY PRIOR INSURERS TO THE COMPANY.**

**THE APPLICANT AGREES TO COOPERATE WITH THE COMPANY IN IMPLEMENTING AN ONGOING PROGRAM OF LOSS-CONTROL AND WILL ALLOW THE COMPANY TO REVIEW AND MONITOR SUCH PROGRAMS THAT THE APPLICANT UNDERTAKES IN MANAGING ITS MEDICAL PROFESSIONAL EXPOSURES.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Broker/Agent

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signed by Licensed Resident Agent  
(Where Required By Law)

<b>Status</b>	<b>Dept</b>	<b>Class</b>	<b>Unit No.</b>	<b>Description</b>	<b>VIN</b>	<b>Purchase Cost</b>	<b>Insured by</b>
A	Animal Services	DC	55039	2010 FORD 3/4 T PICKUP	1FTNF2A54AEB36890	\$22,829.00	County
A	Animal Services	DC	55094	2011 FORD 3/4 T PICKUP	1FTBF2A69BEC16568	\$24,470.00	County
A	Animal Services	DC	55095	2011 FORD 3/4 T PICKUP	1FTBF2A67BEC16567	\$24,470.00	County
A	Animal Shelter	BB	31696	1998 3/4 T CHEV PASS VAN	1GAGG25F9X1033921	\$27,613.00	County
A	Animal Shelter	DC	37915	2003 FORD 3/4 T PICKUP	1FTNX20F03EA65021	\$24,742.50	County
A	Animal Shelter	AF	43453	2004 FORD EXPEDITION	1FMPU16L94LB46214	\$26,374.00	County
A	Animal Shelter	ES	55186	2013 CM LIVESTOCK TRAILER	49TSB1626D1008755	\$7,920.00	County
A	Facilities	EF	19948	1991 SHOPMADE TRAILER	19948	\$1,490.00	County
A	Facilities	EF	22463	1996 12' SHOPMADE TRAILER	4MSLD1229TTX02045	\$800.00	County
A	Facilities	EF	22564	1993 HENARD 18' TRAILER	1950510	\$2,305.00	County
A	Facilities	EO	2328	1973 CARGO TRAILER	2328	\$0.00	County
A	Facilities	DC	30405	1997 FORD 3/4 T PICKUP	3FEHF25F6VMA34367	\$23,859.25	County
A	Facilities	DC	30407	1997 FORD 3/4 T PICKUP	3FEHF25F8VMA34368	\$23,569.50	County
A	Facilities	EC	34158	1989 J-ROD 24' TRAILER	1JG229203K1965059	\$3,300.00	County
A	Facilities	EF	34262	1999 WELDER TRAILER	4PTU50812YM012539	\$490.00	County
A	Facilities	DC	34351	2000 FORD 3/4 T PICKUP	1FTNX20FOYMA51301	\$26,430.99	County
A	Facilities	BE	34356	2000 FORD 3/4 T CARGO VAN	1FTNS24L1YHB24047	\$21,392.64	County
A	Facilities	DC	34397	2000 FORD 3/4 T PICKUP	3FDNF20F4YMA51302	\$28,733.80	County
A	Facilities	DC	34398	2000 FORD 3/4 T PICKUP	3FDNF20F6YMA51303	\$28,733.81	County
A	Facilities	DC	34399	2000 FORD 3/4 T PICKUP	3FDNF20F8YMA51304	\$28,733.81	County
A	Facilities	DE	36061	2001 FORD BOXBED TRUCK	1FDXE45F71HA89729	\$33,187.64	County
A	Facilities	EF	36137	2000 20' SHOPMADE TRAILER	4PTU6202X1M013344	\$3,070.00	County
A	Facilities	EF	37240	2001 SHOPMADE TRAILER	4PTU508122M014010	\$1,380.00	County
A	Facilities	DD	37916	2002 FORD 1T PICKUP	1FDSW30F12ED12696	\$30,493.00	County
A	Facilities	DC	37917	2002 FORD 3/4 T PICKUP	1FDNF20F42ED12697	\$26,819.00	County
A	Facilities	DC	37918	2002 FORD 3/4 T PICKUP	1FDNF20F62ED12698	\$27,119.00	County
A	Facilities	DB	38653	2003 FORD 1/2 T PICKUP BI	2FTPF17Z73CA37423	\$23,089.00	County
A	Facilities	DC	38782	2003 FORD 3/4 T FLATBED	1FDNF20P73EC13494	\$28,375.00	County
A	Facilities	ER	38871	2002 LANDSCAPER TRAILER	1R9U1902331116001	\$6,981.25	County
A	Facilities	EO	42899	2004 PACE 20' TRAILER	47ZAB20274X032232	\$8,226.85	County
A	Facilities	BE	42901	2004 FORD EXT CARGO VAN	1FTNS24L84HA98217	\$18,072.00	County
A	Facilities	DC	42902	2004 FORD 3/4 T PICKUP	1FDNF20P54EC87353	\$24,727.00	County
A	Facilities	EO	42905	2004 PACE CARGO TRAILER	47ZAB16274X032233	\$6,560.18	County
A	Facilities	AA	47245	2006 FORD CV SEDAN	2FAHP71W06X142570	\$22,830.00	County
A	Facilities	DC	48040	2008 FORD 3/4 T PICKUP	1FDNF20508EB25358	\$25,072.00	County
A	Facilities	DC	48041	2008 FORD 3/4 T PICKUP	1FDNF20598EB25357	\$24,772.00	County
A	Facilities	DC	48042	2008 FORD 3/4 T PICKUP	1FDNF20528EB25359	\$24,772.00	County
A	Facilities	DC	48043	2008 FORD 3/4 T PICKUP	1FDNF20598EB25360	\$24,772.00	County

A	Facilities	DB	48197	2007 FORD 1/2T PICKUP FFV	1FTPX12V77KD07110	\$19,349.00	County
A	Facilities	DC	48379	2008 FORD 3/4 T PICKUP	1FDNF20528ED99421	\$24,890.00	County
A	Facilities	DC	48380	2008 FORD 3/4 T PICKUP	1FDNF20508ED99420	\$24,890.00	County
A	Facilities	DN	48820	2008 FORD 1 T FLATBED TRK	1FDWW36R98ED99419	\$35,520.00	County
A	Facilities	DB	51940	2008 FORD 1/2T PICKUP FFV	1FTPX12V48FB63378	\$19,320.00	County
A	Facilities	BE	53529	2009 FORD CARGO VAN	1FTNE24L79DA40329	\$23,750.00	County
A	Facilities	BE	53530	2009 FORD CARGO VAN	1FTNE24L59DA40328	\$23,750.00	County
A	Facilities	DC	55037	2010 FORD 3/4 T PICKUP	1FDNF2A53AEB36889	\$27,350.00	County
A	Facilities	DC	55107	2011 FORD 3/4 T PICKUP	1FTBF2A60BEC78313	\$20,869.00	County
A	Facilities	DC	55155	2012 FORD 3/4 T PICKUP	1FT7X2AT0CEC31552	\$31,272.25	County
A	Facilities	DC	55156	2012 FORD 3/4 T PICKUP	1FDBF2AT8CEC31730	\$36,584.25	County
A	Facilities	BE	55224	2014 FORD 3/4T CARGO VAN	1FTNS2EL6DDB11407	\$29,243.00	County
A	Facilities	BE	55225	2014 FORD 3/4T CARGO VAN	1FTNS2EL8DDB11408	\$28,089.00	County
A	Homeland	EO	40484	2003 WELLS CARGO TRAILER	1WC200J2342050519	\$12,216.95	County
A	Homeland	DM	47180	2006 FREIGHTLINER MICP	1FVHCYDC95HU50238	\$222,000.00	County
A	Homeland	DF	48832	2009 FORD 2 T ECV	1FDXE45SX9DA12742	\$133,302.00	County
A	Homeland	EO	48834	2008 WELLS CARGO MMU	1WC200R2X92063926	\$0.00	County
A	Homeland	EO	48835	2008 WELLS CARGO MMU	1WC200R2192063927	\$0.00	County
A	Homeland	MB	48836	2008 MQ GENERATOR TRAILER	5SLBG14228L003444	\$31,985.00	County
A	Homeland	MB	48837	2008 MQ GENERATOR TRAILER	5SLBG14268L003446	\$31,985.00	County
A	Homeland	MB	55002	2008 MQ GENERATOR TRAILER	5SLBG12209L004404	\$0.00	County
A	Homeland	EO	55003	2008 WELLS CARGO MMU	4J6GC3424913112305	\$0.00	County
A	Sheriff/Child Adv	AA	53516	2009 FORD CV SEDAN	2FAHP71V69X126658	\$27,050.00	County
A	Sheriff/Child Adv	AA	53517	2009 FORD CV SEDAN	2FAHP71V89X126659	\$27,050.00	County
A	Sheriff/Corrections	EF	21250	1992 SHOPMADE TRAILER	T21250	\$1,443.00	County
A	Sheriff/Corrections	EF	21959	1993 SHOPMADE TRAILER	TR175130	\$625.00	County
A	Sheriff/Corrections	EF	29265	1996 18' UTILITY TRAILER	4MSLD1825TTX03278	\$1,190.00	County
A	Sheriff/Corrections	EF	32428	1999 SHOPMADE TRAILER	4PTU62024XM011968	\$2,310.00	County
A	Sheriff/Corrections	UA	43569	2004 KAWASAKI MULE	JK1AFCE124B532621	\$7,999.50	County
A	Sheriff/Corrections	UA	43570	2004 KAWASAKI MULE	JK1AFCE184B531635	\$7,999.50	County
A	Sheriff/Corrections	EF	43624	2004 UTILITY TRAILER	16VPX1027S2H49723	\$3,126.13	County
A	Sheriff/Corrections	EO	43647	2004 WELLS CARGO TRAILER	1WC200G2752053559	\$8,200.00	County
A	Sheriff/Corrections	EF	53539	2008 UTILITY TRAILER	1P9BU22248M460036	\$5,550.00	County
A	Sheriff/Corrections	BB	55036	2010 FORD 12-PASS VAN	1FBNE3BLXADA45087	\$25,394.00	County
A	Sheriff/Corrections	LF	55099	2011 MORBARK CHIPPER (TRAILER)	4S8SZ1612BW071294	\$34,116.60	County
A	Sheriff/Corrections	BB	55226	2013 FORD 12-PASS VAN	1FBNE3BL7DDB14712	\$25,587.25	County
A	Sheriff/Corrections	BB	55227	2013 FORD 15-PASS VAN	1FBSS3BL2DDB17819	\$26,907.25	County
A	Sheriff/City of Lucas	AA	53518	2009 FORD CV SEDAN-LUCAS	2FAHP71V59X126649	\$27,228.00	County
A	Sheriff/City of Lucas	AH	55255	2014 FORD POLICE UTILITY	1FM5K8AR5EGB68979	\$30,260.25	County



A	Sheriff/COPS prog	AA	53508	2009 FORD CV SEDAN C O P	2FAHP71V39X126651	\$27,050.00	County
A	Sheriff/COPS prog	AA	55018	2010 FORD CV SEDAN C O P	2FABP7BV4AX118423	\$27,332.00	County
A	CSCD/Admin	AA	36950	2002 FORD CV SEDAN	2FAFP71W92X138096	\$20,327.50	County
A	CSCD/Admin	AA	47238	2006 FORD CV SEDAN	2FAHP71W66X142573	\$22,830.00	County
A	CSCD/Admin	AI	48830	2008 TOYOTA 4-DR SEDAN	JTDKB20UX87790279	\$23,042.00	County
A	CSCD/Admin	AI	48831	2008 TOYOTA 4-DR SEDAN	JTDKB20U183426789	\$22,967.00	County
A	CSCD/Admin	AE	55133	1999 MERCURY MOUNTAINEER	4M2ZU52EXXUJ06664	\$0.00	County
A	CSCD/Admin	AA	55188	2013 FORD TAURUS SEDAN	1FAHP2D87DG188819	\$22,159.00	County
A	CSCD/Admin	AA	55189	2013 FORD TAURUS SEDAN	1FAHP2D85DG188818	\$22,559.00	County
A	CSCC/Corrections	AA	36439	2002 FORD CV SEDAN	2FAFP71W52X103779	\$19,724.11	County
A	DA	AA	38706	2003 FORD CV SEDAN	2FAHP71W53X174829	\$21,102.00	County
A	DA	AA	48013	2008 FORD CV SEDAN	2FAHP71V98X127530	\$24,706.00	County
A	DA	AA	55083	2011 FORD CV SEDAN	2FABP7BV9BX139561	\$27,630.00	County
A	Sheriff/Undercover Ops	BC	22224	1994 DODGE 1-T PASS VAN	2B7KB31Z6RK573188	\$13,179.00	County
A	Sheriff/Undercover Ops	AE	43996	2001 CHEVROLET TAHOE	1GNEC13T31R156949	\$0.00	County
A	Sheriff/Undercover Ops	DB	55190	2010 TOYOTA TACOMA PICKUP	3TMJU4GN3AM094293	\$0.00	County
A	IT	BG	34174	2000 FORD 7-PASSENGER VAN	2FMZA5142YBB30614	\$22,268.69	County
A	Development Services	AE	48378	2008 FORD ESCAPE SUV 2WD	2FMCU49HX8KE54611	\$24,949.00	County
A	Development Services	DB	51938	2008 FORD 1/2T PICKUP FFV	1FTPX12V28FB53917	\$19,355.00	County
A	Development Services	AE	55134	2012 FORD ESCAPE SUV 2WD	1FMCU4K31CKA17832	\$29,949.00	County
A	Development Services	DB	55154	2012 FORD 1/2T PICKUP FFV	1FTEX1CMXCKD98316	\$22,344.25	County
A	Development Services	DB	55291	2014 FORD 1/2 T PICKUP	1FTEX1CM5EKD76615	\$22,507.42	County
A	Elections	BF	27862	1995 CHEV 1-TON CARGO VAN	1GCGG39KXSF184346	\$16,378.34	County
A	Equipment Services	EF	15072	1988 HENSLEY 16' TRAILER	TR164642	\$890.00	County
A	Equipment Services	EN	35944	2001 TRAIL-EZE TRAILER	1DA12RK511P015630	\$12,781.00	County
A	Equipment Services	EO	38872	2002 ROAD FORCE TRAILER	1W4200F2832048672	\$5,539.00	County
A	Equipment Services	DE	42148	2004 GMC 1.5 TRUCK	1GDE4C1284F513572	\$39,903.00	County
A	Equipment Services	DF	43821	2006 FORD 2 T TRUCK	1FDAF56P06EA19109	\$43,821.00	County
A	Equipment Services	DF	47300	2006 FORD 2 T TRUCK	1FDAF56P66ED19737	\$47,292.00	County
A	Fire Marshal	EO	47001	2005 WELLS CARGO TRAILER	1WC200E2X62055567	\$6,477.00	County
A	Fire Marshal	AF	47231	2006 FORD EXPEDITION 4WD	1FMPU16596LA60860	\$28,085.00	County
A	Fire Marshal	DB	51961	2009 FORD 1/2T PICKUP FFV	1FTPW14V79FB03533	\$28,022.00	County
A	Fire Marshal	DB	51962	2009 FORD 1/2T PICKUP FFV	1FTPW14V59FB03532	\$28,022.00	County
A	Fire Marshal	DB	55180	2013 FORD 1/2T PICKUP	1FTFW1EF8DKE29506	\$30,545.25	County
A	Health Care	BG	35194	2001 FORD 7-PASSENGER VAN	2FMZA51461BB13966	\$22,584.17	County
A	Health Care	AA	43640	2005 FORD CV SEDAN	2FAHP71W95X135308	\$21,200.00	County
A	Health Care	AA	55030	2010 FORD CV SEDAN	2FABP7BV3AX118428	\$27,187.00	County
A	Sheriff/Jail	BC	34355	2000 FORD 1 T PASS VAN	1FBNE31F4YHB35611	\$25,699.47	County
A	Sheriff/Jail	AA	36956	2002 FORD CV SEDAN	1FAFP71W02X138102	\$20,737.50	County

A	Sheriff/Jail	AA	36969	2002 FORD CV SEDAN	2FAFP71W92X138115	\$20,540.50	County
A	Sheriff/Jail	AF	39951	2003 FORD SUV EXPLORER	1FMZU73K23ZA96257	\$26,676.00	County
A	Sheriff/Jail	BC	51946	2008 FORD 12-PASS VAN	1FBNE31L88DB53705	\$25,246.00	County
A	Sheriff/Jail	AA	53509	2009 FORD CV SEDAN	2FAHP71V99X126654	\$27,050.00	County
A	Sheriff/Jail	AA	53538	2009 FORD CV SEDAN	2FAHP71V19X126650	\$27,050.00	County
A	Sheriff/Jail	AA	55024	2010 FORD CV SEDAN	2FABP7BV0AX118421	\$26,932.00	County
A	Sheriff/Jail	AA	55027	2010 FORD CV SEDAN	2FABP7BV9AX118420	\$26,932.00	County
A	Juvenile Probation	AA	32500	2000 FORD CV SEDAN	2FAFP71W6YX113908	\$20,976.00	County
A	Juvenile Probation	AA	34921	2000 FORD CV SEDAN	2FAFP71W7YX176709	\$21,443.84	County
A	Juvenile Probation	BC	34989	2000 FORD 1-T PASS VAN	1FBSS31L5YHB83720	\$22,815.30	County
A	Juvenile Probation	AA	36215	2001 FORD CV SEDAN	2FAFP71W51X177458	\$20,954.00	County
A	Juvenile Probation	DC	42906	2004 FORD 3/4 T BOX TRUCK	1FDNF20L54EC87348	\$22,000.00	County
A	Juvenile Probation	DC	47301	2006 FORD 3/4 T BOX TRUCK	1FTNF20576ED27616	\$17,392.00	County
A	Juvenile Probation	AA	51943	2008 FORD CV SEDAN	2FAHP71VX8X178082	\$22,428.00	County
A	Juvenile Probation	AA	53519	2009 FORD CV SEDAN	2FAHP71V39X126634	\$23,853.00	County
A	Juvenile Probation	BC	53531	2009 FORD 12-PASS VAN	1FBNE31L79DA40331	\$25,076.00	County
A	Juvenile Probation	AA	55136	2011 FORD CV SEDAN	2FABP7BV8BX181882	\$23,199.45	County
A	Juvenile Probation	AA	55266	2014 FORD PI SEDAN	1FAHP2L83EG168280	\$22,934.00	County
A	Juvenile Probation	AA	55267	2014 FORD PI SEDAN	1FAHP2L85EG168281	\$22,934.00	County
A	Medical Examiner	AE	51972	2010 FORD ESCAPE SUV 2WD	1FMCU4K30AKA07824	\$29,914.00	County
A	Medical Examiner	AA	55082	2011 FORD CV SEDAN	2FABP7BV1BX139554	\$27,630.00	County
A	Motor Pool	BG	35195	2001 FORD 7-PASSENGER VAN	2FMZA51421BB13964	\$22,584.17	County
A	Motor Pool	BG	37865	2002 FORD 7-PASSENGER VAN	2FMZA51452BB58589	\$22,941.28	County
A	Motor Pool	DB	37987	2003 FORD 1/2 T PICKUP BI	2FTPX17Z33CA02830	\$22,510.00	County
A	Motor Pool	DB	38382	2003 FORD 1/2 T PICKUP BI	2FTPF17Z33CA64361	\$22,941.00	County
A	Motor Pool	DC	38723	2003 FORD 3/4 T PICKUP	1FTNF20P43EC13487	\$24,347.00	County
A	Motor Pool	AI	42149	2004 TOYOTA 4-DR SEDAN	JTDKB22U640021729	\$20,747.00	County
A	Motor Pool	AE	43660	2005 FORD ESCAPE SUV 2WD	1FMYU95H45KD16616	\$24,259.00	County
A	Motor Pool	DB	43981	2006 FORD 1/2 T PICKUP	1FTRX12W16NA01468	\$16,494.00	County
A	Motor Pool	DB	47172	2006 FORD 1/2T PICKUP FFV	1FTPX12V86KC29452	\$18,172.00	County
A	Motor Pool	BG	47801	2007 CHEV PASS VAN FFV	1GNDV23W97D165781	\$19,347.00	County
A	Motor Pool	AA	48016	2008 FORD CV SEDAN	2FAHP71V38X128950	\$24,706.00	County
A	Motor Pool	AA	48020	2008 FORD CV SEDAN	2FAHP71V98X125986	\$24,706.00	County
A	Motor Pool	AA	48024	2007 FORD CV SEDAN	2FAHP71WO7X163436	\$21,547.00	County
A	Motor Pool	AA	48240	2008 FORD CV SEDAN	2FAHP71V28X133251	\$22,804.00	County
A	Motor Pool	AI	53528	2009 TOYOTA 4-DR SEDAN	JTDKB20U993478298	\$23,967.00	County
A	Motor Pool	AA	55020	2010 FORD CV SEDAN	2FABP7BV9AX118417	\$26,932.00	County
A	Motor Pool	AA	55080	2011 FORD CV SEDAN	2FABP7BV0BX139562	\$27,630.00	County
A	Mail Room	BD	55035	2010 FORD CARGO VAN	NM0LS6BN8AT032632	\$23,119.00	County

A	Mail Room	BD	55093	2011 FORD CARGO VAN	NMOLS6BN8BT059671	\$22,404.00	County
A	Constable 1	AA	41085	2004 FORD CV SEDAN	2FAHP71W64X139721	\$21,527.00	County
A	Constable 1	AA	48011	2007 FORD CV SEDAN	2FAHP71WX7X163427	\$21,299.00	County
A	Constable 1	AA	48025	2007 FORD CV SEDAN	2FAHP71W37X163429	\$21,547.00	County
A	Constable 1	AA	55041	2010 FORD CV SEDAN	2FABP7BV5AX119242	\$23,841.00	County
A	Constable 1	AA	55047	2010 FORD CV SEDAN	2FABP7BV3AX119241	\$23,441.00	County
A	Constable 1	AE	55106	2011 FORD ESCAPE SUV 2WD	1FMCU4K37BKC66831	\$30,560.00	County
A	Constable 1	AA	55262	2014 FORD TAURUS SEDAN	1FAHP2D81EG159611	\$18,529.00	County
A	Constable 1	AA	55263	2014 FORD TAURUS SEDAN	1FAHP2D87EG159614	\$18,529.00	County
A	Constable 2	AA	43641	2005 FORD CV SEDAN	2FAHP71W75X135310	\$21,200.00	County
A	Constable 2	AA	53523	2009 FORD CV SEDAN	2FAHP71VO9X126641	\$23,559.00	County
A	Constable 2	AA	53524	2009 FORD CV SEDAN	2FAHP71V99X126640	\$23,559.00	County
A	Constable 2	AA	55042	2010 FORD CV SEDAN	2FABP7BV7AX119243	\$23,441.00	County
A	Constable 2	AE	55228	2014 FORD ESCAPE SUV 2WD	1FMCU0F76EUA39502	\$21,733.25	County
A	Constable 2	AA	55258	2014 FORD TAURUS SEDAN	1FAHP2D83EG159612	\$18,529.00	County
A	Constable 3	AA	48006	2007 FORD CV SEDAN	2FAHP71W37X163432	\$21,547.00	County
A	Constable 3	AA	48007	2007 FORD CV SEDAN	2FAHP71W57X163433	\$21,547.00	County
A	Constable 3	AA	48022	2007 FORD CV SEDAN	2FAHP71W77X163434	\$21,547.00	County
A	Constable 3	AE	51973	2010 FORD ESCAPE SUV 2WD	1FMCU4K34AKA07826	\$29,914.00	County
A	Constable 3	AE	52623	2010 FORD ESCAPE SUV 2WD	1FMCU4K36AKA07827	\$29,914.00	County
A	Constable 3	AE	52624	2010 FORD ESCAPE SUV 2WD	1FMCU4K32AKA07825	\$29,914.00	County
A	Constable 3	AE	52625	2010 FORD ESCAPE SUV 2WD	1FMCU4K38AKA07828	\$29,914.00	County
A	Constable 3	AA	53520	2009 FORD CV SEDAN	2FAHP71V29X126639	\$23,559.00	County
A	Constable 3	AA	53521	2009 FORD CV SEDAN	2FAHP71V99X126637	\$23,559.00	County
A	Constable 3	AA	53522	2009 FORD CV SEDAN	2FAHP71V09X126638	\$23,559.00	County
A	Constable 3	AA	55259	2014 FORD TAURUS SEDAN	1FAHP2D85EG159613	\$18,529.00	County
A	Constable 3	AA	55260	2014 FORD TAURUS SEDAN	1FAHP2D8XEG159610	\$18,529.00	County
A	Constable 4	AA	43642	2005 FORD CV SEDAN	2FAHP71W85X135168	\$21,364.00	County
A	Constable 4	AA	48023	2007 FORD CV SEDAN	2FAHP71W97X163435	\$21,547.00	County
A	Constable 4	AA	48375	2008 FORD CV SEDAN	2FAHP71V18X155709	\$24,019.00	County
A	Constable 4	AA	53525	2009 FORD CV SEDAN	2FAHP71V69X126644	\$25,269.00	County
A	Constable 4	AA	53527	2009 FORD CV SEDAN	2FAHP71V49X126643	\$24,519.00	County
A	Constable 4	AA	55040	2010 FORD CV SEDAN	2FABP7BV1AX119240	\$24,641.00	County
A	Constable 4	AA	55261	2014 FORD TAURUS SEDAN	1FAHP2D89EG159615	\$18,529.00	County
A	Pub Wrks/R&B Maint	EF	11057	1986 BELTON TRAILER	11057	\$4,352.00	County
A	Pub Wrks/R&B Maint	EF	11065	1979 WELDER TRAILER	TR164619	\$250.00	County
A	Pub Wrks/R&B Maint	EF	11066	1979 WELDER TRAILER	TR164620	\$250.00	County
A	Pub Wrks/R&B Maint	EF	16250	1989 SHOPMADE TRAILER	FECC642E120893994	\$2,350.00	County
A	Pub Wrks/R&B Maint	EF	16251	1989 SHOPMADE TRAILER	FECC642E124893993	\$1,750.00	County

A	Pub Wrks/R&B Maint	EF	27721	1994 CHALLENGER TRAILER	1JBC0712000000317	\$1,584.00	County
A	Pub Wrks/R&B Maint	DM	32122	1999 IHC DUMP TRUCK	1HTGGADR4YH221013	\$60,070.00	County
A	Pub Wrks/R&B Maint	DC	34339	2000 FORD 3/4 T PICKUP	3FTNX20F2YMA51297	\$26,067.61	County
A	Pub Wrks/R&B Maint	DC	34352	2000 FORD 3/4 T PICKUP	3FTNX20F9YMA51300	\$26,430.99	County
A	Pub Wrks/R&B Maint	DC	35199	2001 FORD 3/4 T PICKUP	1FTNX20F21EC32721	\$26,548.79	County
A	Pub Wrks/R&B Maint	DC	37914	2003 FORD 3/4 T PICKUP	1FTNX20F23EA65022	\$24,117.50	County
A	Pub Wrks/R&B Maint	DB	37986	2003 FORD 1/2 T PICKUP BI	2FTPX17Z53CA02831	\$22,510.00	County
A	Pub Wrks/R&B Maint	DB	38556	2003 FORD 1/2 T PICKUP BI	2FTPF17Z83CA21005	\$22,731.00	County
A	Pub Wrks/R&B Maint	DB	38651	2003 FORD 1/2 T PICKUP BI	2FTPF17Z33CA37421	\$22,641.00	County
A	Pub Wrks/R&B Maint	DB	38652	2003 FORD 1/2 T PICKUP BI	2FTPF17Z53CA37422	\$22,641.00	County
A	Pub Wrks/R&B Maint	DN	38724	2003 FORD 1 T FLATBED	1FDWW36PX3EC13488	\$32,876.00	County
A	Pub Wrks/R&B Maint	EF	40307	2003 SHOPMADE TRAILER	1P9BU20212M460036	\$2,692.00	County
A	Pub Wrks/R&B Maint	DM	42086	2004 IHC DUMP TRUCK	1HTWNADRX4J020558	\$61,534.00	County
A	Pub Wrks/R&B Maint	DM	42088	2004 FREIGHTLINER TRUCK	1FVHCYDC34HN00162	\$58,289.39	County
A	Pub Wrks/R&B Maint	DC	42903	2004 FORD 3/4 T PICKUP	1FTNF20P44EC87350	\$21,303.00	County
A	Pub Wrks/R&B Maint	DC	42912	2004 FORD 3/4 T PICKUP	1FTNF20P84EC87352	\$21,303.00	County
A	Pub Wrks/R&B Maint	DN	43336	2004 FORD 1 T FLATBED	1FDWW36P84EC87347	\$27,809.00	County
A	Pub Wrks/R&B Maint	DM	43452	2005 KENWORTH TRK TRACTOR	2XKMDZ9X75M086528	\$55,252.00	County
A	Pub Wrks/R&B Maint	EF	43457	1989 SINGLE AXLE TRAILER	43EFC031021001002	\$0.00	County
A	Pub Wrks/R&B Maint	AE	43656	2005 FORD ESCAPE SUV 2WD	1FMYU95H95KD16613	\$24,304.00	County
A	Pub Wrks/R&B Maint	AE	43659	2005 FORD ESCAPE SUV 2WD	1FMYU95H65KD16617	\$24,259.00	County
A	Pub Wrks/R&B Maint	DC	47174	2006 FORD 3/4 T PICKUP	1FTSF20P76EC24698	\$21,851.00	County
A	Pub Wrks/R&B Maint	DB	48044	2007 FORD 1/2T PICKUP FFV	1FTPX12VX7KC74233	\$18,949.00	County
A	Pub Wrks/R&B Maint	DC	48199	2008 FORD 3/4 T PICKUP	1FTSW21RX8EB86032	\$32,428.00	County
A	Pub Wrks/R&B Maint	DM	48266	2008 IHC OIL/WATER TRUCK	1HTWGAZR58J680693	\$88,475.00	County
A	Pub Wrks/R&B Maint	DM	48377	2006 IHC PATCH TRUCK	1HTMMAAN66H259465	\$75,000.00	County
A	Pub Wrks/R&B Maint	DM	48821	2008 IHC DUMP TRUCK	1HTWNAZR69J066808	\$74,037.00	County
A	Pub Wrks/R&B Maint	DM	48822	2008 IHC DUMP TRUCK	1HTWNAZR29J066806	\$74,037.00	County
A	Pub Wrks/R&B Maint	DM	48823	2008 IHC DUMP TRUCK	1HTWNAZR49J066807	\$74,037.00	County
A	Pub Wrks/R&B Maint	ET	48879	2010 SHOPMADE TRAILER	TR200044	\$0.00	County
A	Pub Wrks/R&B Maint	DM	51934	2008 IHC PATCH TRUCK	1HTZZAAR78J049897	\$115,639.69	County
A	Pub Wrks/R&B Maint	DB	51939	2008 FORD 1/2T PICKUP FFV	1FTPX12V08FB53916	\$18,655.00	County
A	Pub Wrks/R&B Maint	DM	51955	2009 IHC DUMP TRUCK	1HTWNAZR9J191679	\$79,731.67	County
A	Pub Wrks/R&B Maint	DM	51958	2009 IHC DUMP TRUCK	1HTWNAZR9J191682	\$79,731.67	County
A	Pub Wrks/R&B Maint	DM	51959	2009 IHC DUMP TRUCK	1HTWNAZR89J191678	\$79,731.60	County
A	Pub Wrks/R&B Maint	DM	51960	2009 IHC DUMP TRUCK	1HTWNAZR19J191683	\$79,731.67	County
A	Pub Wrks/R&B Maint	DB	51966	2009 FORD 1/2T PICKUP FFV	1FTPW12V59FA72012	\$22,833.00	County
A	Pub Wrks/R&B Maint	DB	51967	2009 FORD 1/2T PICKUP FFV	1FTPW12V39FA72011	\$22,773.00	County
A	Pub Wrks/R&B Maint	DC	51968	2009 FORD 3/4 T PICKUP	1FTSW20R49EA60090	\$29,150.75	County

A	Pub Wrks/R&B Maint	DM	52618	2010 IHC WATER TRUCK	1HTWGZRXAJ250020	\$97,046.00	County
A	Pub Wrks/R&B Maint	DM	53537	2009 IHC TRUCK/DISTRIB	1HTWCAAN79J167614	\$152,223.60	County
A	Pub Wrks/R&B Maint	DC	55005	2010 FORD 3/4 T PICKUP	1FTSF2AR9AEA77597	\$26,562.00	County
A	Pub Wrks/R&B Maint	DD	55043	2010 FORD 1-T PICKUP	1FTWW3AR2AEB38134	\$30,258.00	County
A	Pub Wrks/R&B Maint	DD	55045	2010 FORD 1 T DUMP BED	1FDWF3GR0AEB38135	\$37,010.00	County
A	Pub Wrks/R&B Maint	DM	55073	2011 IHC TRUCK TRACTOR	1HSGSSJRXBJ411282	\$108,117.00	County
A	Pub Wrks/R&B Maint	DM	55102	2012 IHC DUMP TRUCK	1HTWNAZR7CJ587088	\$86,179.00	County
A	Pub Wrks/R&B Maint	DM	55103	2012 IHC DUMP TRUCK	1HTWNAZR9CJ587089	\$86,179.00	County
A	Pub Wrks/R&B Maint	DM	55104	2012 IHC DUMP TRUCK	1HTWNAZR5CJ587090	\$86,179.00	County
A	Pub Wrks/R&B Maint	DM	55105	2012 IHC DUMP TRUCK	1HTWNAZR7CJ587091	\$86,179.00	County
A	Pub Wrks/R&B Maint	DM	55240	2014 MACK DUMP TRUCK	1M2AX04C5EM020812	\$119,000.00	County
A	Pub Wrks/R&B Maint	DM	55241	2014 MACK DUMP TRUCK	1M2AX04C7EM020813	\$119,000.00	County
A	Pub Wrks/R&B Maint	DM	57022	2013 IHC DUMP TRUCK	1HTWNAZR0DJ381158	\$91,413.33	County
A	Pub Wrks/R&B Maint	DM	57027	2013 IHC DUMP TRUCK	1HTWNAZR3DJ381154	\$91,413.33	County
A	Pub Wrks/R&B Maint	DM	57028	2013 IHC DUMP TRUCK	1HTWNAZR5DJ381155	\$91,413.33	County
A	Pub Wrks/R&B Maint	DM	57030	2013 IHC DUMP TRUCK	1HTWNAZR9DJ381157	\$91,413.33	County
A	Pub Wrks/R&B Maint	LF	58048	2010 MORBARK CHIPPER (TRAILER)	4S8SZ1923AW051560	\$63,665.73	County
A	Pub Wrks/R&B Projects	EE	13239	1987 LOADKING TRAILER	1L4T29222H2014203	\$12,374.00	County
A	Pub Wrks/R&B Projects	EF	28411	1995 SHOPMADE TRAILER	28411	\$219.88	County
A	Pub Wrks/R&B Projects	EF	28829	1995 PUMP TRAILER	NONE	\$323.48	County
A	Pub Wrks/R&B Projects	DE	28853	1996 FORD 1.5 T TRUCK	1FDLF47F5TEB39329	\$32,495.00	County
A	Pub Wrks/R&B Projects	EK	30154	1996 SHPMDE SNORK TRAILER	30154	\$0.00	County
A	Pub Wrks/R&B Projects	DM	30843	1997 IHC WATER TRUCK	1HTGGADR5WH557606	\$67,850.48	County
A	Pub Wrks/R&B Projects	DM	31698	1999 IHC TRUCK TRACTOR	1HSHCADR0XH652354	\$55,060.00	County
A	Pub Wrks/R&B Projects	EB	31700	1998 SEI TRAILER	1S9FB2920XB638145	\$25,945.00	County
A	Pub Wrks/R&B Projects	EB	31701	1998 SEI TRAILER	1S9FB2929XB638144	\$25,945.00	County
A	Pub Wrks/R&B Projects	DM	32120	1999 IHC TRUCK TRACTOR	1HSHCADR2XH222017	\$56,675.00	County
A	Pub Wrks/R&B Projects	DM	32126	2000 IHC WATER TRUCK	1HTGGADR8YH221015	\$72,348.00	County
A	Pub Wrks/R&B Projects	EC	34135	1999 BIG TEX 25' TRAILER	4K8HX2521Y1649004	\$11,762.50	County
A	Pub Wrks/R&B Projects	EB	34176	2000 SEI TRAILER	1S9FB2924YB638246	\$28,050.00	County
A	Pub Wrks/R&B Projects	DM	34178	2000 IHC TRUCK TRACTOR	1HSHCADR3YH315808	\$57,928.00	County
A	Pub Wrks/R&B Projects	DM	34179	2000 IHC TRUCK TRACTOR	1HSHCADR1YH315807	\$57,928.00	County
A	Pub Wrks/R&B Projects	DM	34180	2000 IHC TRUCK TRACTOR	1HSHCADR5YH315809	\$57,928.00	County
A	Pub Wrks/R&B Projects	DM	34181	2000 IHC TRUCK TRACTOR	1HSHCADR8YH315805	\$57,928.00	County
A	Pub Wrks/R&B Projects	DC	34338	2000 FORD 3/4 T PICKUP	3FTNX20F4YMA51298	\$26,067.61	County
A	Pub Wrks/R&B Projects	DM	34546	2000 IHC WATER TRUCK	1HTGGADR01H342773	\$74,984.00	County
A	Pub Wrks/R&B Projects	EF	35122	1993 SHOPMADE TRAILER	35122	\$0.00	County
A	Pub Wrks/R&B Projects	EF	35491	2000 SHOPMADE TRAILER	35491	\$0.00	County
A	Pub Wrks/R&B Projects	DD	36075	2001 FORD 1 T FLATBED	1FDWX37F21EC32732	\$33,278.06	County

A	Pub Wrks/R&B Projects	EF	36138	2001 45' CULVERT TRAILER	TR187854	\$0.00	County
A	Pub Wrks/R&B Projects	DM	36195	2001 IHC WATER TRUCK	1HTGGADR31H405249	\$73,439.00	County
A	Pub Wrks/R&B Projects	EP	37253	2001 HOLDEN EQUIP TRAILER	12HPF50322N506855	\$49,602.00	County
A	Pub Wrks/R&B Projects	DM	37405	2002 FL WATER TRUCK	1FVHBXBS22HK43208	\$75,455.00	County
A	Pub Wrks/R&B Projects	DM	37609	2002 FL TRUCK TRACTOR	1FUJBXBS33DK53941	\$51,485.00	County
A	Pub Wrks/R&B Projects	DM	40973	2004 IHC TRUCK TRACTOR	2HSCEASR14C020716	\$75,135.00	County
A	Pub Wrks/R&B Projects	EA	42040	2003 CTS END DUMP TRAILER	1C934292545770376	\$24,893.00	County
A	Pub Wrks/R&B Projects	EA	42041	2003 CTS END DUMP TRAILER	1C93429294S770381	\$24,893.00	County
A	Pub Wrks/R&B Projects	EA	42042	2003 CTS END DUMP TRAILER	1C93429224S770383	\$24,893.00	County
A	Pub Wrks/R&B Projects	DM	43451	2005 KENWORTH TRK TRACTOR	2XKMDZ9X55M086527	\$54,769.00	County
A	Pub Wrks/R&B Projects	DG	43810	2005 FORD 2.5T FLATBED	3FRXW75R66V228973	\$52,774.00	County
A	Pub Wrks/R&B Projects	DC	47173	2006 FORD 3/4 T PICKUP	1FTSF20P56EC24697	\$21,851.00	County
A	Pub Wrks/R&B Projects	DM	47535	2007 IHC DUMP TRUCK	3HTWGAZR17N473245	\$61,595.00	County
A	Pub Wrks/R&B Projects	DM	47536	2007 IHC WATER TRUCK	3HTWGAZRX7N473244	\$92,300.00	County
A	Pub Wrks/R&B Projects	DB	48045	2007 FORD 1/2T PICKUP FFV	1FTPX12V17KC74234	\$18,949.00	County
A	Pub Wrks/R&B Projects	DB	48046	2007 FORD 1/2T PICKUP FFV	1FTPX12V87KC74232	\$19,649.00	County
A	Pub Wrks/R&B Projects	DN	48198	2008 FORD 1 T FLATBED	1FDWW36R78EB86033	\$33,200.00	County
A	Pub Wrks/R&B Projects	DF	48819	2008 FORD 2 T SIGN TRUCK	1FDAW56R08EE12600	\$45,447.00	County
A	Pub Wrks/R&B Projects	DC	51936	2008 FORD 3/4 T PICKUP	1FTSX205X8ED63660	\$21,096.00	County
A	Pub Wrks/R&B Projects	DM	51956	2009 IHC DUMP TRUCK	1HTWNAZR69J191680	\$79,731.67	County
A	Pub Wrks/R&B Projects	DM	51957	2009 IHC DUMP TRUCK	1HTWNAZR89J191681	\$79,731.67	County
A	Pub Wrks/R&B Projects	DD	51970	2009 FORD 1 T FLATBED	1FDWW36R89EB08832	\$35,915.00	County
A	Pub Wrks/R&B Projects	DD	51971	2009 FORD 1 T FLATBED	1FDWW36RX9EB08833	\$34,715.00	County
A	Pub Wrks/R&B Projects	DM	52616	2010 IHC WATER TRUCK	1HTWGAZR6AJ241685	\$97,794.83	County
A	Pub Wrks/R&B Projects	XB	53537A	53537 DISTRIBUTOR AUX HEATER		\$0.00	County
A	Pub Wrks/R&B Projects	DD	55044	2010 FORD 1 T FLATBED	1FDWW3GR2AEB38136	\$36,469.00	County
A	Pub Wrks/R&B Projects	DF	55046	2010 FORD 2T SIGN TRUCK	1FDAW5GR9AEB36888	\$49,897.00	County
A	Pub Wrks/R&B Projects	EP	55066	2010 TRAILER 35T TRAILER	1DAFLD226BM020272	\$47,246.00	County
A	Pub Wrks/R&B Projects	EP	55067	2010 TRAILER 35T TRAILER	1DAFLD228BM020273	\$47,246.00	County
A	Pub Wrks/R&B Projects	DM	55101	2012 IHC DUMP TRUCK	1HTWNAZR5CJ587087	\$86,179.00	County
A	Pub Wrks/R&B Projects	DM	55113	2012 IHC DUMP TRUCK	1HTWNAZR2CJ639369	\$86,179.00	County
A	Pub Wrks/R&B Projects	DM	55114	2012 IHC DUMP TRUCK	1HTWNAZR9CJ639370	\$86,179.00	County
A	Pub Wrks/R&B Projects	EM	55127	2011 SOLAR TECH MSG BOARD	4GM2M1519B1411070	\$15,150.00	County
A	Pub Wrks/R&B Projects	EM	55128	2011 SOLAR TECH MSG BOARD	4GM2M1512B1411069	\$15,150.00	County
A	Pub Wrks/R&B Projects	DD	55157	2012 FORD 1 T FLATBED	1FD8X3HT6CEC31731	\$41,309.00	County
A	Pub Wrks/R&B Projects	DC	55158	2012 FORD 3/4 T PICKUP	1FT7X2AT2CEC31553	\$31,808.25	County
A	Pub Wrks/R&B Projects	EM	55182	2013 SOLAR TECH MSG BOARD	4GM2M151XD1411517	\$17,106.80	County
A	Pub Wrks/R&B Projects	EM	55183	2013 SOLAR TECH MSG BOARD	4GM2M1511D1411518	\$17,106.80	County
A	Pub Wrks/R&B Projects	DM	57026	2013 IHC DUMP TRUCK	1HTWNAZR1DJ381153	\$91,413.33	County

A	Pub Wrks/R&B Projects	DM	57029	2013 IHC DUMP TRUCK	1HTWNAZR7DJ381156	\$91,413.33	County
A	Purchasing	BF	27861	1995 CHEV 1-TON CARGO VAN	1GCGG39K1SF184252	\$16,378.34	County
A	Pub Wrks/CSCD Work Prog	BC	36062	2001 FORD 1 T PASS VAN	1FBNE31L21HB09049	\$22,477.98	County
A	Pub Wrks/CSCD Work Prog	BB	47453	2006 CHEVROLET 12-PAS VAN	1GAHG35U561254858	\$24,832.00	County
A	IT/Rural Addressing	AA	47243	2006 FORD CV SEDAN	2FAHP71W46X142572	\$22,830.00	County
A	IT/Records	AA	47236	2006 FORD CV SEDAN	2FAHP71W46X142569	\$22,830.00	County
A	Sheriff	EF	22841	1994 SHOPMADE TRAILER	93514	\$2,275.00	County
A	Sheriff	EF	28044	1995 SHOPMADE TRAILER	4PTU50813TM007830	\$0.00	County
A	Sheriff	AD	35201	1970 FORD MUSTANG	0F05H133989	\$0.00	County
A	Sheriff	BG	35638	2001 FORD 7-PASSENGER VAN	2FMZA51411BB31579	\$22,589.74	County
A	Sheriff	AA	36964	2002 FORD CV SEDAN	2FAFP71WX2X138110	\$20,405.50	County
A	Sheriff	DC	37913	2003 FORD 3/4 T PICKUP	1FTNX20F43EA65023	\$24,177.50	County
A	Sheriff	AF	47232	2006 FORD EXPEDITION 4WD	1FMPU16506LA60861	\$29,754.00	County
A	Sheriff	AA	47240	2006 FORD CV SEDAN	2FAHP71W86X142574	\$22,830.00	County
A	Sheriff	AA	47246	2006 FORD CV SEDAN	2FAHP71W56X142578	\$23,527.00	County
A	Sheriff	AA	48008	2007 FORD CV SEDAN	2FAHP71W67X163425	\$21,299.00	County
A	Sheriff	AA	48009	2007 FORD CV SEDAN	2FAHP71W87X163426	\$21,299.00	County
A	Sheriff	AA	48017	2008 FORD CV SEDAN	2FAHP71V48X125989	\$24,706.00	County
A	Sheriff	AA	48018	2008 FORD CV SEDAN	2FAHP71V28X125988	\$24,706.00	County
A	Sheriff	CC	48241	2007 US BUS PRISONER BUS	1GBE5V1G88F402099	\$84,221.00	County
A	Sheriff	DF	48267	1998 FORD BOXBED TRUCK	1FDXE40F3XHA41483	\$75,000.00	County
A	Sheriff	EF	48973	UNKN FLATBED TRAILER	TR200065	\$0.00	County
A	Sheriff	AA	51954	2009 FORD CV SEDAN	2FAHP71V99X134494	\$28,403.00	County
A	Sheriff	DB	51965	2009 FORD 1/2T PICKUP M/P	1FTPW12V79FA72013	\$26,944.00	County
A	Sheriff	AA	53510	2009 FORD CV SEDAN	2FAHP71V09X126655	\$27,050.00	County
A	Sheriff	AA	53512	2009 FORD CV SEDAN	2FAHP71V49X126657	\$27,050.00	County
A	Sheriff	AA	53513	2009 FORD CV SEDAN	2FAHP71V49X126660	\$27,050.00	County
A	Sheriff	AA	53515	2009 FORD CV SEDAN	2FAHP71V79X126653	\$27,050.00	County
A	Sheriff	AA	53533	2009 FORD CV SEDAN	2FAHP71V39X126648	\$23,334.00	County
A	Sheriff	AA	53534	2009 FORD CV SEDAN	2FAHP71V19X126647	\$23,334.00	County
A	Sheriff	AA	53535	2009 FORD CV SEDAN	2FAHP71V89X126645	\$23,389.00	County
A	Sheriff	AA	53536	2009 FORD CV SEDAN	2FAHP71VX9X126646	\$23,389.00	County
A	Sheriff	AA	55019	2010 FORD CV SEDAN	2FABP7BV2AX118419	\$26,932.00	County
A	Sheriff	AA	55021	2010 FORD CV SEDAN	2FABP7BV7AX118416	\$26,932.00	County
A	Sheriff	AA	55022	2010 FORD CV SEDAN	2FABP7BV2AX118422	\$26,932.00	County
A	Sheriff	AA	55023	2010 FORD CV SEDAN	2FABP7BV8AX118425	\$26,932.00	County
A	Sheriff	AA	55025	2010 FORD CV SEDAN	2FABP7BV0AX118418	\$26,932.00	County
A	Sheriff	AA	55026	2010 FORD CV SEDAN	2FABP7BV6AX118424	\$26,932.00	County
A	Sheriff	AA	55028	2010 FORD CV SEDAN	2FABP7BVXAX118426	\$27,187.00	County

A	Sheriff	AA	55029	2010 FORD CV SEDAN	2FABP7BV1AX118427	\$27,187.00	County
A	Sheriff	AA	55031	2010 FORD CV SEDAN	2FABP7BV4AX119247	\$23,716.00	County
A	Sheriff	AA	55032	2010 FORD CV SEDAN	2FABP7BV2AX119246	\$23,316.00	County
A	Sheriff	AA	55033	2010 FORD CV SEDAN	2FABP7BV0AX119245	\$23,216.00	County
A	Sheriff	AA	55034	2010 FORD CV SEDAN	2FABP7BV9AX119244	\$23,216.00	County
A	Sheriff	DB	55038	2010 FORD 1/2T PICKUP M/P	1FTFW1CV1AFB33693	\$27,352.00	County
A	Sheriff	AF	55049	2010 FORD EXPEDITION 4WD	1FMJU1G59AEB52973	\$29,759.00	County
A	Sheriff	AF	55050	2010 FORD EXPEDITION 4WD	1FMJU1G58AEB52978	\$32,854.00	County
A	Sheriff	AA	55051	2010 FORD CV SEDAN K9 M/P	2FABP7BVXAX130995	\$31,331.00	County
A	Sheriff	AA	55081	2011 FORD CV SEDAN	2FABP7BV7BX139557	\$27,630.00	County
A	Sheriff	AA	55085	2011 FORD CV SEDAN M/P	2FABP7BV3BX139555	\$27,630.00	County
A	Sheriff	AA	55088	2011 FORD CV SEDAN	2FABP7BV5BX139556	\$27,630.00	County
A	Sheriff	AA	55089	2011 FORD CV SEDAN M/P	2FABP7BV9BX139558	\$27,630.00	County
A	Sheriff	AA	55090	2011 FORD CV SEDAN M/P	2FABP7BV2BX139563	\$27,630.00	County
A	Sheriff	AA	55091	2011 FORD CV SEDAN	2FABP7BV6BX143339	\$23,905.00	County
A	Sheriff	AA	55092	2011 FORD CV SEDAN	2FABP7BV2BX143340	\$23,505.00	County
A	Sheriff	RA	55111	2011 HARLEY MOTORCYCLE	1HD1FHM13BB678641	\$21,038.70	County
A	Sheriff	BB	55119	2012 FORD PRISONER VAN	1FTSS3EL2CDA07701	\$23,736.00	County
A	Sheriff	AA	55125	2011 FORD CV SEDAN	2FABP7BVXBX173055	\$22,668.00	County
A	Sheriff	AA	55126	2011 FORD CV SEDAN	2FABP7BV2BX173051	\$23,068.00	County
A	Sheriff	RA	55130	2012 HARLEY MOTORCYCLE	1HD1FHM15CB640989	\$23,117.15	County
A	Sheriff	AH	55142	2013 FORD POLICE SUV M/P	1FM5K8AR7DGA46803	\$29,664.45	County
A	Sheriff	AH	55143	2013 FORD POLICE SUV M/P	1FM5K8AR6DGA46808	\$30,061.48	County
A	Sheriff	AH	55144	2013 FORD POLICE SUV M/P	1FM5K8AR2DGA46806	\$29,664.45	County
A	Sheriff	AH	55145	2013 FORD POLICE SUV M/P	1FM5K8AR1DGA46800	\$29,664.45	County
A	Sheriff	AH	55146	2013 FORD POLICE SUV M/P	1FM5K8AR9DGA46804	\$29,664.45	County
A	Sheriff	AH	55147	2013 FORD POLICE SUV M/P	1FM5K8AR4DGA46807	\$29,664.45	County
A	Sheriff	AH	55148	2013 FORD POLICE SUV M/P	1FM5K8AR0DGA46805	\$29,664.45	County
A	Sheriff	AH	55149	2013 FORD POLICE SUV M/P	1FM5K8AR9DGA46799	\$29,664.45	County
A	Sheriff	AH	55150	2013 FORD POLICE SUV M/P	1FM5K8AR5DGA46802	\$29,664.45	County
A	Sheriff	AH	55151	2013 FORD POLICE SUV M/P	1FM5K8AR7DGA46798	\$29,664.45	County
A	Sheriff	AH	55152	2013 FORD POLICE SUV M/P	1FM5K8AR3DGA46801	\$29,664.45	County
A	Sheriff	EU	55153A	2005 UNKN BOAT TRAILER	4TM1ANJ165B001038	\$0.00	County
A	Sheriff	AA	55162	2013 FORD PI SEDAN	1FAHP2L8XDG141091	\$25,453.55	County
A	Sheriff	AA	55163	2013 FORD PI SEDAN	1FAHP2L81DG141092	\$25,028.55	County
A	Sheriff	AH	55164	2013 FORD PI SUV CRIME	1FM5K8AR9DGB20920	\$29,664.50	County
A	Sheriff	BG	55166	2013 CHEV 12-PASS VAN	1GAZGYFG4D1118096	\$33,526.00	County
A	Sheriff	AH	55167	2013 FORD PI SUV K9 M/P	1FM5K8AR0DGB28470	\$34,929.75	County
A	Sheriff	AH	55192	2013 FORD POLICE SUV M/P	1FM5K8AR9DGC73216	\$31,936.95	County



A	Sheriff	AA	55195	2013 FORD PI SEDAN	1FAHP2L88DG222168	\$25,741.55	County
A	Sheriff	AA	55196	2013 FORD PI SEDAN	1FAHP2L89DG225726	\$25,741.55	County
A	Sheriff	AH	55219	2013 FORD POLICE SUV	1FM5K7AR0DGC95440	\$28,437.05	County
A	Sheriff	AH	55220	2013 FORD POLICE SUV	1FM5K7AR2DGC95441	\$28,437.05	County
A	Sheriff/School Resource	AA	48014	2008 FORD CV SEDAN	2FAHP71V08X127531	\$24,706.00	County
A	Sheriff/School Resource	AA	48015	2008 FORD CV SEDAN	2FAHP71V78X128949	\$24,706.00	County
A	Sheriff/School Resource	AA	53511	2009 FORD CV SEDAN	2FAHP71V29X126656	\$27,050.00	County
A	Sheriff/School Resource	AA	53514	2009 FORD CV SEDAN	2FAHP71V59X126652	\$27,050.00	County
A	IT/Telecommunications	AA	34272	2000 FORD CV SEDAN	2FAFP71W9YX164769	\$21,019.00	County
A	Myers Park	ED	18467	1990 TEXAS EQUIP TRAILER	17YGN2421LB007890	\$6,785.00	County
A	Myers Park	EF	22464	1996 12' SHOPMADE TRAILER	4MSLD1227TTX02044	\$800.00	County
A	Myers Park	EF	28573	1995 SHOPMADE TRAILER	4MSSA0812STX01430	\$700.00	County
A	Myers Park	EF	32429	1999 SHOPMADE TRAILER	4PTU61820XM011903	\$1,965.00	County
A	Myers Park	DC	34336	2000 FORD 3/4 T PICKUP	3FTNF20F5YMA51295	\$24,423.37	County
A	Myers Park	DC	34337	2000 FORD 3/4 T PICKUP	3FTNF20F3YMA51294	\$24,423.37	County
A	Myers Park	EF	39989	2003 HOMEMADE TRAILER	39989	\$1,110.20	County
A	Myers Park	EF	39990	UNKN HOMEMADE TRAILER 8'	TR148425	\$0.00	County
A	Myers Park	EP	57032	2013 SHPMADE DUMP TRAILER	17XFG1223D1030652	\$9,986.42	County

EXHIBIT 7  
MICP INFORMATION

**Mobile Incident Command Post**

Phase I Cab & Chassis	PO#410715	\$224,000.00
Phase II Equipment		\$343,253.00
Phase III - UASI 04 Equipment Software Hardware		\$355,641.31
Phase IV - LETPP'05 Equipment		\$101,997.69
ACU 5000		\$30,400.00
TOTAL		<b>\$1,055,292.00</b>





### Collin County Bond Schedule



Principal Name	Effective	Expires	Bond Amount	Total Premium Amount	Office Held	Elected/Nonelected (E/N)	Primary Oblige	Renewal Type (Annual/Term of Office)
Allen Williams	1/1/2014	12/31/2016	\$ 1,500	\$ 200	Constable Precinct #1	Elected in office until 1/1/16	The Governor of State of Texas	Term of Office
Sammy Knapp	1/1/2014	12/31/2016	\$ 1,500	\$ 200	Constable Precinct #3	Elected in office until 1/1/16	Collin County Precinct #3	Term of Office
Joe Wright	1/1/2014	12/31/2016	\$ 1,500	\$ 200	Constable Precinct #4	Elected in office until 1/1/16	The Governor of State of Texas	Term of Office
Gary Wayne Edwards	1/26/2015	12/31/2016	\$ 1,500	\$ 170	Constable, Precinct 2	Replacement for Joe Barton	The Governor of the State of Texas and the governor's successors in office	Term of Office
Jeff May	9/1/2014	9/1/2015	\$ 25,000	\$ 100	County Auditor	Nonelected	District Judges of Collin Cty.	Annual
Stacey Kemp	1/1/2015	12/31/2018	\$ 500,000	\$ 6,980	County Clerk	Elected in office until 12/31/2018	Collin County Judge	Term of Office
Susan Hayes Fletcher	11/14/2014	12/31/2016	\$ 3,000	\$ 185	County Commissioner Precinct 1	Appointed until 12/31/2016	Collin County Clerk	Term of Office
Cheryl D. Williams	1/1/2015	12/31/2018	\$ 3,000	\$ 400	County Commissioner Precinct 2	Elected in office until 12/31/2018	Collin County Clerk	Term of Office
Christopher Hill	1/1/2014	12/31/2016	\$ 3,000	\$ 200	Commissioner Precinct #3	Elected in office until 1/1/16	Collin County Clerk	Term of Office
James Duncan Webb IV	1/1/2015	12/31/2018	\$ 3,000	\$ 400	County Commissioner Precinct 4	Elected in office until 12/31/2018	Collin County Judge	Term of Office
Corrine A. Mason	1/1/2015	12/31/2018	\$ 5,000	\$ 400	County Court at Law Judge, Court 1	Elected in office until 12/31/2018	Collin County Clerk	Term of Office
Barnett Oliver Walker	1/1/2015	12/31/2018	\$ 5,000	\$ 400	County Court at Law Judge, Court 2	Elected in office until 12/31/2018	Collin County Clerk	Term of Office
Lance Baxter	1/1/2015	12/31/2018	\$ 5,000	\$ 400	County Court at Law 3 Judge	Elected in office until 12/31/2018	Collin County Clerk	Term of Office
David Douglas Rippel	1/1/2015	12/31/2018	\$ 5,000	\$ 400	County Court at Law Judge, Court 4	Elected in office until 12/31/2018	Collin County Clerk	Term of Office
Danny Keith Wilson	1/1/2015	12/31/2018	\$ 5,000	\$ 400	County Court at Law Judge, Court 5	Elected in office until 12/31/2018	Collin County Clerk	Term of Office
Jay A. Bender	1/1/2015	12/31/2018	\$ 5,000	\$ 400	County Court at Law Judge, Court 6	Elected in office until 12/31/2018	Collin County Clerk	Term of Office
Weldon S. Copeland	1/1/2015	12/31/2018	\$ 500,000	\$ 6,980	County Court at Law, Probate Court 1	Elected in office until 12/31/2018	Collin County Clerk	Term of Office
Keith Self	1/1/2015	12/31/2018	\$ 5,000	\$ 400	County Judge, Commissioners Court	Elected in office until 12/31/2018	Collin County Clerk	Term of Office
Stacey Kemp	1/1/2015	12/31/2018	\$ 500,000	\$ 6,300	County Treasurer	Elected in office until 12/31/2018	Collin County Judge	Term of Office
Gregory A. Willis	1/1/2015	12/31/2018	\$ 5,000	\$ 400	Criminal District Attorney	Elected in office until 12/31/2018	Governor of the State of Texas	Term of Office
Stanley Earl Brown	7/14/2012	7/14/2016	\$ 1,000	\$ 100	Deputy Constable	Nonelected	Collin County Constable Precinct #1	Annual
Andrea Stroh Thompson	1/1/2015	12/31/2018	\$ 100,000	\$ 1,396	District Clerk	Elected in office until 12/31/2018	The Governor of State of Texas	Term of Office
Sharon Rowe	10/1/2014	10/1/2016	\$ 1,000	\$ 200	Elections Administrator	Nonelected	Collin County Judge	Annual (2 year bond)
Jason Browning	10/29/2014	10/29/2016	\$ 5,000	\$ 200	Fire Marshal	Nonelected	Collin County Judge	Annual (2 year bond)
Paul M. Raleeh	1/1/2015	12/31/2018	\$ 5,000	\$ 400	Justice of the Peace, Precinct 1	Elected in office until 12/31/2018	Collin County Judge	Term of Office
Jerry Shaffer	1/1/2015	12/31/2018	\$ 5,000	\$ 400	Justice of the Peace, Precinct 2	Elected in office until 12/31/2018	Collin County Judge	Term of Office
Chuck Ruckel	1/1/2014	12/31/2016	\$ 5,000	\$ 200	Justice of the Peace, Precinct 3.1	Elected in office until 12/31/16	Collin County Judge	Term of Office
John E. Payton	1/1/2015	12/31/2018	\$ 5,000	\$ 400	Justice of the Peace, Precinct 3.2	Elected in office until 12/31/2018	Collin County Judge	Term of Office
Warren M. Yarborough	1/1/2015	12/31/2018	\$ 5,000	\$ 400	Justice of the Peace, Precinct 4	Elected in office until 12/31/2018	Collin County Judge	Term of Office
Michalyn Rains	10/1/2012	10/1/2016	\$ 5,000	\$	Purchasing Agent	Nonelected	Collin County Precinct #1	Annual
Conrad Camillo Averna	9/1/2014	9/1/2015	\$ 2,000	\$ 100	Reserve Deputy Constable	Nonelected	Collin County Constable Pct 3	Annual
James Leroy Erben	5/10/2015	5/10/2016	\$ 2,000	\$ 100	Reserve Deputy Constable	Nonelected	Collin County Constable Precinct #1	Annual
Michael Heath McCandless	9/13/2014	9/13/2015	\$ 1,000	\$ 100	Reserve Deputy Constable	Nonelected	Collin County Constable Precinct #1	Annual
Ricky Dan Cantrell	3/8/2015	3/8/2016	\$ 2,000	\$ 100	Reserve Deputy Constable	Nonelected	Collin County Constable Precinct #2	Annual
Steven Matthew Deffibaugh	4/7/2015	4/7/2016	\$ 2,000	\$ 100	Reserve Deputy Constable	Nonelected	Collin County Constable Precinct #2	Annual
Earl Eugene Newsom	4/7/2015	4/7/2016	\$ 2,000	\$ 100	Reserve Deputy Constable	Nonelected	Collin County Constable Precinct #2	Annual
Christopher A. Lindley	6/8/2015	6/8/2016	\$ 2,000	\$ 100	Reserve Deputy Constable	Nonelected	Collin County Constable Precinct #4	Annual
Vincent J. Venegoni, Jr.	10/15/2014	10/15/2015	\$ 2,000	\$ 100	Reserve Deputy Constable	Nonelected	Collin County Constable Precinct 4	Annual
Larry Douglas Bule	9/12/2014	9/12/2015	\$ 2,000	\$ 100	Reserve Deputy Constable	Nonelected	Collin County Constable, Pct 1	Annual
Robert William Montgomery, Jr.	9/1/2014	9/1/2015	\$ 2,000	\$ 100	Reserve Deputy Constable	Nonelected	Collin County Constable, Pct 3	Annual
Johnny P. Merriman	3/31/2015	3/31/2016	\$ 2,000	\$ 100	Reserve Deputy Constable	Nonelected	Collin County Government Precinct #2	Annual
Reserve Deputy Sheriffs of Collin County	10/1/2012	10/1/2015	\$ 50,000	\$	Reserve Deputy Sheriffs of Collin County	Nonelected	Sheriff of Collin County	Annual
Terry G Box	12/31/2013	12/31/2016	\$ 5,000	\$ 250	Sheriff	Elected in office until 12/31/2016	The Governor of State of Texas	Term of Office

Principal Name	Effective	Expires	Bond Amount	Total Premium Amount	Office Held	Elected/Nonelected (E/N)	Primary Oblige	Renewal Type (Annual/Term of Office)
Kenneth L. Maun	1/1/2015	12/31/2016	\$ 100,000	\$ 700	Tax Assessor-Collector	Elected in office until 12/31/2016	Collin County Commissioners Court	Term of Office
Kenneth L. Maun	1/1/2015	12/31/2016	\$ 100,000	\$ 700	Tax Assessor-Collector	Elected in office until 12/31/2016	The Governor and his successors in office	Term of Office

AFFIDAVIT OF COMPLIANCE

I, the undersigned, declare and affirm that my company is in compliance with the Immigration and Reform Act of 1986 and all employees are legally eligible to work in the United States of America.

I further understand and acknowledge that any non-compliance with the Immigration and Reform Act of 1986 at any time during the term of this contract will render the contract voidable.

Name of Company

Title of Officer

Name of Officer

Date:

In order to better serve our bidders, the Collin County Purchasing Department is conducting the following survey. We appreciate your time and effort expended to submit your bid. Please take a moment to complete the below. Should you have any questions or require more information please call (972) 548-4165.

HOW DID YOU RECEIVE NOTICE OF THIS REQUEST FOR BID OR PROPOSALS?

McKinney Courier-Gazette?  Yes  No

Plan Room?  Yes  No

Collin County Web-Site?  Yes  No

Facsimile or email from BidSync?  Yes  No

Other

HOW DID YOU RECEIVE THE BID DOCUMENTS?

Downloaded from Home Computer?  Yes  No

Downloaded from Company Computer?  Yes  No

Requested a Copy from Collin County?  Yes  No

Other

Thank You,

Collin County Purchasing Department





<b>CONFLICT OF INTEREST QUESTIONNAIRE</b>	<b>FORM CIQ</b>
<b>For vendor or other person doing business with local governmental entity</b>	
<p><b>This questionnaire reflects changes made to the law by H.B. 1491, 80th Leg., Regular Session.</b></p> <p style="text-align: center;">This questionnaire is being filed in accordance with Chapter 176, Local Government Code by a person who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the person meets requirements under Section 176.006(a).</p> <p>By law this questionnaire must be filed with the records administrator of the local governmental entity not later than the 7th business day after the date the person becomes aware of facts that require the statement to be filed. See Section 176.006, Local Government Code.</p> <p>A person commits an offense if the person knowingly violates Section 176.006, Local Government Code. An offense under this section is a Class C misdemeanor.</p>	<p><b>OFFICE USE ONLY</b></p> <hr/> <p>Date Received</p>
<p><b>1. Name of person who has a business relationship with local governmental entity.</b></p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
<p><b>2. <input type="checkbox"/> Check this box if you are filing an update to a previously filed questionnaire.</b></p> <p>(The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than the 7th business day after the date the originally filed questionnaire becomes incomplete or inaccurate.)</p>	
<p><b>3. Name of local government officer with whom filer has employment or business relationship.</b></p> <div style="border: 1px solid black; height: 20px; width: 100%; text-align: center; margin: 10px 0;"> <p><b>Name of Officer</b></p> </div> <p>This section (item 3 including subparts A, B, C &amp; D) must be completed for each officer with whom the filer has an employment or other business relationship as defined by Section 176.001(1-a), Local Government Code. Attach additional pages to this Form CIQ as necessary.</p> <p>A. Is the local government officer named in this section receiving or likely to receive taxable income, other than investment income, from the filer of the questionnaire?</p> <p style="text-align: center;"><input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>B. Is the filer of the questionnaire receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer named in this section AND the taxable income is not received from the local governmental entity?</p> <p style="text-align: center;"><input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>C. Is the filer of this questionnaire employed by a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership of 10 percent or more?</p> <p style="text-align: center;"><input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>D. Describe each employment or business relationship with the local government officer named in this section.</p> <div style="border: 1px solid black; height: 40px; width: 100%; margin-top: 10px;"></div>	





4.

Signature of person doing business with the governmental entity

Date

Adopted 06/29/2007

**COLLIN COUNTY**

OFFICE OF COUNTY AUDITOR  
2300 Bloomdale Road • Suite 3100  
McKinney, Texas 75071  
(972) 548-4731 • Metro (972) 424-1460  
Fax (972) 548-4696

Dear Vendor:

In order for Collin County to comply with Internal Revenue Service Guidelines, we are required to keep a W-9 on file for each vendor to whom we have remitted payment(s). Collin County is in the process of up dating their files.

Please complete the attached/faxed W-9 form and **fax** to (972) 548-4696 OR **mail** the original to 2300 Bloomdale Road, Suite 3100, McKinney, Tx 75071. Failure to do so may result in delay(s) of future payments.

Thank you in advance for your assistance in this matter.

Sincerely,

Jeffry May  
Collin County Auditor

JM/pac

Form **W-9**  
(Rev. October 2007)  
Department of the Treasury  
Internal Revenue Service

# Request for Taxpayer Identification Number and Certification

Give form to the  
requester. Do not  
send to the IRS.

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ ..... <input type="checkbox"/> Other (see instructions) ▶	<input type="checkbox"/> Exempt payee
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
List account number(s) here (optional)		

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number : : :
or
Employer identification number : : :

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

## Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

**Sign Here**

Signature of  
U.S. person ▶

Date ▶

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

## Question and Answers for Bid #2015-220 - INSURANCE, GENERAL LIABILITY & EXCESS LIABILITY

### Overall Bid Questions

There are no questions associated with this bid.