



Collin County Purchasing

2019-248

Insurance, General Liability

Issue Date: 6/18/2019

Questions Deadline: 7/9/2019 12:00 PM (CT)

Response Deadline: 7/18/2019 02:00 PM (CT)

Collin County Purchasing

Contact Information

Contact: Sara Hoglund, CPPB Senior Buyer

Address: 2300 Bloomdale Rd.

Ste. 3160

Purchasing

Admin. Building

Ste.3160

McKinney, TX 75071

Phone: (972) 548 x4104

Fax: (972) 548 x4694

Email: shoglund@co.collin.tx.us

Event Information

Number: 2019-248
Title: Insurance, General Liability
Type: Request for Proposal - HT/INS
Issue Date: 6/18/2019
Question Deadline: 7/9/2019 12:00 PM (CT)
Response Deadline: 7/18/2019 02:00 PM (CT)
Notes: 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, and County Health Clinic Medical Professional Liability coverage.

Ship To Information

Address: 2300 Bloomdale Rd.
Ste. 4117
Human Resources
Admin. Building
Ste. 4117
McKinney, TX 75071

Billing Information

Address: 2300 Bloomdale Rd.
Ste. 3100
Auditor
Admin. Building
Ste. 3100
McKinney, TX 75071

Bid Activities

Assignment of Markets - Attachment A

6/28/2019 2:00:00 PM (CT)

In order to be considered for this project, offerors must return the Collin County Liability Insurance Questionnaire and Market Survey (Attachment A) via email to Sara Hoglund at shoglund@co.collin.tx.us or via hard copy in a sealed envelope marked with the RFP No. 2019-248, Insurance, General Liability and Company Name no later than 2:00 p.m. June 28, 2019 to:
Collin County Purchasing
2300 Bloomdale Rd. #3160
McKinney, TX 75071

Bid Attachments

LEGAL NOTICE-2019-248.doc

Legal Notice

[Download](#)

General_Instructions_Proposals.docx

General Instructions Proposals

[View Online](#)

Terms_of_Contract_Proposals - 5-20-19.docx

Terms of Contract - Proposals

[View Online](#)

Insurance updated 1-26-2015.doc

Minimum Insurance Requirements

[View Online](#)

Part One and Part Two - Final.docx

Specifications

[View Online](#)

Attachment A -Collin County Liability Insurance Questionnaire & Market Survey COMPLETE.docx

Attachment A -Collin County Liability Insurance Questionnaire & Market Survey

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Attachment B - General Liability Insurance Questionnaire.docx

Attachment B - General Liability Insurance Questionnaire

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Attachment C- RFP Contract Requirements UPDATED.docx

Attachment C- RFP Contract Requirements

[View Online](#)

Attachment D - Coverage Specifications General Liability.docx

Attachment D - Coverage Specifications General Liability

[View Online](#)

Attachment E - Coverage Specifications Excess Liability.docx

Attachment E - Coverage Specifications Excess Liability

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Attachment F - Coverage Specifications Auto Liability.docx

Attachment F - Coverage Specifications Auto Liability

[View Online](#)

Attachment G - Coverage Specifications Law Enforcement Liability.docx

Attachment G - Coverage Specifications Law Enforcement Liability

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Attachment H - Coverage Specifications Public Officials Liability.docx

Attachment H - Coverage Specifications Public Officials Liability

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Attachment I - Coverage Specifications Crime.docx

Attachment I - Coverage Specifications Crime

[View Online](#)

Attachment J - Coverage Specifications Medical Professional Liability.pdf

Attachment J - Coverage Specifications Medical Professional Liability

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Attachment K- Premium Summary UPDATED NEW.xlsx

Attachment K- Premium Summary

[View Online](#)

Exhibit One - Current Underwriting Information.pdf

Exhibit One - Current Underwriting Information

[View Online](#)

Exhibit Two_Loss Information_Redacted.pdf

Exhibit Two_Loss Information_Redacted

[View Online](#)

Exhibit Three - One Beacon Renewal Application Completed in Fiscal Year 2018_Redacted.pdf

Exhibit Three - One Beacon Renewal Application Completed in Fiscal Year 2018_Redacted

[View Online](#)

Exhibit Four - ACE American Insurance Company Renewal Application_Signed_Redacted.pdf

Exhibit Four - ACE American Insurance Company Renewal Application_Signed_Redacted

[View Online](#)

Exhibit Five - Information on the County's Over the Road Fleet.pdf

Exhibit Five - Information on the County's Over the Road Fleet

[View Online](#)

Copy of Exhibit Six - Current Bond Schedule_Redacted.pdf

Copy of Exhibit Six - Current Bond Schedule_Redacted

[View Online](#)

Exhibit Seven - Legal Expenditure for Current Claims.pdf

Exhibit Seven - Legal Expenditure for Current Claims

[View Online](#)

Information Regarding Conflict of Interest Questionnaire.docx

Information Regarding Conflict of Interest Questionnaire

[View Online](#)

CIQ_113015.pdf

Conflict of Interest Questionnaire

[View Online](#)

Requested Attachments

RFP Response to Section 6.0 and Attachments A-K

(Attachment required)

W9

(Attachment required)

Conflict of Interest

Bid Attributes

1 eBid Notice

Collin County exclusively uses IonWave Technologies, Inc. (Collin County eBid) for the notification and dissemination of all solicitations. The receipt of solicitations through any other means may result in your receipt of incomplete specifications and/or addendums which could ultimately render your bid/proposal non-compliant. Collin County accepts no responsibility for the receipt and/or notification of solicitations through any other means. Please initial.

(Required: Maximum 1000 characters allowed)

2 Contact Information

List the contact name, email address and phone number of the main person(s) Collin County should contact in reference to this solicitation. Contact(s) shall be duly authorized by the company, corporation, firm, partnership or individual to respond to any questions, clarification, and or offers in response to this solicitation.

(Required: Maximum 4000 characters allowed)

3 Delivery

Delivery will be F.O.B. inside delivery at Collin County designated locations and all transportation charges are to be paid by the supplier to destination. Please state delivery in calendar days from date of order.

(Required: Maximum 1000 characters allowed)

4 Exceptions

Do you take exceptions to the specifications. If so, by separate attachment, please state your exceptions.

☐ Yes ☐ No

(Required: Check only one)

5 Insurance Acknowledgement

I understand that the insurance requirements of this solicitation are required and are included in the submitted pricing. A certificate of insurance shall be submitted to the Purchasing department if I am awarded all or a portion of the resulting contract. Please initial.

(Required: Maximum 1000 characters allowed)

6 Subcontractors

State the business name of all subcontractors and the type of work they will be performing under this contract. If you are fully qualified to self-perform the entire contract, please respond with "Not Applicable-Self Perform".

(Required: Maximum 4000 characters allowed)

7 Reference No. 1

List a company or governmental agency where these same/like products /services, as stated herein, have been provided. Texas references preferred. Include the following: Company/Entity, Contact, Address, City/State/Zip, Phone, and E-Mail.

(Required: Maximum 4000 characters allowed)

8 Reference No. 2

List a company or governmental agency where these same/like products /services, as stated herein, have been provided. Texas references preferred. Include the following: Company/Entity, Contact, Address, City/State/Zip, Phone, and E-Mail.

(Required: Maximum 4000 characters allowed)

9 Reference No. 3

List a company or governmental agency where these same/like products /services, as stated herein, have been provided. Texas references preferred. Include the following: Company/Entity, Contact, Address, City/State/Zip, Phone, and E-Mail.

(Required: Maximum 4000 characters allowed)

10 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

(Required: Check only one)

11 Preferential Treatment

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). 1. Is your principal place of business in the State of Texas? 2. If your principal place of business is not in Texas, in which State is your principal place of business? 3. If your principal place of business is not in Texas, does your state favor resident bidders (bidders in your state) by some dollar increment or percentage? 4. If your state favors resident bidders, state by what dollar amount or percentage.

(Required: Maximum 4000 characters allowed)

12 Debarment Certification

I certify that neither my company nor an owner or principal of my company has been debarred, suspended or otherwise made ineligible for participation in Federal Assistance programs under Executive Order 12549, "Debarment and Suspension," as described in the Federal Register and Rules and Regulations. Please initial.

(Required: Maximum 1000 characters allowed)

1
3**Immigration and Reform Act**

I 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 by Collin County. Please initial.

(Required: Maximum 1000 characters allowed)

1
4**Disclosure of Certain Relationships**

Chapter 176 of the Texas Local Government Code requires that any vendor considering doing business with a local government entity disclose the vendor's affiliation or business relationship that might cause a conflict of interest with a local government entity. Subchapter 6 of the code requires a vendor to file a conflict of interest questionnaire (CIQ) if a conflict exists. By law this questionnaire must be filed with the records administrator of Collin County no later than the 7th business day after the date the vendor becomes aware of an event that requires the statement to be filed. A vendor commits an offense if the vendor knowingly violates the code. An offense under this section is a misdemeanor. By submitting a response to this request, the vendor represents that it is in compliance with the requirements of Chapter 176 of the Texas Local Government Code. Please send completed forms to the Collin County County Clerk's Office located at 2300 Bloomdale Rd., Suite 2104, McKinney, TX 75071. Please initial.

(Required: Maximum 1000 characters allowed)

1
5**Anti-Collusion Statement**

Bidder certifies that its Bid/Proposal is made without prior understanding, agreement, or connection with any corporation, firm, or person submitting a Bid/Proposal for the same materials, services, supplies, or equipment and is in all respects fair and without collusion or fraud. No premiums, rebates or gratuities permitted; either with, prior to, or after any delivery of material or provision of services. Any such violation may result in Agreement cancellation, return of materials or discontinuation of services and the possible removal from bidders list. Please initial.

(Required: Maximum 1000 characters allowed)

1
6**Disclosure of Interested Parties**

Section 2252.908 of the Texas Government Code requires a business entity entering into certain contracts with a governmental entity to file with the governmental entity a disclosure of interested parties at the time the business entity submits the signed contract to the governmental entity. Section 2252.908 requires the disclosure form (Form 1295) to be signed by the authorized agent of the contracting business entity, acknowledging that the disclosure is made under oath and under penalty of perjury. Section 2252.908 applies only to a contract that requires an action or vote by the governing body of the governmental entity before the contract may be signed or has a value of at least \$1 million. Section 2252.908 provides definitions of certain terms occurring in the section. Section 2252.908 applies only to a contract entered into on or after January 1, 2016. Please initial.

(Required: Maximum 1000 characters allowed)

1
7**Notification Survey**

In order to better serve our offerors, the Collin County Purchasing Department is conducting the following survey. We appreciate your time and effort expended to submit your bid. Should you have any questions or require more information please call (972) 548-4165. How did you receive notice of this request?

☐ Plano Star Courier ☐ Plan Room ☐ Collin County eBid Notification ☐ Collin County Website
☐ Other

(Required: Check only one)

1
8**Proposer Acknowledgement**

Proposer acknowledges, understands the specifications, any and all addenda, and agrees to the proposal terms and conditions and can provide the minimum requirements stated herein. 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 Proposal submittal resulting from Proposer's failure to do so. Proposer acknowledges the prices submitted in this Proposal have been carefully reviewed and are submitted as correct and final. If 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 Request for Proposal. Please initial.

(Required: Maximum 1000 characters allowed)

1
9**Cooperative Contract Name**

State the cooperative contract name this quote is offered under. (i.e. TX DIR, TXMAS, TCPN, National IPA, Buyboard, TIPS/TAPS, etc.) If none, answer N/A.

(Required: Maximum 4000 characters allowed)

2
0**Cooperative Contract Number**

State the cooperative contract number this quote is offered under. If none, answer N/A.

(Required: Maximum 4000 characters allowed)

2
1**Cooperative Contract Website**

Please provide the website URL for the cooperative contract this quote is offered under. If none, answer N/A.

(Required: Maximum 1000 characters allowed)

Bid Lines

1 Complete and Upload Attachment K - Premium Summary
(Line excluded from response total)

Supplier Notes: _____

☐ Additional notes
(Attach separate sheet)

Supplier Information

Company Name:

Contact Name:

Address:

Phone:

Fax:

Email:

Supplier Notes

The undersigned hereby certifies the foregoing proposal submitted by the company listed below hereinafter called “offeror” is the duly authorized agent of said company and the person signing said proposal has been duly authorized to execute same. Offeror affirms that they are duly authorized to execute this contract; this company; corporation, firm, partnership or individual has not prepared this proposal in collusion with any other offeror or other person or persons engaged in the same line of business; and that the contents of this proposal as to prices, terms and conditions of said 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 proposal.

Print Name

Signature

1.0 GENERAL INSTRUCTIONS

1.0.1 Definitions

1.0.1.1 Offeror: refers to submitter.

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

1.0.1.3 Submittal: refers to those documents required to be submitted to Collin County, by an Offeror.

1.0.1.4 RFP: refers to Request for Proposal.

1.0.1.5 CSP: refers to Competitive Sealed Proposal

1.1 If Offeror does not wish to submit an offer at this time, please submit a No Bid.

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 ionWave Technologies, Inc. (Collin County eBid) 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 submittal may not be withdrawn or canceled by the offeror prior to the ninety-first (91st) 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 Proposals/Submittals for any or all products and/or services covered in a Request For Proposal (RFP) and Competitive Sealed Proposal (CSP), 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 RFP's and CSP's submitted in hard copy paper form shall be submitted in a sealed envelope, plainly marked on the outside with the RFP/CSP 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. RFP's and CSP's may be submitted in electronic format via Collin County eBid.

1.9 All Request for Proposals (RFP) and Competitive Sealed Proposals (CSP) submitted electronically via Collin County eBid shall remain locked until official date and time of opening as stated in the Special Terms and Conditions of the RFP and/or CSP.

1.10 Time/date stamp clock in Collin County Purchasing Department shall be the official time of receipt for all Request for Proposals (RFP) and Competitive Sealed Proposals (CSP) submitted in hard copy paper form. RFP's, and CSP's received in the Collin 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 RFP/CSP, 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 a Request for Proposal or 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 the date specified in the solicitation. 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 Collin County eBid.

1.13.1 Addenda will be transmitted to all that are known to have received a copy of the RFP/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. **Collin County eBid** <https://collincountytx.ionwave.net/>, telephoning Purchasing Department directly, etc.) prior to opening/receipt date and time to insure Offeror's receipt of any addenda issued. 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 Any reference to model/make and/or manufacturer used in specifications is for descriptive purposes only. Products/materials of like quality will be considered.

1.17 Offerors taking exception to the specifications shall do so at their own risk. By offering substitutions, Offeror shall state these exceptions in the section provided in the RFP/CSP 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.

1.18 Minimum Standards for Responsible Prospective Offerors: A prospective Offeror must meet the following minimum requirements:

1.18.1 have adequate financial resources, or the ability to obtain such resources as required;

1.18.2 be able to comply with the required or proposed delivery/completion schedule;

1.18.3 have a satisfactory record of performance;

1.18.4 have a satisfactory record of integrity and ethics;

1.18.5 be otherwise qualified and eligible to receive an award.

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

1.20 Vendor shall bear any/all costs associated with it's preparation of a RFP/CSP 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 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.

1.25 Offeror shall comply with all local, state and federal employment and discrimination laws and shall not discriminate against any employee or applicant for employment because of race, color, religion, sex, age, national origin or any other class protected by law.

2.0 TERMS OF CONTRACT

2.1 A 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.

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 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 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 Expenses for Enforcement. In the event either Party hereto is required to employ an attorney to enforce the provisions of this Agreement or is required to commence legal proceedings to enforce the provisions hereof, the prevailing Party shall be entitled to recover from the other, reasonable attorney's fees and court costs incurred in connection with such enforcement, including collection.

2.11 If a contract, resulting from a Collin County RFP/CSP is for the execution of a public work, the following shall apply:

2.11.1 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 56th Legislature, Regular Session, 1959 (Article 7.19-1 Vernon's Texas Insurance Code).

2.11.2 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 56th Legislature, Regular Session, 1959 (Article 7.19-1 Vernon's Texas Insurance Code).

2.12 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.

2.13 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.

2.14 Collin County Purchasing Department shall serve as Contract Administrator or shall supervise agents designated by Collin County.

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

2.16 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.

2.17 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.

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

2.18.1 Collin County Purchase Order Number;

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

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

- 2.19 Payment will be made in accordance with V.T.C.A., Government Code, Title 10, Subtitle F, Chapter 2251.
- 2.20 All warranties shall be stated as required in the Uniform Commercial Code.
- 2.21 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.
- 2.22 The Vendor/Contractor/Provider agree to protect Collin County from any claims involving infringements of patents and/or copyrights.
- 2.23 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.
- 2.24 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.
- 2.25 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.
- 2.26 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.
- 2.27 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.
- 2.28 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.
- 2.29 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.
- 2.30 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.

2.31 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.

2.32 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 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 proposal submission and time of award, the Offeror will notify the Collin County Purchasing Agent. Failure to do so may result in terminating this contract for default.

2.33 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.

2.34 Delays and Extensions of Time when applicable:

2.34.1 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/Engineer may determine.

2.34.2 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.

2.35 Disclosure of Certain Relationships: Chapter 176 of the Texas Local Government Code requires that any vendor considering doing business with a local government entity disclose the vendor's affiliation or business relationship that might cause a conflict of interest with a local government entity. Subchapter 6 of the code requires a vendor to file a conflict of interest questionnaire (CIQ) if a conflict exists. By law this questionnaire must be filed with the records administrator of Collin County no later than the 7th business day after the date the vendor becomes aware of an event that requires the statement to be filed. A vendor commits an offense if the vendor knowingly violates the code. An offense under this section is a misdemeanor. By submitting a response to this request, the vendor represents that it is in compliance with the requirements of Chapter 176 of the Texas Local Government Code. Please send

completed forms to the Collin County County Clerk's Office located at 2300 Bloomdale Rd., Suite 2104, McKinney, TX 75071.

2.36 Disclosure of Interested Parties: Section 2252.908 of the Texas Government Code requires a business entity entering into certain contracts with a governmental entity to file with the governmental entity a disclosure of interested parties at the time the business entity submits the signed contract to the governmental entity. Section 2252.908 requires the disclosure form (Form 1295) to be signed by the authorized agent of the contracting business entity, acknowledging that the disclosure is made under oath and under penalty of perjury. Section 2252.908 applies only to a contract that requires an action or vote by the governing body of the governmental entity before the contract may be signed or has a value of at least \$1 million. Section 2252.908 provides definitions of certain terms occurring in the section. Section 2252.908 applies only to a contract entered into on or after January 1, 2016.

2.37 Vendors/Contractors/Providers must be in compliance with the provisions of Section 2252.152 and Section 2252.153 of the Texas Government Code which states, in part, contracts with companies engaged in business with Iran, Sudan, or Foreign Terrorist Organizations are prohibited. A governmental entity may not enter into a contract with a company that is listed on the Comptroller of the State of Texas website identified under Section 806.051, Section 807.051 or Section 2253.253 which do business with Iran, Sudan or any Foreign Terrorist Organization. This Act is effective September 1, 2017.

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

3.0 INSURANCE REQUIREMENTS

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. Coverage must be written on occurrence form.

- Each Occurrence: \$1,000,000
- Personal Injury & Adv. Injury: \$1,000,000
- Products/Completed Operation Aggregate: \$2,000,000
- 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 which includes any automobile (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 reporting period. 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:

3.2.1 A waiver of subrogation in favor of Collin County, its officials, employees, volunteers and officers shall be provided for General Liability, Commercial Automobile Liability, and Workers' Compensation.

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

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

3.2.4 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.

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

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

3.3.1 A financial rating of A-VII or higher as assigned by the BEST Rating Company or equivalent.

3.4 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:

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

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

PART ONE (1)

4.0 PART ONE (1) - EVALUATION CRITERIA AND FACTORS

4.1 Proposers will be qualified and insurance companies will be assigned exclusively to an agent. The Collin County 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 parent companies or groups and their subsidiaries 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.

5.0 PART ONE (1) - SPECIAL CONDITIONS AND SCOPE OF SERVICES

5.1 Authorization: Sealed proposals will be received for General Liability Insurance.

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

The county will utilize a two-step process for completing and making this award. First, markets will be assigned; second, 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 Liability Insurance Questionnaire and Market Survey (Attachment A)** via email to Sara Hoglund at shoglund@co.collin.tx.us or via hard copy in a sealed envelope marked with the RFP No. 2019-248, Insurance, General Liability and Company Name no later than 2:00 p.m. June 28, 2019 to:

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

(972) 548-4165

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

6.0 PART ONE (1) - PROPOSAL FORMAT
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6.1 Submit the following documents:

6.1.1 Attachment A – Collin County Liability Insurance Questionnaire and Market Survey

PART TWO (2)

4.0 PART TWO (2) - EVALUATION CRITERIA AND FACTORS

- 4.1 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, Local Government 262.030.

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.

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

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. Contractors may, at the discretion of the County, be contacted to submit clarifications or additional information. Contractor will be required to respond within two (2) business days. Incomplete or noncompliant RFPs may be disqualified.

Selection Level 1 – Conformance with mandatory requirements

Documents required in section 6.0 including responses to Attachments B-K shall be submitted as part of the proposal. Failure to provide these documents may deem vendor as non-responsive.

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 offerors 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 business days. Incomplete or noncompliant RFPs may be disqualified.

Selection Level 2 – Clarification and Confirmation Communications

Offerors elevated to Level 2 will be asked to respond in writing to issues and questions raised by the county, as well as any other cost and implementation planning considerations in the proposal. Offerors may be invited to present their responses on-site, however, that oral presentations are at the sole discretion of the committee and the committee is not obligated to request a demonstration or interview. The oral presentation is an opportunity for the evaluation committee to ask questions and seek clarification of the proposal submitted. The presentation is not meant as an opportunity for the offeror simply to provide generic background information about the corporation or its experience. Thus, the time will be structured with a minimum time for the offeror to present and the majority of time dedicated to addressing questions from the

evaluation committee. The oral presentations, if held, will be scheduled accordingly and all presenting offerors will be notified of time and date. The county reserves the right to bypass Level 2 in the evaluation process and move directly to Selection Level 3.

Selection Level 3 – Detailed Proposal Assessment (Maximum 100 Points)

The evaluation committee will conduct a detailed assessment of all proposals elevated to this Level. Criteria evaluated in Level 3:

CRITERIA	VALUE
Profile of local/national agency operations to include firms qualifications, experience and references (Attachments A and Item 6.1.5)	15
Availability of other programs to include loss control services (Attachments B & C)	15
Agency resources available to include support services, access of staff, service plan (Attachments A, B, & C)	20
Ability to meet established criteria (Attachments D-J)	20
Pricing of programs – Attachment K	30
Total Value	100

Selection Level 4 – Best and Final Offer

Contractors who are susceptible of receiving award will be elevated to Level 4 for Best and Final Offer. Contractor will be asked to respond in writing to issues and questions raised by the County as well as any other cost and implementation planning considerations in the proposal, and may be invited to present their responses on-site. Proposals may be re-evaluated based upon Criteria in level 2 through 3.

Based on the result of the Best and Final Offer evaluation, contractor(s) will be identified as the finalist(s) 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 proposals and enter into negotiations with them.

5.0 PART TWO (2) - SCOPE OF SERVICES

5.1 Overview: Collin County is a political subdivision of the State of Texas, with the county seat in McKinney, Texas. The county is home to over 965,000 residents, and occupies over 851 square miles. The county currently has approximately 1,853 full-time employees and 23 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 that 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 163 full-time officers armed with full arrest authority, 290 full-time jailers, 40 reserve deputies, 13 unarmed with limited arrest authority, and 2 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.

Collin County is conducting a vendor search 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, and County Health Clinic Medical Professional Liability coverage.

5.2 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, and County Health Clinic Medical Professional Liability coverage.

5.3 Current Program: The current insurance agency is USI Insurance Services. All lines of coverage are provided by One Beacon Government Risks except County Health Clinic Medical Professional Liability. That coverage is provided by ACE American Insurance Company.

Collin County's current program consists of a layered approach, combining self-insured retention at various levels, dependent upon the coverage provided. Given its vast exposure to risks, Collin County has had minimal claims.

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

- Exhibit One: Current underwriting information
- Exhibit Two: Loss information
- Exhibit Three: The One Beacon renewal application completed in fiscal year 2018
- Exhibit Four: The renewal application completed in fiscal year 2018 for the County Health Clinic Medical Professional Liability through ACE American Insurance Company
- Exhibit Five: Information on the county's over-the-road fleet
- Exhibit Six: Current bond schedule
- Exhibit Seven: Legal Expenditure for current claims

5.4 Term: Provide for a contract commencing on October 1, 2019, through September 30, 2020, with the option to extend for four (4) additional one (1) year periods.

5.5 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.

5.6 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.

5.7 Method of Award:

5.7.1 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 4.0 above. Collin County reserves the right to award on an "all or none" or by "service or coverage" basis.

5.7.2 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.

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

5.7.4 No vendor has exclusive rights on this account; competitive proposals will be accepted from all responsible offerors. All invoices shall be sent to:

Collin County Auditor
2300 Bloomdale Rd
Suite 3100
McKinney, TX 75071

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

5.8 Pricing and Fees: The information included in this RFP may contain questions or information requests that require detailed responses or attachments. Read each section thoroughly, and include your responses in numerical order.

5.8.1 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.

5.8.2 All pricing information should be disclosed on Attachment K. Within the offeror's response, any and all fees and commissions, set-up costs, and termination fees should be disclosed. 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.

5.8.3 The county desires that the offeror disclose on Attachment K any discount associated with the cost for the proposed fees 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.

5.8.4 Changes in the annual fee can only be instituted on a policy anniversary date, and it is requested that the selected offeror provide notice of changes in the annual fee at least 120 days before renewal.

5.9 Negotiations: 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.

5.9.2 Offerors may be required to submit additional data during the process of any negotiations.

5.9.3 Collin County reserves the right to negotiate the price and any other term with the offerors.

5.9.4 Any oral negotiations must be confirmed in writing prior to award.

5.10 Approximate Value/Usage: Approximate usage does not constitute an order, but only implies the probable quantity the County will use. Estimated expenditure is \$452,948.

5.11 Subcontractors: Contractor shall state names of all subcontractors and the type of work they will be performing. If an contractor fails to specify a subcontractor, then he shall be deemed to have agreed that he is fully qualified to perform the contract himself, and that he will fully perform the contract himself.

No proposer whose proposal is accepted shall (a) substitute any subcontractor, or (b) permit a subcontract to be voluntarily assigned or transferred or allow it to be performed by anyone other than the original subcontractor listed in the original proposal without approval in writing from the Collin County Purchasing Department.

The successful proposer further agrees that Collin County and its agents, servants and employees shall not be liable for any loss or damage resulting from personal injury, physical loss, harassment of or discrimination against employee or other violations of the provisions of this contract occasioned by the acts or omissions of the successful proposer's sub-contractors, their agents or employees. The indemnification provisions of this contract shall apply to all sub-contractors.

5.12 Confidential or Proprietary Information: Collin County is subject to the Texas "Public Information Act", Texas Government Code Chapter 552. Contractors shall identify those portions of their proposals that they deem to be confidential, proprietary information or trade secrets. Contractors shall clearly indicate each and every section to which this applies. It is not sufficient to preface the entire proposal with a proprietary statement. State of Texas Attorney General retains the final authority as to the extent of material that is considered proprietary or confidential.

5.13 **PROPOSAL SCHEDULE**

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

RFP No. 2019-248, Insurance General Liability

RFP Released	June 18, 2019
Part 1 – Assignment of Markets Due	June 28, 2019 at 2:00 pm
Deadline for submission of questions	July 11, 2019 at 5:00 pm
Proposals Due	July 18, 2019 at 2:00 pm
Award of RFP	September 2019

6.0 PART TWO (2) - PROPOSAL FORMAT

In accordance with the directions below, contractor shall provide a response for each item in Section 6.2 – 6.9 in order and include item numbers in response. Answer all questions fully, clearly, and concisely, giving complete information. Do not skip items. Do not refer to other parts of your proposal for the answers. You may not modify either the order or language of the question. **Responses shall include a statement of “agree”, “confirmed”, “will provide”, “not applicable”, or “exception taken” along with any additional information.** If an item is “not applicable” or “exception taken”, contractor shall state that and refer to Section 7.0 Exceptions, with explanation.

Contractor shall adhere to the instructions in this request for proposals on preparing and submitting the proposal. If contractor does not follow instructions regarding proposal format, points will be deducted during the evaluation process.

6.1 PROPOSAL DOCUMENTS: To achieve a uniform review process and to obtain a maximum degree of comparability, the proposal shall, at a minimum include a Table of Contents detailing sections and corresponding page numbers.

6.1.1 Proposals may be submitted online via <http://collincountytx.ionwave.net> or submitted via CD-ROM or Flash Drive. Electronic submissions are preferred.

6.1.2 If submitting manually, one (1) original and three (3) copies of the proposal shall be submitted in a sealed envelope or box with RFP name, number, and name of firm printed on the outside of the envelope or box. Manual submittals shall be sent/delivered to the following address and shall be received prior to the date/time for opening:

Collin County Purchasing
2300 Bloomdale, Suite 3160
McKinney, TX 75071

Paper copies shall be printed on letter size (8 ½ x 11) paper and assembled using spiral type bindings, staples, or binder clips. Do not use metal-ring hard cover binders. Manual submittals shall include an electronic copy in a searchable format.

It shall be the responsibility of the offeror to insure that their proposal reaches Collin County Purchasing prior to the date/time for the opening no matter which submission method is used.

Proposal shall include but not be limited to information on each of the following:

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

6.1.2 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.

6.1.3 Detailed Proposal: Complete the attached documents:

- Attachment A – Collin County Liability Insurance Questionnaire and Market Survey
- Attachment B – General Liability Insurance Questionnaire
- Attachment C – RFP Contract Requirements
- Attachment D – Coverage Specifications General Liability
- Attachment E – Coverage Specifications Excess Liability
- Attachment F – Coverage Specifications Auto Liability
- Attachment G – Coverage Specifications Law Enforcement Liability
- Attachment H – Coverage Specifications Public Officials Liability
- Attachment I – Coverage Specifications Crime
- Attachment J – Coverage Specifications Medical Professional Liability
- Attachment K – Premium Summary

In addition, all requests for information 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 be itemized and listed in Attachment K.

6.1.4 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 program and the program you offer. If no differences are noted in the executive summary, your program will be deemed to be consistent with Collin County's current program.

6.1.5 Offeror References: References in each category should be unique clients. The offeror shall furnish the following reference information:

6.1.5.1 Name, address, contact name, and telephone number for the last three (3) clients who terminated service within the last three (3) years.

6.1.5.2 Name, address, contact name, and telephone number for two (2) most recent clients within the last year.

6.1.5.3 Name, address, contact name, and telephone number for five (5) existing clients with three (3) or more year history with the offeror. Please include at least two (2) references who have general liability coverage through your proposed company and have made a claim.

6.1.5.4 Name, address, contact name, and telephone number for three (3) governmental clients, either city or county.

6.1.7 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.

6.1.8 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.

6.1.9 This RFP and the offeror's response shall be included as part of the contract.

7.0 PART TWO (2) - EXCEPTIONS

7.1 Instructions for completing section: All offerors to this RFP shall detail, in a single location 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.

Please complete the following worksheet listing any and all exceptions from the information requested in the Request for Proposal. Attach additional pages as needed. If no exceptions are listed in Section 7.0 it is understood that the offeror has agreed to all RFP requirements, the response will be considered as confirmed even if it is listed elsewhere as an exception.

Section Number/ Question Number	Required Service You are 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.

**ATTACHMENT A:
COLLIN COUNTY LIABILITY
INSURANCE QUESTIONNAIRE
AND MARKET SURVEY**

Collin County Liability Insurance Questionnaire and Market Survey

**Complete and return this form no later than
June 28, 2019 at 5:00 p.m., to**

Via email to shoglund@co.collin.tx.us or hardcopy via mail to
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:	Website:	
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. 2018 - \$ _____

b. 2017 - \$ _____

c. 2016 - \$ _____

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

a. 2018 - \$ _____

b. 2017 - \$ _____

c. 2016 - \$ _____

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. 2018 - \$ _____

b. 2017 - \$ _____

c. 2016 - \$ _____

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

Specialty	# of Employees	Cumulative Years of Experience
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 – 2018 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.

If you intend to write a policy including all lines of coverage, please indicate the market(s) of your choice below.

General Liability (including law enforcement, errors and omissions, crime, and employment practices)

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

If you intend to write a standalone policy for any of these lines of coverage please select a separate market on page 5 and/or 6. 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.

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.

General Liability

<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

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

Commercial Auto Liability/ Physical Damage

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

County Health Clinic Medical Professional Liability

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

Law Enforcement Liability

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

Public Officials and Errors and Omissions Liability

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

Crime

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

Employment Practices Liability

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

ATTACHMENT B: GENERAL LIABILITY INSURANCE QUESTIONNAIRE

General Liability Insurance Questionnaire

This document includes questions and information requests that require detailed responses or attachments. Please answer all questions on additional paper and attach it to this questionnaire for easy reference. Ensure all responses are numbered with the same number as the questions. Any requirements listed in the RFP that cannot or will not be met or complied with in their entirety should be noted in the Exceptions Section (7.0) in Part Two Proposal Response with the item number included. Any and all fees should be listed on Attachment K.

1. Please detail the claim process for the broker firm and the selected insurance carrier. Please be sure to include:
 - a. Notification requirements
 - b. Required documentation
 - c. Any penalties for incorrect filing
 - d. How claims are calculated
 - e. Processing times
 - f. Location of the claims processing site
2. Describe both the broker firm's and the selected insurance provider's 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. Please be sure to include:
 - a. Information regarding the ability to integrate your electronic system with PeopleSoft
 - b. Format of information that will be provided
 - c. Type of information available
 - d. How will the county receive Loss Run Information
3. Describe the process when the relationship with the broker firm and/or the selected insurance carrier terminates. Please be sure to include:
 - a. Details on what happens to the Collin County records
 - b. How much notice will be given prior to termination
4. The county currently goes through USI to obtain Public Official Bonds. Attached in Exhibit 6 is our current bond schedule which includes the total number of bonds currently in place as well as their value. The county would like all respondents to provide service plan information on Public Official Bonds. Please be sure to include:
 - a. Cost of the bonds
 - b. Turnaround time when processing new or renewed bonds
 - c. Proposed transition plan
 - d. Describe your expertise in handling Public Official Bonds
 - e. How do you ensure the right bonds are issued
 - f. What checks and balances are in place to ensure that Collin County is in compliance
 - g. Process in which bonds will be issued to Collin County
5. Please provide a list of approved Third Party Administrators (TPA) for each line of coverage. Collin County currently uses TriStar Risk Management but the contract goes out for bid every three years. Please be sure to include:
 - a. Any exceptions to approved TPA's

6. Upon receipt of loss information, the Risk Manager will review any claims that are reserved too low or too high and appropriate action will be discussed to adjust reserves accordingly. In your response, please detail the process by which reserves will be determined.
7. Provide information on training programs or opportunities that can be provided through your company or selected insurance carrier. Please be sure to include:
 - a. Information on the training platform used for the programs
 - b. Specify lists of courses that are offered
 - c. What materials are offered to supplement course
 - d. How many courses are offered
 - e. How are courses offered, in person, online, or blended. Please describe
8. Please detail coverage specifications for the following:
 - a. Clarify General Liability Punitive Damages Coverage
 - b. Explain details of any enhancements not listed in the proposal for all lines of coverage
 - c. Detail other limits available for crime coverage
 - d. Is Cyber included
 - i. If yes, please detail Cyber coverage
9. Provide information on all current litigation and any litigation within the past three years for both the broker firm and the insurance carrier.
10. Please provide the name of the bidding insurance company for each line of coverage and their AM Best Rating
 - a. Excess Liability:
 - b. General Liability:
 - c. Auto Liability:
 - d. Law Enforcement Liability:
 - e. Public Officials Liability:
 - f. Crime:
 - g. Medical Professional Liability:

Requested Documentation

1. Please attach each requested document(s) to this questionnaire and label them with the corresponding letter for easy reference.
 - a. An organizational chart for the specified claims processing location for both the broker's firm and the selected insurance carrier.
 - b. Resumes and contact information for the representative and supervisor that will be assigned to Collin County's account. This should be provided for the contacts with both the broker's firm and the selected insurance provider.
 - c. A flowchart of the claims handling process for both the broker firm and the selected insurance provider.

- d. A schedule detailing required actions by both Collin County and the broker firm in order for the plan to be effective October 1, 2019.
- e. Copies of the broker firm's audited financial statements including balance sheets and income statements for the last three (3) years.
- f. Plans for merger/divestiture or a major capital investment or divestment or major claims administration conversion during the next 12 months.
- g. A sample of a complete policy specimen (including all forms and endorsements).
- h. A list of any exclusions applicable for all lines of coverage.
- i. A sample renewal plan.
- j. A proposal or plan that states the specific ways in which the offeror intends to reduce claims, increase loss prevention, advance safe procedures, and detail any other services available.
- k. A general outline of proposed services and inspections. Including costs of such services, if not included in the premium (any fees should also be included on Attachment K).
- l. A copy of Offeror's errors and omissions coverage.
- m. Samples of monthly reports available to Collin County, information should include but is not limited to paid claims, pending claims, incurred costs, designated reserves, status of each claim, and include timing of such reports.
- n. Samples of the types of statistical data and loss reports the selected insurance carrier can provide when requested other than monthly reports specified above.
- o. A copy of last audited financials including balance sheets and income statements
- p. Any available statistics regarding claim processing and payment history.

ATTACHMENT C: RFP CONTRACT REQUIREMENTS

**Attachment C -
RFP Contract Requirements**

Vendor Name:

RFP responders are required to respond to all requests for information contained in this questionnaire. Your responses to the questions should be based on your current proven capabilities. Should there be instances where certain questions are not applicable to your organization or its operations, please indicate this by selecting "N/A". All "No" or "N/A" answers recorded in this questionnaire require additional information. Additional information to accompany those answers MUST be detailed in the Exceptions section (7.0) of the Proposal Response. Failure to do so may result in disqualification.

If you are selected to administer this plan, your responses to the questionnaire will be considered part of your contractual responsibilities.

Please answer by placing an "X" in the appropriate response column. DO NOT add extra rows/columns.

General Requirements		Yes	No
1	The offeror agrees that the information contained in the claim files is the property of Collin County.		
2	The offeror agrees to submit to regular audits of the pertinent claim files and interviews with the involved adjuster(s) and their supervisors. These audits will endeavor to identify that timeliness and accuracy of processing is in full accordance with accepted industry standards.		
3	The offeror agrees to allow the county's representatives access to electronic databases that references the county's claim or claims within 15 days of request, at no additional costs.		
4	The offeror agrees to provide information contained in the claim file, in electronic format, to the county at no charge within 15 days of the county request.		
5	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 the offeror an administrative fee of \$1,000.00 to remedy county personnel costs required to research and recapture such claim information.		
6	The offeror agrees to provide a designated representative or team as the contact between the offeror and the county.		

7	The offeror agrees to return phone calls and e-mails within one business day.		
8	The offeror agrees that changes in premium can only be instituted on a policy anniversary date.		
9	The selected offeror agrees to provide for notice of changes in premium at least 90 days before renewal.		
10	Offeror shall provide at least a 90-day, preferably 120-day notice of non-renewal.		
11	Offeror will provide a 120-day renewal plan including any plan changes and rates.		
12	The offeror agrees to provide prompt and accurate loss runs quarterly showing all paid and outstanding (reserved) claims and the amount of the reserve.		
13	Upon receipt of loss runs, the Risk Manager will review any claims that are reserved too low or high and appropriate action will be discussed to adjust reserves accordingly. Do you agree to this provision?		
14	The offeror agrees to submit electronic reports monthly and/or as needed and requested by the county.		
15	The offeror agrees to 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.		
16	The offeror agrees to 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.		
17	The offeror agrees that 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.		
18	If the offeror is selected, the offeror agrees to provide a complete copy of all policies delivered to Collin County no later than December 1, 2019.		
19	Do you have any plans for merger/divestiture or a major capital investment or divestment or major claims administration conversion during the next 12 months?		

ATTACHMENT D: COVERAGE SPECIFICATIONS GENERAL LIABILITY

Coverage Specifications

RFP responders are required to respond to all requests for information contained in this questionnaire. Your responses to the questions should be based on your current proven capabilities. Should there be instances where certain questions are not applicable to your organization or its operations, please indicate this by selecting "N/A". **All "No" or "N/A" answers recorded in this questionnaire require additional information.** Additional information to accompany those answers MUST be detailed in the Exceptions section (7.0) of your response. Failure to do so may result in disqualification.

If you are selected to administer this plan, your responses to the questionnaire will be considered part of your contractual responsibilities

Please note all questions are referring to All Locations unless otherwise specified.

Please answer by placing an "X" in the appropriate response column. DO NOT add extra rows/columns.

Attachment D- Coverage Specifications General Liability

Vendor Name:

Limits of Insurance

Specifications	Included			Comments/ Limits
	Yes	No	N/A	
All Locations Except for Myers Park and Farm Museum				
\$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?				
Limits of Insurance				
Specifications	Included			Comments/ Limits
Myers Park and Farm Museum	Yes	No	N/A	
\$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?				
Coverage Details				
Specifications	Included			Comments/ Limits
	Yes	No	N/A	
Employee benefits liability – occurrence form				
Do you agree to send notice to amend, non-renew or cancel – minimum of 90 days?				
Is pollution for sudden and accidental contractual liability included?				
Is Non-Waiver of governmental immunity				
Is this coverage coordinated-coverage with professional liability policies?				
Is use of reasonable force to protect persons or property covered?				
Does the covered contract include inter-local contracts and/or agreements?				
Does the covered contract 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?				
Is bodily injury and property damage arising from the escape of fuels and lubricants for the maintenance and operation of mobile equipment covered?				
Are defense costs/legal expenses within limits covered?				
Is the first dollar defense and defense coverage included?				
Is the County allowed to select defense counsel?				
Are all forms and endorsements attached to and made a part of this proposal?				
Is Herbicide and Pesticide Liability coverage included?				
Is Cyber Coverage included in this policy?				
Broad form named insured (including non-profits)				
Are employed attorneys acting in the scope of their duties for the named insured covered?				
Are Elected/Appointed Officials acting in the scope of their duties for the named insured covered?				
Are Volunteers acting in the scope of their duties for the named insured covered?				
Are claims of sexual harassment covered?				
Are claims of denial of FMLA benefits covered?				
Are claims of FMLA retaliation covered?				
Are claims of ADA violations covered?				
Are claims of illegal discrimination covered?				
Claims Processing				
Specifications	Included			Comments/ Limits
	Yes	No	N/A	
Does the insurance company require in-house processing of claims?				
May a TPA process claims?				
Are there TPA's excluded from processing claims?				If yes, please note in Attachment B
Do defense expenses go toward the deductible?				

ATTACHMENT E: COVERAGE SPECIFICATIONS EXCESS LIABILITY

Coverage Specifications

RFP responders are required to respond to all requests for information contained in this questionnaire. Your responses to the questions should be based on your current proven capabilities. Should there be instances where certain questions are not applicable to your organization or its operations, please indicate this by selecting "N/A". **All "No" or "N/A" answers recorded in this questionnaire require additional information.** Additional information to accompany those answers MUST be detailed in the Exceptions section (7.0) of your response. Failure to do so may result in disqualification.

If you are selected to administer this plan, your responses to the questionnaire will be considered part of your contractual responsibilities

Please note all questions are referring to All Locations unless otherwise specified.

Please answer by placing an "X" in the appropriate response column. DO NOT add extra rows/columns.

Attachment E- Coverage Specifications Excess Liability

Vendor Name:

Limits of Insurance

Specifications	Included			Comments/ Limits
	Yes	No	N/A	
\$2,000,000 – per occurrence, in excess of any primary liability coverage				
\$4,000,000 Policy Aggregate				

Coverage Details

Specifications	Included			Comments/ Limits
	Yes	No	N/A	
Is this a standalone policy?				
Is this part of a package program?				
Underlying Coverage				
Specifications	Included			Comments/ Limits
	Yes	No	N/A	
General Liability				
Myers Park General Liability				
Law Enforcement Liability				
Public Officials Liability				
Employment Practices Liability				
Automobile Liability				
Pollution Liability Insurance				
Healthcare Facilities Liability				
Are there any coverages excluded				If yes, please note in Section 7.0
Claims Processing				
Specifications	Included			Comments/ Limits
	Yes	No	N/A	
Does the insurance company require in-house processing of claims?				
May a TPA process claims?				
Are there TPA's excluded from processing claims?				If yes, please note in Attachment B

ATTACHMENT F: COVERAGE SPECIFICATIONS AUTO LIABILITY

Coverage Specifications

RFP responders are required to respond to all requests for information contained in this questionnaire. Your responses to the questions should be based on your current proven capabilities. Should there be instances where certain questions are not applicable to your organization or its operations, please indicate this by selecting "N/A". **All "No" or "N/A" answers recorded in this questionnaire require additional information.** Additional information to accompany those answers MUST be detailed in the Exceptions section (7.0) of your response. Failure to do so may result in disqualification.

If you are selected to administer this plan, your responses to the questionnaire will be considered part of your contractual responsibilities

Please note all questions are referring to All Locations unless otherwise specified.

Please answer by placing an "X" in the appropriate response column. DO NOT add extra rows/columns.

Attachment F - Coverage Specifications Auto Liability

Vendor Name:

Limits of Insurance

Specifications	Included			Comments/ Limits
	Yes	No	N/A	
\$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				
Is this a standalone policy?				
Is this part of a package program?				
Coverage Details				
Specifications	Included			Comments/ Limits
	Yes	No	N/A	
Is coverage provided 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?				
Is any volunteer acting within the scope of duties assigned by the county covered?				
Is coverage for permissive users included?				
Are officers, directors, elected or appointed officials, any members of a board or commissions of the county with respect to non-owned automobiles used in the business of the county covered?				
Will you 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?				
Is the County covered for any liability arising out of hired and non-owned vehicles?				
Are territories Canada and Mexico (100 miles of the border) included?				
Does coverage apply for bodily injury and property damage arising out of the overturn or collision of an automobile?				
Does coverage apply for pollutants that result from electrical, hydraulic, or mechanical functioning of an auto mobile or its parts if pollutants escape, seep, migrate or are discharged, dispersed, or released from an automobile part designed to hold such pollutants?				
Is coverage coordinated with coverage for general liability, law enforcement liability, and errors and omissions coverage?				
Are claims arising out of the use of an automobile by law enforcement covered?				
Claims Processing				
Specifications				

	Included			Comments/ Limits
(All Locations)	Yes	No	N/A	
Does the insurance company require in-house processing of claims?				
May a TPA process claims?				
Are there TPA's excluded from processing claims?				If yes, please note in Attachment B

ATTACHMENT G: COVERAGE SPECIFICATIONS LAW ENFORCEMENT LIABILITY

Coverage Specifications

RFP responders are required to respond to all requests for information contained in this questionnaire. Your responses to the questions should be based on your current proven capabilities. Should there be instances where certain questions are not applicable to your organization or its operations, please indicate this by selecting "N/A". **All "No" or "N/A" answers recorded in this questionnaire require additional information.** Additional information to accompany those answers MUST be detailed in the Exceptions section (7.0) of your response. Failure to do so may result in disqualification.

If you are selected to administer this plan, your responses to the questionnaire will be considered part of your contractual responsibilities

Please note all questions are referring to All Locations unless otherwise specified.

Please answer by placing an "X" in the appropriate response column. DO NOT add extra rows/columns.

Attachment G- Coverage Specifications Law Enforcement

Vendor Name:

Limits of Insurance

Specifications	Included			Comments/ Limits
	Yes	No	N/A	
(All locations)				
\$1,000,000 – Each Wrongful Act				
\$1,000,000- Aggregate				
Is this coverage claims made or occurrence basis?				
Is this a standalone policy?				

Coverage Details

Specifications	Included			Comments/ Limits
	Yes	No	N/A	
(All locations)				
Are any law enforcement commission, board, authority, administrative department or similar law enforcement unit operated by the county covered?				
Are 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 covered?				
Is use of force covered?				
Is any employee of the county, off duty law enforcement employee, or authorized volunteer covered?				
Are defense costs/legal expenses within limits or outside limits?				
Is the first dollar defense included?				
Can the County select their own defense counsel?				
Are damages because 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 covered?				
Are damages because 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 covered?				
Does coverage apply to law enforcement activities of the county while at an airport or while on an aircraft that is on the ground?				
Does coverage apply 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?				
Is bodily injury & property damage arising out of the ownership, maintenance, operation, use, loading and unloading of any automobile, owned or operated by or rented or loaned to any person in the course of employment by the County covered?				
Are damages that arise from the use of either commandeered automobiles or an automobile of the law enforcement agency that are not the result of physical contact with the pursuit vehicle covered?				
Claims Processing				

Specifications	Included			Comments
	Yes	No	N/A	
Does the insurance company require in-house processing of claims?				
May a TPA process claims?				
Are there TPA's excluded from processing claims?				If yes, please note on Attachment B

ATTACHMENT H: COVERAGE SPECIFICATIONS PUBLIC OFFICIALS LIABILITY

Coverage Specifications

RFP responders are required to respond to all requests for information contained in this questionnaire. Your responses to the questions should be based on your current proven capabilities. Should there be instances where certain questions are not applicable to your organization or its operations, please indicate this by selecting "N/A". **All "No" or "N/A" answers recorded in this questionnaire require additional information.** Additional information to accompany those answers MUST be detailed in the Exceptions section (7.0) of your response. Failure to do so may result in disqualification.

If you are selected to administer this plan, your responses to the questionnaire will be considered part of your contractual responsibilities

Please note all questions are referring to All Locations unless otherwise specified.

Please answer by placing an "X" in the appropriate response column. DO NOT add extra rows/columns.

Attachment H - Coverage Specifications Public Officials Liability

Vendor Name:

Limits of Insurance

Specifications	Included			Comments/ Limits
	Yes	No	N/A	
\$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 basis?				
Is this coverage written on an occurrence basis?				

Is this a standalone policy?				
Is this part of a package policy?				
Coverage Details				
Specifications	Included			Comments/ Limits
	Yes	No	N/A	
Is 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 covered?				
Is this a broad form named insured (including non-profits, Collin County Health Foundation Board and Collin County Housing Finance Corporation Board)?				
Is any volunteer acting within the scope of duties assigned by the county covered?				
Will you pay on behalf of the county all monetary damages which covered party is legally obligated to pay because of a wrongful act?				
Will you 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?				
Will the County be reimbursed for defense expenses?				
Are defense expenses included within the SIR?				
Are members of a board covered?				
Are members of a commission covered?				
Is third party liability built into the policy?				
Does the policy cover punitive damages for the most favorable jurisdiction?				
Is coverage for sexual harassment included?				
Is coverage for other forms of harassment included?				
Are Errors and Omissions included?				
Is automatic coverage for independent contractors included?				
Are spouses covered?				
Is arbitration required?				

Is mediation required?				
Is there a coinsurance hammer clause?				
Are FMLA violations covered?				
Is the reporting period – 90 days extended reporting period-bilateral within 12 months of expiration?				
Are ADA violations covered?				
Are defense costs included in ADA violations?				
Is defense coverage for employment contract breach included?				
Is dishonesty covered?				
Are fraudulent acts covered?				
Is criminal abstraction of tangible property covered?				
Is contractual liability covered?				
Is contractual liability for employment agency included?				
Is contractual liability for leasing company included?				
Is coverage for gaining personal profit included?				
Is failure to purchase insurance included?				
Are Intentional acts covered?				
Is remuneration in violation of the law covered?				
Are criminal, fraudulent or intentional injury included?				
Is bodily injury - except emotional distress covered?				
Is emotional distress covered?				
Are law enforcement activities included?				
Claims Processing				
Specifications	Included			Comments
	Yes	No	N/A	
Does the insurance company require in-house processing of claims?				
May a TPA process claims?				
Are there TPA's excluded from processing claims?				If yes, please note on Attachment B

ATTACHMENT I: COVERAGE SPECIFICATIONS CRIME

Coverage Specifications

RFP responders are required to respond to all requests for information contained in this questionnaire. Your responses to the questions should be based on your current proven capabilities. Should there be instances where certain questions are not applicable to your organization or its operations, please indicate this by selecting "N/A". **All "No" or "N/A" answers recorded in this questionnaire require additional information.** Additional information to accompany those answers MUST be detailed in the Exceptions section (7.0) of your response. Failure to do so may result in disqualification.

If you are selected to administer this plan, your responses to the questionnaire will be considered part of your contractual responsibilities

Please note all questions are referring to All Locations unless otherwise specified.

Please answer by placing an "X" in the appropriate response column. DO NOT add extra rows/columns.

Attachment I - Coverage Specifications Crime

Vendor Name:

Limits of Insurance

Specifications	Included			Comments/ Limits
	Yes	No	N/A	
\$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				
Is this a standalone policy?				
Is this part of a package program?				
Coverage Details				
Specifications	Included			Comments/ Limits
	Yes	No	N/A	
Is this a broad form named insured (including non-profits)?				
Do you cover public employee dishonesty?				
Do you cover theft, disappearance and destruction – inside?				
Do you cover theft, disappearance and destruction – outside?				
Is computer fraud covered?				
Is Robbery and safe burglary – money and securities covered?				
Is Robbery and safe burglary – property other than money & securities covered?				
Do you cover extortion?				
Do you cover Kidnap & ransom?				
Are Directors, Trustees, Public Officials, Members of Boards, Sheriff's Office employees, County Treasurer, Tax Collector & Assessor, District Clerk, County Clerk and Commissions et al covered for Employee Dishonesty?				
Are terminated and retired employees covered for employee dishonesty?				
Are volunteers, as employees covered for employee dishonesty?				
Is this a loss-discovered form?				
Is this a loss-sustained form?				
Claims Processing				
Specifications	Included			Comments
	Yes	No	N/A	
Does the insurance company require in-house processing of claims?				
May a TPA process claims?				

Are there TPA's excluded from processing claims?				If yes, please note on Attachment B
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ATTACHMENT J: MEDICAL PROFESSIONAL LIABILITY

Coverage Specifications

RFP responders are required to respond to all requests for information contained in this questionnaire. Your responses to the questions should be based on your current proven capabilities. Should there be instances where certain questions are not applicable to your organization or its operations, please indicate this by selecting "N/A". **All "No" or "N/A" answers recorded in this questionnaire require additional information.** Additional information to accompany those answers MUST be detailed in the Exceptions section (7.0) of your response. Failure to do so may result in disqualification.

If you are selected to administer this plan, your responses to the questionnaire will be considered part of your contractual responsibilities

Please note all questions are referring to All Locations unless otherwise specified.

Please answer by placing an "X" in the appropriate response column. DO NOT add extra rows/columns.

Attachment J - Coverage Specifications Medical Professional Liability

Vendor Name:

Limits of Insurance

Specifications	Included			Comments/ Limits
	Yes	No	N/A	
\$2,000,000 each claim				
\$4,000,000 policy aggregate				
\$1,000,000 each claim				
\$3,000,000 policy aggregate				
\$5,000 Medical Payments				

\$50,000 Damages to Premises Rented to You				
Is this coverage written on claims-made basis?				
Is this coverage written on an occurrence-made basis?				
Are retro dates 05/01/2004 and 05/01/2009 acceptable?				
Is this a standalone policy?				
Is this policy part of a package program?				
Coverage Details				
Specifications	Included			Comments/ Limits
	Yes	No	N/A	
Coverage provided for employed physicians?				
Is coverage provided for nurses?				
Is coverage provided for ancillary staff?				
Is coverage provided for Nurse Practitioner?				
Is coverage provided for dentists?				
Is coverage provided for physician assistants?				
Is coverage provided for medical directors?				
Are willful or intentional errors and omissions covered?				
Does the policy provide coverage for "prior" acts?				
Does the policy provide coverage for medical waste?				
Are defense costs/legal expenses outside limits?				
Are first dollar defense and defense costs included?				
Does the county select their defense counsel?				
Does bodily injury include incidental med services by non-med person?				
Does bodily injury include medical services by local health units or departments other than physicians, surgeons and dentists at a location not providing 24 hour care?				
Is coverage for AIDS and HIV included?				
Is Good Samaritan coverage included?				
Are volunteers covered as additional insured?				
Are volunteers covered during disasters while acting in their course and scope of duties for the County?				
Are volunteers covered during training exercises?				

Does the policy provide 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)?				
Does Injury mean bodily physical injury, sickness, disease, mental or emotional distress accompanied by physical manifestation thereof, or death resulting from any one or more thereof?				
Is sexual harassment covered?				
Is defense provided for sexual harassment allegations?				
Are all other forms of harassment covered?				
Is defense provided for harassment allegations?				
Is sexual abuse/molestation covered?				
Is defense provided for sexual abuse/molestation allegations?				
Is there an additional sub-limit for a sexual abuse claim?				If yes, please specify on Section 7.0
Must the knowledge of Occurrence be made to the County Risk Manager or County Judge?				
Is the Reporting Period – 90 days Extended reporting period-bilateral within 12 months of expiration?				
Is Cyber coverage included?				
Claims Processing				
Specifications	Included			Comments
	Yes	No	N/A	
Does the insurance company require in-house processing of claims?				
May a TPA process claims?				
Are there TPA's excluded from processing claims?				If yes, please note on Attachment B

ATTACHMENT K:
PREMIUM SUMMARY

1. Provide a quote for Excess Liability coverage for \$2,000,000 per occurrence and \$4,000,000 aggregate.

	Option 1
Annual Premium	
TRIA	
Commissions	
Set up Fees	
Termination Fees	
Other Fees	
Total annual premium including TRIA and fees	

2. Provide a quote for General Liability (All locations except Myers Park and the Farm Museum) based on the following specifications for self insured retention.

	\$25,000	\$50,000	\$100,000
Annual Premium			
TRIA			
Commissions			
Set up Fees			
Termination Fees			
Other Fees			
Total annual premium including TRIA and fees			
Is the deductible for self-insured retention combined with any other lines of insurance?			

3. Provide a quote for General Liability (Myers Park and Farm Museum Only) based on the following specifications per occurrence

	\$1,000	\$5,000	\$10,000
Annual Premium			
TRIA			
Commissions			
Set up Fees			
Termination Fees			
Other Fees			
Total annual premium including TRIA and fees			
Is the deductible for self-insured retention combined with any other lines of insurance?			

4. Provide a quote for Auto Liability based on the following specifications per occurrence self insured retention with a \$10,000

	\$25,000	\$50,000	\$100,000
Annual Premium			
TRIA			
Commissions			
Set up Fees			
Termination Fees			
Other Fees			
Total annual premium including TRIA and fees			
Is the deductible for self-insured retention combined with any other lines of insurance?			

5. Provide a quote for Law Enforcement Liability based on the following specifications for self insured retention

	\$25,000	\$50,000	\$100,000
Annual Premium			
TRIA			
Commissions			
Set up Fees			
Termination Fees			
Other Fees			
Total annual premium including TRIA and fees			
Is the deductible for self-insured retention combined with any other lines of insurance?			

6. Provide a quote for Public Officials and employment Practices Liability based on the following specifications with self insured

	\$25,000	\$50,000	\$100,000
Annual Premium			
TRIA			
Commissions			
Set up Fees			
Termination Fees			
Other Fees			
Total annual premium including TRIA and fees			

7. Provide a quote for Crime based on the following specifications with deductible for each wrongful act

	\$5,000	\$10,000	\$15,000
Annual Premium			
TRIA			
Commissions			
Set up Fees			
Termination Fees			
Other Fees			
Total annual premium including TRIA and fees			

8. Provide a quote for Medical Professional Liability based on the following specifications with deductible

	\$5,000
Annual Premium	
TRIA	
Commissions	
Set up Fees	
Termination Fees	
Other Fees	
Total annual premium including TRIA and fees	

9. Is there any discount associated with the cost for the proposed insurance premium in the event the county pays all costs up front? If yes, please explain.

10. Is there any penalty associated should the county pay the cost over the period of a year? If yes, please explain.

COLLIN COUNTY GOVERNMENT



2018 - 2019 Schedule of Insurance

Coverage	Company	Policy No.	Policy Term	Limits & Coverages	Deductibles/ Self Insured Retention	Comments
Property	Atlantic Specialty Insurance Co. (One Beacon)	791-00-02-39-0009	10/1/2018 - 10/1/2019	\$1,000 Business Personal Property	\$1,000 Deductible	Valuation-RC, 90% Coinsurance
Commercial Crime	Atlantic Specialty Insurance Co. (OneBeacon)	791-00-02-39-0009	10/1/2018 - 10/1/2019	\$1,000,000 Employee Theft - Per Loss \$1,000,000 Forgery or Alteration \$1,000,000 Money Orders & Counterfeit Currency \$1,000,000 Computer Fraud \$1,000,000 Money & Securities Loss - Inside \$1,000,000 Money & Securities Loss - Outside \$25,000 ERISA Employee Theft	\$5,000 \$5,000 deductible applicable to all coverages except for ERISA Employee Theft \$0 Deductible	Loss Sustained and Loss Discovered Form
Commercial General Liability	Atlantic Specialty Insurance Co. (OneBeacon)	791-00-02-39-0009	10/1/2018 - 10/1/2019	\$1,000,000 General Aggregate \$1,000,000 Products/Compleed 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)	Defense costs in addition to policy limits and erodes SIR
Professional Liability	Atlantic Specialty Insurance Co. (OneBeacon)	791-00-02-39-0009	10/1/2018 - 10/1/2019	<div>Public Officials Errors & Omissions (Claims Made) \$1,000,000 Each Wrongful Act \$1,000,000 Aggregate 12/01/88 Retro Date</div> <div>Public Officials Employment Practices (Claims Made) \$1,000,000 Each Offense \$1,000,000 Aggregate 12/01/88 Retro Date</div> <div>Public Officials Employee Benefits Administration (Claims Made) \$1,000,000 Each Offense \$1,000,000 Aggregate 12/01/88 Retro Date</div> <div>Law Enforcement Liability (Occurrence) \$1,000,000 Each Wrongful Act \$1,000,000 Aggregate</div>	\$50,000 SIR \$50,000 SIR \$50,000 SIR \$50,000 SIR	Defense costs in addition to policy limits and erode SIR
Excess Liability	Atlantic Specialty Insurance Co. (OneBeacon)	791-00-02-39-0008	10/1/2018 - 10/1/2019	\$2,000,000 Each Claim Excess of Underlying Insurance \$4,000,000 Aggregate Limit		Excess limits go over the following coverages: General Liability, Public Officials Liability, Law Enforcement Liability, Business Auto, on a follow-form basis with the following general exceptions: Pollution, Failure to Supply, Sexual Abuse and Uninsured/Underinsured Motorist

This schedule of insurance is intended for reference only and neither affirmatively or negatively amends, extends, or alters the coverage afforded by any policy described herein. Refer to actual policies for coverages and exclusions.

COLLIN COUNTY GOVERNMENT



2018 - 2019 Schedule of Insurance

Coverage	Company	Policy No.	Policy Term	Limits & Coverages	Deductibles/ Self Insured Retention	Comments
Commercial Automobile Including Physical Damage	Atlantic Specialty Insurance Co. (OneBeacon)	791-00-02-39-0009	10/1/2018 - 10/1/2019	\$1,000,000 Automobile Liability including Owned Physical Damage Included Hired/Non-Owned Liability Excess \$50,000 Hired Car Physical Damage \$13,000 1911 Ford Model T Composite Rated Based on 391 Vehicles	Liability: \$50,000 SIR except \$25K SIR- Mobile Command Ctr & 06 Freightliner Tractor Physical Damage: \$10,000 Comp/Collision	Includes Broad Form Auto Endorsement
Commercial General Liability Location: (Myers Park & Farm Museum)	OneBeacon America Insurance Co.	791-00-02-47-0009	10/1/2018 - 10/1/2019	\$1,000,000 General Aggregate \$1,000,000 Products/Compleed 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)	Designated Premises Applies
Healthcare Facilities General Liability & Professional Liability Surplus Lines Policy	Illinois Union Insurance Company (Chubb)	MLPG27170249007	10/1/2018 - 10/1/2019	<div><u>Professional Incidents occurring on or after 05/01/2004, but prior to 10/01/2009:</u> \$1,000,000 Each Professional Incident Limit #1 \$3,000,000 Professional Liability Aggregate Limit #1 5/1/2004 Retroactive Date</div> <div><u>Professional Incidents occurring on or after 10/01/2009, but prior to the end of the Policy Period:</u> \$2,000,000 Each Professional Incident Limit #2 \$4,000,000 Professional Liability Aggregate Limit #2 10/1/2009 Retroactive Date</div> <div><u>General Liability</u> \$2,000,000 Each Occurrence Limit \$2,000,000 Personal & Advertising Injury Limit \$2,000,000 Products/Compleed Operation Aggregate \$4,000,000 General Aggregate Limit \$50,000 Damage to Premises Rented To You - Each Occurrence \$5,000 Medical Expenses</div> <div><u>Sexual Misconduct Sublimit</u> \$500,000 Each Occurrence Limit & Aggregate Limit</div>	<div>Deductibles \$5,000 Each Prof Incident (Erodes/Reduces Limit)</div> <div>\$5,000 Each GL Occurrence (Erodes/Reduces Limit)</div> <div>\$5,000 Deductible Retro Date 5/1/2004</div>	Designated Premises: 825 N. McDonald Street, McKinney, TX 75069 Additional Coverages(Sublimits) \$25,000 Disciplinary Proceeding Defense \$25,000 Emergency Evacuation Expense \$25,000 Media Event Expense Notable Endorsements: Blanket Additional Insured - Required Contract Employee Endt-Physicians Assistants

This schedule of insurance is intended for reference only and neither affirmatively or negatively amends, extends, or alters the coverage afforded by any policy described herein. Refer to actual policies for coverages and exclusions.



Exhibit Two - Loss Information Redacted
Claim Summary - Liability

As of 04/30/2019

Insurer: Collin County

Insured: Collin County - Liability

Claim Number Claim Type	Claimant Name Claimant Status Driver Name	Injury Date Closed Examiner	Received	Lit Den		Paid this Period	Paid	Outstanding	Incurred	Recovery
18737483		3/1/2015	09/12/2018	N	BI/PI/Economic Loss	0.00	0.00	0.00	0.00	0.00
Personal Injury	Open	null		N	Prop/Dmg Loss	0.00	0.00	100.00	100.00	0.00
General Liability		Barral, Steph			Adjuster/Investigation	0.00	0.00	0.00	0.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
Collin County - Liability Federal Lawsuit - Property seized, stolen via fraud/forgery, threatened in to submission, tampering with evidence.						Total	0.00	0.00	100.00	0.00
18750494		12/11/2018	12/14/2018	N	BI/PI/Economic Loss	0.00	0.00	100.00	100.00	0.00
Personal Injury	Open	null		N	Prop/Dmg Loss	0.00	0.00	0.00	0.00	0.00
General Liability		Barral, Steph			Adjuster/Investigation	0.00	0.00	0.00	0.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
Collin County - Liability Case Number: 219-83124-2017 - Deficiency Order re complaint about the mailroom.						Total	0.00	0.00	100.00	0.00
17677901		6/3/2013	07/12/2017	N	BI/PI/Economic Loss	0.00	0.00	0.00	0.00	0.00
Law Enforcement	Open	null		N	Prop/Dmg Loss	0.00	0.00	100.00	100.00	0.00
General Liability		Barral, Steph			Adjuster/Investigation	0.00	0.00	0.00	0.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
Collin County - Liability Claimant states he was illegally detained, arrested, and inprisoned.						Total	0.00	0.00	100.00	0.00
18744175		5/14/2015	10/29/2018	N	BI/PI/Economic Loss	0.00	0.00	0.00	0.00	0.00
Personal Injury	Open	null		N	Prop/Dmg Loss	0.00	0.00	0.00	0.00	0.00
General Liability		Barral, Steph			Adjuster/Investigation	0.00	0.00	0.00	0.00	0.00
					Legal	0.00	0.00	5,000.00	5,000.00	0.00
Collin County - Liability 1st, 4th, 14th and civil rights were violated. Unlawfully removed daughter from home.						Total	0.00	0.00	5,000.00	0.00

Run Date: 05/02/2019 10:05:02

TRISTAR - Confidential

Page 1 of 8

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Exhibit Two - Loss Information Redacted
Claim Summary - Liability

As of 04/30/2019

Insurer: Collin County

18722447		3/21/2018	05/24/2018	N	BI/PI/Economic Loss	0.00	0.00	100.00	100.00	0.00
Personal Injury	Open	null		N	Prop/Dmg Loss	0.00	0.00	0.00	0.00	0.00
General Liability	,	Barral, Steph			Adjuster/Investigation	0.00	0.00	0.00	0.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00

Collin County - Liability

Lawsuit - Claimant allegedly attacked by Officer.					Total	0.00	0.00	100.00	100.00	0.00
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18737978		7/3/2017	09/17/2018	N	BI/PI/Economic Loss	0.00	0.00	0.00	0.00	0.00
Subrogation	Open	null		N	Prop/Dmg Loss	0.00	0.00	100.00	100.00	0.00
General Liability	,	Barral, Steph			Adjuster/Investigation	0.00	0.00	0.00	0.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00

Collin County - Liability

Collin County Unit 55256, a 2015 Freightliner Truck Model 108SD [Liquid Asphalt Distributor], was struck on the right side by					Total	0.00	0.00	100.00	100.00	0.00

who ran a stop sign.

18728808		5/21/2018	07/11/2018	N	BI/PI/Economic Loss	0.00	0.00	0.00	0.00	0.00
Subrogation	Open	null		N	Prop/Dmg Loss	0.00	155.00	345.00	500.00	0.00
General Liability	,	Barral, Steph			Adjuster/Investigation	0.00	0.00	0.00	0.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00

Collin County - Liability

Drunk driver traveling northbound on 78 veered over into southbound lane and hit Collin County Sheriff's Patrol unit and another vehicle as well.					Total	0.00	155.00	345.00	500.00	0.00
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19762716		1/30/2019	03/20/2019	N	BI/PI/Economic Loss	0.00	0.00	100.00	100.00	0.00
Grievance	Open	null		N	Prop/Dmg Loss	0.00	0.00	0.00	0.00	0.00
General Liability	,	Barral, Steph			Adjuster/Investigation	0.00	0.00	0.00	0.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00

Collin County - Liability

- Cause No. 4:19-cv-175 - Assault with intent to cause bodily harm/injury - hate crime.					Total	0.00	0.00	100.00	100.00	0.00
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Exhibit Two - Loss Information Redacted
Claim Summary - Liability

As of 04/30/2019

Insurer: Collin County

18735116		6/1/2018	08/28/2018	N	BI/PI/Economic Loss	0.00	0.00	100.00	100.00	0.00
Personal Injury	Open	null		N	Prop/Dmg Loss	0.00	0.00	0.00	0.00	0.00
General Liability	,	Barral, Steph			Adjuster/Investigation	0.00	0.00	0.00	0.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00

Collin County - Liability
Collin County Detention Center employee
against claimants.

committed sexual misconduct	Total	0.00	0.00	100.00	100.00	0.00
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18735116		6/1/2018	08/28/2018	N	BI/PI/Economic Loss	0.00	0.00	100.00	100.00	0.00
Personal Injury	Open	null		N	Prop/Dmg Loss	0.00	0.00	0.00	0.00	0.00
General Liability	,	Barral, Steph			Adjuster/Investigation	0.00	0.00	0.00	0.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00

Collin County - Liability
Collin County Detention Center employee,
against claimants.

committed sexual misconduct	Total	0.00	0.00	100.00	100.00	0.00
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18742091		9/22/2018	10/12/2018	N	BI/PI/Economic Loss	0.00	0.00	0.00	0.00	0.00
Personal Injury	Open	null		N	Prop/Dmg Loss	0.00	0.00	0.00	0.00	0.00
General Liability	,	Barral, Steph			Adjuster/Investigation	0.00	0.00	0.00	0.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00

Collin County - Liability
Lawsuit - / sues
the constitutionality of an unspecified state statute.

of Collin County, TX. Appears to	Total	0.00	0.00	0.00	0.00	0.00
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18743201		10/18/2018	10/22/2018	N	BI/PI/Economic Loss	0.00	0.00	0.00	0.00	0.00
Property Loss	Open	null		N	Prop/Dmg Loss	0.00	973.00	4,027.00	5,000.00	0.00
General Liability	,	Barral, Steph			Adjuster/Investigation	0.00	490.29	69.71	560.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00

Collin County - Liability
OV failed to stop for red light and T-boned IV in intersection.

Total	0.00	1,463.29	4,096.71	5,560.00	0.00
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Exhibit Two - Loss Information Redacted
Claim Summary - Liability

As of 04/30/2019

Insurer: Collin County

18735116		6/1/2018	08/28/2018	N	BI/PI/Economic Loss	0.00	0.00	100.00	100.00	0.00
Personal Injury	Open	null		N	Prop/Dmg Loss	0.00	0.00	0.00	0.00	0.00
General Liability	,	Barral, Steph			Adjuster/Investigation	0.00	0.00	0.00	0.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
Collin County - Liability Collin County Detention Center employee, against claimants.					Total	0.00	0.00	100.00	100.00	0.00
19758412		2/12/2019	02/15/2019	Y	BI/PI/Economic Loss	0.00	0.00	100.00	100.00	0.00
Personal Injury	Open	null		N	Prop/Dmg Loss	0.00	0.00	0.00	0.00	0.00
General Liability	,	Barral, Steph			Adjuster/Investigation	0.00	0.00	0.00	0.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
Collin County - Liability Federal Lawsuit - Cause No 4:19cv117-ALM-CAN - Violation of rights (denial of use of the Law Library).					Total	0.00	0.00	100.00	100.00	0.00
18705888		1/26/2018	01/30/2018	N	BI/PI/Economic Loss	0.00	0.00	100.00	100.00	0.00
Personal Injury	Open	null		N	Prop/Dmg Loss	0.00	0.00	0.00	0.00	0.00
General Liability	,	Barral, Steph			Adjuster/Investigation	0.00	0.00	0.00	0.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
Collin County - Liability Federal Lawsuit - Prosecution withheld Grand Jury testimonial evidence from Plaintiff prejudicing his Appellate Proceedings. Case No. 4:18-cv-00068-ALM-KPJ					Total	0.00	0.00	100.00	100.00	0.00
19759629		5/1/2017	02/25/2019	Y	BI/PI/Economic Loss	0.00	0.00	100.00	100.00	0.00
Personal Injury	Open	null		N	Prop/Dmg Loss	0.00	0.00	0.00	0.00	0.00
General Liability	,	Barral, Steph			Adjuster/Investigation	0.00	0.00	0.00	0.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00
Collin County - Liability Federal Lawsuit Case No 4:19cv113-ALM-CAN - malicious prosecution, unlawful arrest, harassment, making false statements on record, kidnapping and illegally fabricating lies in investigation report.					Total	0.00	0.00	100.00	100.00	0.00



Exhibit Two - Loss Information Redacted
Claim Summary - Liability

As of 04/30/2019

Insurer: Collin County

18751072		11/14/2018	12/19/2018	Y	BI/PI/Economic Loss	0.00	0.00	100.00	100.00	0.00
Personal Injury	Open	null		N	Prop/Dmg Loss	0.00	0.00	0.00	0.00	0.00
General Liability	,	Barral, Steph			Adjuster/Investigation	0.00	0.00	0.00	0.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00

Collin County - Liability

Cause No. 4:18-cv-867 - Appealing the disciplinary review board's decision and cruel and unusual punishment.

Total	0.00	0.00	100.00	100.00	0.00
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18749278		4/18/2017	12/05/2018	Y	BI/PI/Economic Loss	0.00	0.00	100.00	100.00	0.00
Personal Injury	Open	null		N	Prop/Dmg Loss	0.00	0.00	0.00	0.00	0.00
General Liability	,	Barral, Steph			Adjuster/Investigation	0.00	0.00	0.00	0.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00

Collin County - Liability

Cause No. 4:18-cv-570 - First amendment retaliation claim, waived sovereign immunity.

Total	0.00	0.00	100.00	100.00	0.00
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17680004		1/14/2014	07/25/2017	N	BI/PI/Economic Loss	0.00	0.00	0.00	0.00	0.00
Personal Injury	Open	null		N	Prop/Dmg Loss	0.00	0.00	100.00	100.00	0.00
General Liability	,	Barral, Steph			Adjuster/Investigation	0.00	0.00	0.00	0.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00

Collin County - Liability

Claimant filed EEOC claim for age and race discrimination.

Total	0.00	0.00	100.00	100.00	0.00
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17678235		7/3/2017	07/13/2017	N	BI/PI/Economic Loss	0.00	0.00	0.00	0.00	0.00
Subrogation	Open	null		N	Prop/Dmg Loss	0.00	0.00	100.00	100.00	0.00
General Liability	,	Barral, Steph			Adjuster/Investigation	0.00	0.00	0.00	0.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00

Collin County - Liability

Claimant ran signal light.

Total	0.00	0.00	100.00	100.00	0.00
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Exhibit Two - Loss Information Redacted
Claim Summary - Liability

As of 04/30/2019

Insurer: Collin County

18722805		3/4/2008	05/29/2018	N	BI/PI/Economic Loss	0.00	0.00	100.00	100.00	0.00
Personal Injury	Open	null		N	Prop/Dmg Loss	0.00	0.00	0.00	0.00	0.00
General Liability	,	Barral, Steph			Adjuster/Investigation	0.00	0.00	0.00	0.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00

Collin County - Liability

Lawsuit - to vindicate her right to be free from wrongful arrest and prosecution.

Total	0.00	0.00	100.00	100.00	0.00
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16636899		10/29/2008	08/16/2016	N	BI/PI/Economic Loss	0.00	0.00	100.00	100.00	0.00
Law Enforcement	Open	null		N	Prop/Dmg Loss	0.00	0.00	0.00	0.00	0.00
General Liability	,	Barral, Steph			Adjuster/Investigation	0.00	0.00	0.00	0.00	0.00
					Legal	0.00	0.00	0.00	0.00	0.00

Collin County - Liability

Sexual abuse of others while within legal jurisdiction of Collin County.

Total	0.00	0.00	100.00	100.00	0.00
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Exhibit Two - Loss Information Redacted
Claim Summary - Liability

As of 04/30/2019

Insurer: Collin County

Collin County Total 22	BI/PI/Economic Loss	0.00	0.00	1,300.00	1,300.00	0.00
	Prop/Dmg Loss	0.00	1,128.00	4,872.00	6,000.00	0.00
	Adjuster/Investigation	0.00	490.29	69.71	560.00	0.00
	Legal	0.00	0.00	5,000.00	5,000.00	0.00
		0.00	0.00	0.00	0.00	0.00
		0.00	0.00	0.00	0.00	0.00
Total		0.00	1,618.29	11,241.71	12,860.00	0.00
<hr/>						
Grand Total: 22	BI/PI/Economic Loss	0.00	0.00	1,300.00	1,300.00	0.00
	Property Damage	0.00	1,128.00	4,872.00	6,000.00	0.00
	Adjuster/Investigation	0.00	490.29	69.71	560.00	0.00
	Legal	0.00	0.00	5,000.00	5,000.00	0.00
	Collision/Comp	0.00	0.00	0.00	0.00	0.00
	Commercial Prop	0.00	0.00	0.00	0.00	0.00
Total		0.00	1,618.29	11,241.71	12,860.00	0.00



Exhibit Two - Loss Information Redacted

Claim Summary - Liability

As of 04/30/2019

Insurer: Collin County

Report Fields

Paid this Period: amount paid between the dates listed in the report header

Paid: amount paid inception to ending date listed in the report header

Outstanding: total outstanding reserves remaining

Incurred: amount incurred inception to ending date listed in report header

Recovery: amount recovery inception to ending date listed in the report header

Received: this is the date the claim was received by Tristar

Lit: litigated date

Den: denied date



OneBeacon Government Risks

8000 IH-10 West
The Forum, Suite 1045
San Antonio, TX 78230
(866) 971-6247 • www.onebeacongov.com
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)**

Legal Named Insured: Collin County Government

Proposed Effective Date: October 1, 2018

PART A - GENERAL INFORMATION

1. Entity

Application Date:		Proposal Due Date:	
Mailing Address: 2300 Bloomdale Road, Suite 4117, McKinney, Texas 75071			
Street Address: 2300 Bloomdale Road, Suite 4117			
City, State, Zip: McKinney, Texas 75071		County: Collin	
FEIN: 756000873		Population:	
Primary Insured Contact:		Website: www.collincountytx.gov	
Risk Control Contact: Erica Johnson		E-Mail: erjohnson@collincountytx.gov Phone: 972-548-4782	

2. Submitting Agency

Agency: USI Insurance Services	
Mailing Address: 5151 Belt Line Road, Suite 200, Dallas, Texas 75254	
Producer: Bob Bookhammer	
E-Mail: bob.bookhammer@usi.com Phone: 972-588-6456 Fax: 610-537-2046	

3. Coverage Requested

<input checked="" type="checkbox"/> General Liability	<input type="checkbox"/> Property / Equipment Breakdown
<input checked="" type="checkbox"/> Public Officials Errors and Omission Liability	<input checked="" type="checkbox"/> Equipment / Inland Marine
<input checked="" type="checkbox"/> Law Enforcement Liability	<input checked="" type="checkbox"/> Crime
<input checked="" type="checkbox"/> Automobile Liability	<input type="checkbox"/> Flood
<input checked="" type="checkbox"/> Automobile Physical Damage	<input type="checkbox"/> Earthquake
<input checked="" type="checkbox"/> Excess Liability	<input checked="" type="checkbox"/> Other: Employee Benefits Liability

4. Operating Controls

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Are certificates of insurance required from your subcontractors? If Yes, explain. Required of all subcontractors per
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Are you named as an additional insured on your subcontractors' liability policies?
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Does the entity have a formalized risk management procedure or program?
Do the formal procedures include the following?	
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Written Safety or Loss Prevention Manual
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Employee Training Meeting
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Property or Equipment Inspection and Maintenance Logs
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Procedures to prevent & report Sexual Harassment
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Accident Investigation Program
Describe any other formal or informal operating controls:	
Collin County has a detailed Employee Handbook that outlines the county's drug and alcohol policy, sexual harassment policy, safety and security procedures, etc. Each employee receives a copy of the handbook upon hire and signs a handbook acknowledgment form to indicate receipt. A copy of the current handbook is attached. The handbook was recently revised and a new edition was distributed in March 2016.	
Collin County has equipped 181 county vehicles with Network Fleet GPS systems. This installation has decreased speeding, idle-times, enabled us to determine liability when accidents occur and deterred employees from unsafe driving habits.	

Legal Named Insured: Collin County Government

Proposed Effective Date: October 1, 2016

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 : Mobile Incident Command Center and Mobile Medical Units

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 checked="" type="checkbox"/>
Miscellaneous Tools and Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> \$25,000
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"/>

Legal Named Insured: Collin County Government

Proposed Effective Date: October 1, 2018

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 checked="" type="checkbox"/> Audit	Audited annually by external CPA firm
<input checked="" type="checkbox"/> Reconciliations	Accounts are reconciled monthly
<input checked="" type="checkbox"/> Bank statements	Bank statements are issued monthly for each account
<input checked="" type="checkbox"/> Countersignature	Per statute, all checks require 2 signatures; primary signers-County Clerk & County Auditor
<input checked="" type="checkbox"/> Other:	Wire transfers require two persons, one to input and do initial transmit.

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: Collin County Government

Proposed Effective Date: October 1, 2014

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

Legal Named Insured: Collin County Government

Proposed Effective Date: October 1, 2018

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 SIR \$50,000

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: www.collincountytexas.gov

4. What expenditures are associated with "green initiatives"? N/A

"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) N/A

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.

Legal Named Insured: Collin County Government

Proposed Effective Date: October 1, 2014

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

Coverage A - Wrongful Acts

- ☐ \$5,000 Loss and Loss Expense
☐ \$10,000 Loss and Loss Expense
☐ \$15,000 Loss and Loss Expense
☐ \$25,000 Loss and Loss Expense
☒ Other: SIR \$50,000

Coverage B - Employment Practices and

Coverage C - Employee Benefits Administration

- ☐ \$5,000 Loss and Loss Expense
☐ \$10,000 Loss and Loss Expense
☐ \$15,000 Loss and Loss Expense
☐ \$25,000 Loss and Loss Expense
☒ Other: SIR \$50,000

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

38 Board Members, Public Officials, Directors, or Officers?

1729 Full-Time Paid Employees?

22 Part-Time Paid Employees?

93 Temporary or Seasonal Workers?

0 Volunteers? (do not include volunteer board members)

3. What is the estimated employee turnover rate each year? % 14

4. How many involuntary employment terminations each year? # 21

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? elected officials-4 yrs, no terms for department heads

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

EEOC Claim -

Legal Named Insured: Collin County Government

Proposed Effective Date: October 1, 2018

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

☐ \$5,000 Loss and Loss Expense

☐ \$10,000 Loss and Loss Expense

☐ \$15,000 Loss and Loss Expense

☐ \$25,000 Loss and Loss Expense

☒ Other: SIR \$50,000

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

180 Full-time officers, armed and with full arrest authority?

30 ☒ Part-time officers, armed and with full arrest authority?

23 Full- or part-time officers, unarmed and with limited authority?

2 Police dogs?

243 Full-time jailers?

0 Part-time jailers?

93 Administrative employees?

3. ☒ Y ☐ N Is the law enforcement agency accredited by any professional organization or agency?
If Yes, what accreditation? Texas Commission for Jail Standards

4. Are written policies established for the following?

☒ Use of deadly force

☒ Use of non-fatal force

☒ Vehicle "hot pursuit"

☒ Domestic violence

☒ Handling of intoxicated persons

☒ Outside employment (moonlighting)

☒ Armed while off duty

☒ Use of volunteers

5. What types of detention facilities are operated?

☒ Jail

☒ Holding Facility

☒ Juvenile Center

☒ Other: Minimum Security

Legal Named Insured: Collin County Government

Proposed Effective Date: October 1, 2018

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?

☒ General Liability

☒ Law Enforcement Liability

☒ Public Officials Errors and Omissions Liability

☒ Commercial Automobile Liability

☒ Employers Liability (if so, please provide carrier policy information below)

Carrier:

Term:

Policy #:

Limits:

2. Excess Limit Requested:

☐ \$1,000,000 / \$1,000,000 Aggregate

☐ \$2,000,000 / \$2,000,000 Aggregate

☐ \$3,000,000 / \$3,000,000 Aggregate

☒ \$4,000,000 / \$4,000,000 Aggregate

☐ \$5,000,000 / \$5,000,000 Aggregate

☐ \$6,000,000 / \$6,000,000 Aggregate

☐ \$7,000,000 / \$7,000,000 Aggregate

☐ \$8,000,000 / \$8,000,000 Aggregate

☐ \$9,000,000 / \$9,000,000 Aggregate

☐ \$10,000,000 / \$10,000,000 Aggregate

3. Excess limits may be tailored to account requirements subject to OneBeacon underwriting approval. *Renewal coverage will be issued as expiring unless otherwise requested.*

Please select if excess limits are to apply above the following coverages:

☐ Y ☒ N Above underlying Uninsured/Underinsured Motorist Limits?

☒ Y ☐ N Above underlying Pollution Coverage extensions?

☐ Y ☒ N Above underlying Failure to Supply coverage?

☒ Y ☐ N Above underlying Sexual Abuse coverage?

Legal Named Insured: Collin County Government

Proposed Effective Date: October 1, 2018

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 Government

Proposed Effective Date: October 1, 2018

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.

Mitchell Klein

SIGNATURE OF PROPOSED INSURED

Purchasing Agent

TITLE

5-18-18

DATE

SIGNATURE OF AGENT OR BROKER

TITLE

DATE

Miscellaneous Facilities Renewal Liability Application

CHUBB

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

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:

Loss experience details:

Currently valued loss runs for years not written by Chubb. A minimum of 5 years is required.

Incurred loss amounts: Breakdown of paid and outstanding loss amounts for indemnity and expenses.

Loss descriptions: For all losses with incurred loss amounts.

Scope of Coverage: Loss experience for all applicants and coverages to be considered under this application.

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 Government2300 Bloomdale Rd. Ste. 4117

City, State, Zip Code

County

McKinney, TX, 75071Collin

2. Please indicate if there have been any changes in operations, management, ownership, exposures, locations, or services provided in the past 12 months.
If Yes, describe: _____

Yes ☐ No ☒

3. Coverage Period Requested From: October 1, 2018 To: September 30, 2019

4. Date Renewal Quotation Desired: _____

Section B. – Applicant

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
<input checked="" type="checkbox"/> Community Health Center or Health Department	<u>9358</u> visits	____ 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
<input checked="" type="checkbox"/> Employee Health Center	<u>2156</u> Visits	____ visits	<input type="checkbox"/> Pharmacy	\$ ____ receipts	\$ ____ receipts

Exhibit Four - ACE Renewal Application

<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 care)	_____ visits; or _____ hours	_____ visits; Or _____ hours	<input checked="" type="checkbox"/> Substance Abuse (Including counseling & rehab.)	<u>1696</u> visits	_____ visits
<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	<input checked="" type="checkbox"/> Other - Describe: WIC	<u>8646</u>	_____

(1) A separate Chubb 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"/>	<input type="checkbox"/>	hours per week	years
		<input type="checkbox"/>	<input type="checkbox"/>	hours per week	years
		<input type="checkbox"/>	<input type="checkbox"/>	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.
	Epidemiologist	<input checked="" type="checkbox"/>	<input type="checkbox"/>	40 hours per week	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, limits: \$ /\$
	Physician	<input checked="" type="checkbox"/>	<input type="checkbox"/>	40 hours per week	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, limits: \$1,000,000/\$3,000,000
	Physician	<input checked="" type="checkbox"/>	<input type="checkbox"/>	40 hours per week	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, limits: \$1,000,000/\$3,000,000
	Epidemiologist	<input checked="" type="checkbox"/>	<input type="checkbox"/>	40 hours per week	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, limits: \$ /\$
	Epidemiologist	<input checked="" type="checkbox"/>	<input type="checkbox"/>	40 hours per week	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, limits: \$ /\$
	Epidemiologist	<input checked="" type="checkbox"/>	<input type="checkbox"/>	40 hours per week	<input type="checkbox"/> Yes <input checked="" 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.

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	2	2080				
Indicate type: Medical Assistant						
Companion/Personal Care Asst/Homemaker	0					
Dentist	0					
Dialysis Technician	0					
Dietician/Nutritionist	7	2080				
Mental Health Counselor	0					
Nurse Practitioner	1	2080				

Nurse/R.N./L.P.N.	11	2080
Occupational Therapist	0	
Pastoral Counselor	0	
Pharmacist	0	
Physical Therapist	0	
Physician Assistant	1	2080
Psychologist	0	
Radiological Technologist	0	
Rehabilitation Counselor/ Therapist	0	
Respiratory Therapist	0	
Social Worker	0	
Speech Therapist	0	
Technicians	3	2080
Other (specify) Substance Abuse Counselor	2	2080
Other (specify) Administrative Healthcare Director	1	2080

(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: 68

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

	Projections for Current or Expiring Year	Projections for Requested Coverage Period
Gross Revenue:	\$142,356	\$143,000

Section D. – Fraud Warning, Declaration & Certification, And Signature

Notice To Alabama Applicants: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines, or confinement in prison, or any combination thereof.

Notice To Arkansas, Louisiana, Rhode Island & West Virginia 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.

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 Kansas Applicants: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

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 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 or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or 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 Minnesota Applicants: Any person who knowingly and with intent to defraud any Insurance company or Another person, files an application for insurance 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.

Notice To Missouri Applicants: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or 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.

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 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 Vermont Applicants: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

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.

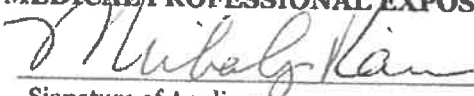
DECLARATION AND CERTIFICATION

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.

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. THE APPLICANT'S ACCEPTANCE OF THE COMPANY'S QUOTATION IS REQUIRED BEFORE THE APPLICANT MAY BE BOUND AND A POLICY ISSUED. THE APPLICANT AGREES THAT THIS APPLICATION, 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

5-18-18
Date

Signed by Licensed Resident Agent
(Where Required By Law)

2018 OVER THE ROAD FLEET REPORT FOR INSURANCE

UNIT NO.	DESCRIPTION	VIN/SER NO	COST	DEPT
55356	2015 FORD 3/4 T PICKUP	1FDBF2B63FEC82310	\$51,291.68	Animal Control
55441	2016 FORD 3/4 T PICKUP	1FTBF2A62GEB96929	\$51,233.00	Animal Control
55442	2016 FORD 3/4 T PICKUP	1FTBF2A60GEB96928	\$51,233.00	Animal Control
55254	2013 CM LIVESTOCK TRAILER	49TSB162XE1012356	\$8,536.37	Animal Shelter
55357	2015 FORD 3/4 T PICKUP	1FT7X2BT9FEC82311	\$35,697.90	Animal Shelter
55364	2015 FORD EXPEDITION SSV	1FMJK1GT6FEF34213	\$35,634.56	Animal Shelter
55379	2015 DEERSKIN PET TRAILER	1D9A82326FS277301	\$38,775.00	Animal Shelter
55397	2016 CHEVROLET CARGO VAN	1GCWGBFG2G1137404	\$29,207.00	Animal Shelter
55627	2017 WW LIVESTOCK TRAILER	11WHS1628HW316526	\$7,540.00	Animal Shelter
19948	1991 SHOPMADE TRAILER	19948	\$1,490.00	Facilities
22463	1996 12' SHOPMADE TRAILER	4MSLD1229TTX02045	\$800.00	Facilities
22564	1993 HENARD 18' TRAILER	1950510	\$2,305.00	Facilities
2328	1973 CARGO TRAILER	2328	\$0.00	Facilities
34158	1989 J-ROD 24' TRAILER	1JG229203K1965059	\$3,300.00	Facilities
34262	1999 WELDER TRAILER	4PTU50812YM012539	\$490.00	Facilities
36137	2000 20' SHOPMADE TRAILER	4PTU6202X1M013344	\$3,070.00	Facilities
37240	2001 SHOPMADE TRAILER	4PTU508122M014010	\$1,380.00	Facilities
38653	2003 FORD 1/2 T PICKUP BI	2FTPF17Z73CA37423	\$23,089.00	Facilities
38871	2002 LANDSCAPER TRAILER	1R9U1902331116001	\$6,981.25	Facilities
42899	2004 PACE 20' TRAILER	47ZAB20274X032232	\$8,226.85	Facilities
42901	2004 FORD EXT CARGO VAN	1FTNS24L84HA98217	\$18,072.00	Facilities
42905	2004 PACE CARGO TRAILER	47ZAB16274X032233	\$6,560.18	Facilities
47245	2006 FORD CV SEDAN	2FAHP71W06X142570	\$22,830.00	Facilities
48040	2008 FORD 3/4 T PICKUP	1FDNF20508EB25358	\$25,072.00	Facilities
48041	2008 FORD 3/4 T PICKUP	1FDNF20598EB25357	\$24,772.00	Facilities
48042	2008 FORD 3/4 T PICKUP	1FDNF20528EB25359	\$24,772.00	Facilities
48043	2008 FORD 3/4 T PICKUP	1FDNF20598EB25360	\$24,772.00	Facilities
48197	2007 FORD 1/2T PICKUP FFV	1FTPX12V77KD07110	\$19,349.00	Facilities
48379	2008 FORD 3/4 T PICKUP	1FDNF20528ED99421	\$24,890.00	Facilities
48380	2008 FORD 3/4 T PICKUP	1FDNF20508ED99420	\$24,890.00	Facilities
48820	2008 FORD 1 T FLATBED	1FDWW36R98ED99419	\$35,520.00	Facilities
51940	2008 FORD 1/2T PICKUP FFV	1FTPX12V48FB63378	\$19,320.00	Facilities
53529	2009 FORD CARGO VAN	1FTNE24L79DA40329	\$23,750.00	Facilities
53530	2009 FORD CARGO VAN	1FTNE24L59DA40328	\$23,750.00	Facilities
55037	2010 FORD 3/4 T PICKUP	1FDNF2A53AEB36889	\$27,350.00	Facilities
55107	2011 FORD 3/4 T PICKUP	1FTBF2A60BEC78313	\$20,869.00	Facilities
55155	2012 FORD 3/4 T PICKUP	1FT7X2AT0CEC31552	\$31,272.25	Facilities
55156	2012 FORD 3/4 T PICKUP	1FDBF2AT8CEC31730	\$36,584.25	Facilities
55224	2014 FORD 3/4T CARGO VAN	1FTNS2EL6DDB11407	\$29,243.00	Facilities
55225	2014 FORD 3/4T CARGO VAN	1FTNS2EL8DDB11408	\$28,089.00	Facilities
55270	2014 FORD CARGO VAN	1FTNE2EL1EDB05250	\$30,212.00	Facilities
55351	2015 FORD 3/4 T PICKUP	1FDBF2A65FEC72217	\$35,805.75	Facilities
55352	2015 FORD 3/4 T PICKUP	1FDBF2A69FEC72219	\$35,805.75	Facilities
55353	2015 FORD 3/4 T PICKUP	1FDBF2A63FEC72216	\$35,805.75	Facilities
55354	2015 FORD 3/4 T PICKUP	1FDBF2A67FEC72218	\$35,805.00	Facilities
55355	2015 FORD 3/4 T PICKUP	1FDBF2A65FEC72220	\$35,805.00	Facilities
55367	2015 FORD CARGO VAN	NM0LS7F70F1225717	\$26,126.00	Facilities
55377	2016 FORD 1 T TRUCK	1FD8W3AT8GEA44705	\$50,329.00	Facilities
55378	2015 FORD 1/2 T PICKUP	1FTEX1E8XFKD98966	\$27,616.00	Facilities
55440	2016 FORD 3/4 T PICKUP	1FTBF2A61GEB97022	\$33,354.40	Facilities
55465	2016 FORD 1 T FLATBED	1FDRF3GT0GEC45056	\$43,354.34	Facilities
55470	2016 FORD BOXBED TRUCK	1FDUF5GT5GEC57614	\$59,969.10	Facilities
55593	2017 FORD 3/4 T PICKUP	1FTBF2A64HEC80851	\$37,955.20	Facilities
55594	2017 FORD 3/4 T PICKUP	1FTBF2A66HEC80852	\$37,955.25	Facilities
55637	2018 FORD TRANSIT VAN	1FTYR3XM3JKA04133	\$42,317.00	Facilities
55638	2018 FORD TRANSIT VAN	1FTYR3XM5JKA04134	\$42,317.00	Facilities
40484	2003 WELLS CARGO TRAILER	1WC200J2342050519	\$12,216.95	Homeland Security
47180	2006 FREIGHTLINER MICP	1FVHCYDC95HU50238	\$222,000.00	Homeland Security

48832	2009 FORD 2 T ECV	1FDXE45SX9DA12742	\$133,302.00	Homeland Security
21250	1992 SHOPMADE TRAILER	T21250	\$1,443.00	Sheriff/Corrections
21959	1993 SHOPMADE TRAILER	TR175130	\$625.00	Sheriff/Corrections
29265	1996 18' UTILITY TRAILER	4MSLD1825TTX03278	\$1,190.00	Sheriff/Corrections
32428	1999 SHOPMADE TRAILER	4PTU62024XM011968	\$2,310.00	Sheriff/Corrections
43624	2004 UTILITY TRAILER	16VPX1027S2H49723	\$3,126.13	Sheriff/Corrections
43647	2004 WELLS CARGO TRAILER	1WC200G2752053559	\$8,200.00	Sheriff/Corrections
53539	2008 UTILITY TRAILER	1P9BU22248M460036	\$5,550.00	Sheriff/Corrections
55036	2010 FORD 12-PASS VAN	3FBNE3BLXADA45087	\$25,394.00	Sheriff/Corrections
55099	2011 MORBARK CHIPPER	4S8SZ1612BW071294	\$34,116.60	Sheriff/Corrections
55226	2013 FORD 12-PASS VAN	1FBNE3BL7DDB14712	\$25,587.25	Sheriff/Corrections
55227	2013 FORD 15-PASS VAN	1FBSS3BL2DDB17819	\$26,907.25	Sheriff/Corrections
55621	2017 BIG TEX 16'DUMP TRLR	16VDX1621H5041283	\$8,035.00	Sheriff/Corrections
55255	2014 FORD POLICE SUV M/P	1FM5K8AR5EGB68979	\$30,260.25	Sheriff/City of Lucas
55018	2010 FORD CV SEDAN COPS	2FABP7BV4AX118423	\$27,332.00	Sheriff/COPS Program
48830	2008 TOYOTA 4-DR SEDAN	JTDKB20UX87790279	\$23,042.00	CSCD
48831	2008 TOYOTA 4-DR SEDAN	JTDKB20U183426789	\$22,967.00	CSCD
54729	2018 FORD EXPLORER	1FM5K8AR1JGA99735	\$27,658.60	CSCD
55188	2013 FORD TAURUS SEDAN	1FAHP2D87DG188819	\$22,159.00	CSCD
55189	2013 FORD TAURUS SEDAN	1FAHP2D85DG188818	\$22,559.00	CSCD
55589	2017 FORD EXPLORER	1FM5K8AR6HGC07776	\$26,068.00	CSCD
36439	2002 FORD CV SEDAN	2FAFP71W52X103779	\$19,724.11	CSCD
55414	2016 FORD PI SEDAN	1FAHP2L89GG104358	\$23,100.19	DA
55415	2016 FORD PI SEDAN	1FAHP2L84GG109144	\$23,043.70	DA
55416	2016 FORD PI SEDAN	1FAHP2L89GG105638	\$23,043.70	DA
55190	2010 TOYOTA TACOMA PICKUP	3TMJU4GN3AM094293	\$0.00	Sheriff/Undercover Ops
55471	2016 FORD CARGO VAN	NM0LS7F74G1277191	\$24,783.80	IT
51938	2008 FORD 1/2T PICKUP FFV	1FTPX12V28FB53917	\$19,355.00	Development Services
54443	2017 FORD POLICE SUV	1FM5K8AR8HGC07777	\$26,013.00	Development Services
55134	2012 FORD ESCAPE SUV 2WD	1FMCU4K31CKA17832	\$29,949.00	Development Services
55154	2012 FORD 1/2T PICKUP FFV	1FTEX1CMXCKD98316	\$22,344.25	Development Services
55291	2014 FORD 1/2 T PICKUP	1FTEX1CM5EKD76615	\$22,507.42	Development Services
55271	2014 FORD CARGO VAN	1FTSS3EL1EDB05251	\$30,212.00	Elections
15072	1988 HENSLEY 16' TRAILER	TR164642	\$890.00	Equipment Services
35944	2001 TRAIL-EZE TRAILER	1DA12RK511P015630	\$12,781.00	Equipment Services
38872	2002 ROAD FORCE TRAILER	1W4200F2832048672	\$5,539.00	Equipment Services
42148	2004 GMC 1.5 TRUCK	1GDE4C1284F513572	\$39,903.00	Equipment Services
47300	2006 FORD 2 T TRUCK	1FDAF56P66ED19737	\$47,292.00	Equipment Services
55218	2015 IH FUEL TANKER	3HAGSSNT1GL711805	\$278,644.15	Equipment Services
55443	2016 GMC 1.5 T TRUCK 4WD	1GD32VC88GF159793	\$61,492.10	Equipment Services
55466	2016 FORD 2 T TRUCK 4WD	1FDUF5HT8GEC32253	\$67,806.60	Equipment Services
51961	2009 FORD 1/2T PICKUP FFV	1FTPW14V79FB03533	\$28,022.00	Fire Marshal
55180	2013 FORD 1/2T PICKUP	1FTFW1EF8DKE29506	\$30,545.25	Fire Marshal
55567	2016 FORD 1/2T PICKUP	1FTEW1EF0GFC48022	\$38,882.10	Fire Marshal
55578	2017 FORD 1/2 T PICKUP	1FTEW1EF7HFA99402	\$39,970.35	Fire Marshal
55259	2014 FORD TAURUS SEDAN	1FAHP2D85EG159613	\$18,529.00	Health Care
55375	2016 FORD EXPLORER	1FM5K8AR1GGA28320	\$22,255.27	Health Care
55419	2016 FORD TAURUS SEDAN	1FAHP2L8XGG104191	\$23,236.40	Health Care
51946	2008 FORD 12-PASS VAN	1FBNE31L88DB53705	\$25,246.00	Sheriff/Jail
55606	2017 FORD PI SEDAN	1FAHP2L89HG126555	\$29,016.55	Sheriff/Jail
55607	2017 FORD PI SEDAN	1FAHP2L80HG126556	\$29,016.55	Sheriff/Jail
55622	2017 FORD POLICE SUV	1FM5K8AR2HGC90980	\$28,575.00	Sheriff/Jail
55623	2017 FORD PI SEDAN	1FAHP2L88HG123761	\$25,481.75	Sheriff/Jail
55624	2017 FORD PI SEDAN	1FAHP2L86HG126559	\$26,441.40	Sheriff/Jail
55625	2017 FORD PI SEDAN	1FAHP2L82HG126560	\$26,441.40	Sheriff/Jail
55626	2017 FORD PI SEDAN	1FAHP2L82HG121200	\$26,441.40	Sheriff/Jail
42906	2004 FORD 3/4 T BOX TRUCK	1FDNF20L54EC87348	\$22,000.00	Juvenile Probation
47301	2006 FORD 3/4 T BOX TRUCK	1FTNF20576ED27616	\$17,392.00	Juvenile Probation
53531	2009 FORD 12-PASS VAN	1FBNE31L79DA40331	\$25,076.00	Juvenile Probation
55266	2014 FORD PI SEDAN	1FAHP2L83EG168280	\$22,934.00	Juvenile Probation
55267	2014 FORD PI SEDAN	1FAHP2L85EG168281	\$22,934.00	Juvenile Probation

Exhibit Five - Over the Road Fleet

55343	2015 FORD PI SEDAN	1FAHP2L87FG149183	\$22,617.00	Juvenile Probation
55344	2015 FORD PI SEDAN	1FAHP2L89FG149184	\$22,617.00	Juvenile Probation
55408	2016 FORD PI SEDAN	1FAHP2L89GG104232	\$24,226.89	Juvenile Probation
55409	2016 FORD PI SEDAN	1FAHP2L87GG104231	\$24,226.89	Juvenile Probation
55639	2017 FORD POLICE SUV	1FM5K8AR1HGD65376	\$29,512.85	Juvenile Probation
53514	2009 FORD CV SEDAN	2FAHP71V59X126652	\$27,050.00	ME
55588	2017 FORD EXPLORER	1FM5K8AR4HGC07775	\$25,821.00	ME
38723	2003 FORD 3/4 T PICKUP	1FTNF20P43EC13487	\$24,347.00	Motor Pool
47801	2007 CHEV PASS VAN FFV	1GNDV23W97D165781	\$19,347.00	Motor Pool
53528	2009 TOYOTA 4-DR SEDAN	JTDKB20U993478298	\$23,967.00	Motor Pool
55020	2010 FORD CV SEDAN	2FABP7BV9AX118417	\$26,932.00	Motor Pool
55143	2013 FORD EXPLORER	1FM5K8AR6DGA46808	\$30,061.48	Motor Pool
55261	2014 FORD TAURUS SEDAN	1FAHP2D89EG159615	\$18,529.00	Motor Pool
55263	2014 FORD TAURUS SEDAN	1FAHP2D87EG159614	\$18,529.00	Motor Pool
55368	2015 FORD 1/2 T PICKUP	1FTEW1CF9FKD18044	\$26,658.73	Motor Pool
55369	2015 FORD 1/2 T PICKUP	1FTEW1CF4FKD18047	\$26,658.73	Motor Pool
55370	2015 FORD 1/2 T PICKUP	1FTEW1CF2FKD18046	\$26,658.73	Motor Pool
55371	2015 FORD 1/2 T PICKUP	1FTEW1CF0FKD18045	\$26,658.73	Motor Pool
55372	2015 FORD 12-PASS VAN	1FBZX2CMXFKB19205	\$31,582.00	Motor Pool
55376	2016 FORD 7-PASS VAN	NM0GE9F78G1241511	\$25,221.00	Motor Pool
55417	2016 FORD TAURUS SEDAN	1FAHP2L81GG104192	\$22,959.10	Motor Pool
55418	2016 FORD TAURUS SEDAN	1FAHP2L83GG104193	\$22,959.10	Motor Pool
55574	2017 FORD TAURUS SEDAN	1FAHP2L82HG120161	\$23,560.90	Motor Pool
55575	2017 FORD TAURUS SEDAN	1FAHP2L84HG120162	\$23,560.90	Motor Pool
55035	2010 FORD CARGO VAN	NM0LS6BN8AT032632	\$23,119.00	Mail Room
55093	2011 FORD CARGO VAN	NM0LS6BN8BT059671	\$22,404.00	Mail Room
55106	2011 FORD ESCAPE SUV 2WD	1FMCU4K37BKC66831	\$30,560.00	Constable 1
55316	2015 FORD PI SEDAN	1FAHP2L86FG149174	\$25,602.00	Constable 1
55317	2015 FORD PI SEDAN	1FAHP2L88FG149175	\$25,602.00	Constable 1
55402	2016 FORD PI SEDAN	1FAHP2L80GG104233	\$26,457.70	Constable 1
55403	2016 FORD PI SEDAN	1FAHP2L82GG104234	\$26,457.70	Constable 1
55404	2016 FORD PI SEDAN	1FAHP2L84GG104235	\$26,457.70	Constable 1
55585	2017 FORD PI SEDAN	1FAHP2L83HG119004	\$27,105.80	Constable 1
55228	2014 FORD ESCAPE SUV 2WD	1FMCU0F76EUA39502	\$21,733.25	Constable 2
55318	2015 FORD PI SEDAN	1FAHP2L84FG149173	\$25,698.00	Constable 2
55405	2016 FORD PI SEDAN	1FAHP2L86GG104236	\$25,045.90	Constable 2
55406	2016 FORD PI SEDAN	1FAHP2L88GG104237	\$25,045.90	Constable 2
55586	2017 FORD PI SEDAN	1FAHP2L86HG120163	\$25,481.50	Constable 2
51973	2010 FORD ESCAPE SUV 2WD	1FMCU4K34AKA07826	\$29,914.00	Constable 3
54629	2018 FORD PI SEDAN	1FAHP2L85HG140260	\$27,411.60	Constable 3
55319	2015 FORD PI SEDAN	1FAHP2L85FG149179	\$25,602.00	Constable 3
55321	2015 FORD PI SEDAN	1FAHP2L81FG149177	\$25,602.00	Constable 3
55322	2015 FORD PI SEDAN	1FAHP2L83FG149178	\$25,602.00	Constable 3
55410	2016 FORD PI SEDAN	1FAHP2L85GG104227	\$25,871.80	Constable 3
55411	2016 FORD PI SEDAN	1FAHP2L87GG104228	\$25,871.80	Constable 3
55412	2016 FORD PI SEDAN	1FAHP2L85GG104230	\$25,871.80	Constable 3
55413	2016 FORD PI SEDAN	1FAHP2L89GG104229	\$25,871.80	Constable 3
55467	2016 FORD PI SEDAN	1FAHP2L88GG113598	\$24,820.09	Constable 3
55587	2017 FORD PI SEDAN	1FAHP2L85HG113950	\$27,005.10	Constable 3
55323	2015 FORD PI SEDAN	1FAHP2L85FG149182	\$25,602.00	Constable 4
55325	2015 FORD PI SEDAN	1FAHP2L81FG149180	\$25,602.00	Constable 4
55389	2016 FORD PI SEDAN	1FAHP2L89FG200005	\$25,515.00	Constable 4
55444	2016 FORD PI SEDAN	1FAHP2L87GG107064	\$25,866.80	Constable 4
55445	2016 FORD PI SEDAN	1FAHP2L89GG107065	\$25,866.80	Constable 4
55446	2016 FORD PI SEDAN	1FAHP2L83GG109037	\$25,866.80	Constable 4
55447	2016 FORD PI SEDAN	1FAHP2L85GG109038	\$25,866.80	Constable 4
55591	2017 FORD PI SEDAN	1FAHP2L81HG113573	\$26,985.00	Constable 4
11057	1986 BELTON TRAILER	11057	\$4,352.00	Road & Bridge-Maint
11065	1979 WELDER TRAILER	TR164619	\$250.00	Road & Bridge-Maint
11066	1979 WELDER TRAILER	TR164620	\$250.00	Road & Bridge-Maint
16250	1989 SHOPMADE TRAILER	FECC642E120893994	\$2,350.00	Road & Bridge-Maint

16251	1989 SHOPMADE TRAILER	FECC642E124893993	\$1,750.00	Road & Bridge-Maint
27721	1994 CHALLENGER TRAILER	1JBC0712000000317	\$1,584.00	Road & Bridge-Maint
32122	1999 IHC DUMP TRUCK	1HTGGADR4YH221013	\$60,070.00	Road & Bridge-Maint
34181	2000 IHC TRUCK TRACTOR	1HSHCADR8YH315805	\$57,928.00	Road & Bridge-Maint
40307	2003 SHOPMADE TRAILER	1P9BU20212M460036	\$2,692.00	Road & Bridge-Maint
42086	2004 IHC DUMP TRUCK	1HTWNADRX4J020558	\$61,534.00	Road & Bridge-Maint
42088	2004 FREIGHTLINER TRUCK	1FVHCYDC34HN00162	\$58,289.39	Road & Bridge-Maint
43457	1989 SINGLE AXLE TRAILER	43EFC031021001002	\$0.00	Road & Bridge-Maint
48266	2008 IHC OIL/WATER TRUCK	1HTWGAZR58J680693	\$88,475.00	Road & Bridge-Maint
48879	2010 SHOPMADE TRAILER	TR200044	\$0.00	Road & Bridge-Maint
51956	2009 IHC DUMP TRUCK	1HTWNAZR69J191680	\$79,731.67	Road & Bridge-Maint
51958	2009 IHC DUMP TRUCK	1HTWNAZR9J191682	\$79,731.67	Road & Bridge-Maint
51959	2009 IHC DUMP TRUCK	1HTWNAZR89J191678	\$79,731.60	Road & Bridge-Maint
51960	2009 IHC DUMP TRUCK	1HTWNAZR19J191683	\$79,731.67	Road & Bridge-Maint
51967	2009 FORD 1/2T PICKUP FFV	1FTPW12V39FA72011	\$22,773.00	Road & Bridge-Maint
51968	2009 FORD 3/4 T PICKUP	1FTSW20R49EA60090	\$29,150.75	Road & Bridge-Maint
52618	2010 IHC WATER TRUCK	1HTWGAXRJA250020	\$97,046.00	Road & Bridge-Maint
53537	2009 IHC TRUCK/DISTRIB	1HTWCAAN79J167614	\$152,223.60	Road & Bridge-Maint
55005	2010 FORD 3/4 T PICKUP	1FTSF2AR9AEA77597	\$26,562.00	Road & Bridge-Maint
55043	2010 FORD 1 T PICKUP	1FTWW3AR2AEB38134	\$30,258.00	Road & Bridge-Maint
55045	2010 FORD 1 T DUMP BED	1FDWF3GR0AEB38135	\$37,010.00	Road & Bridge-Maint
55073	2011 IHC TRUCK TRACTOR	1HSGSSJRXBJ411282	\$108,117.00	Road & Bridge-Maint
55102	2012 IHC DUMP TRUCK	1HTWNAZR7CJ587088	\$86,179.00	Road & Bridge-Maint
55103	2012 IHC DUMP TRUCK	1HTWNAZR9CJ587089	\$86,179.00	Road & Bridge-Maint
55104	2012 IHC DUMP TRUCK	1HTWNAZR5CJ587090	\$86,179.00	Road & Bridge-Maint
55182	2013 SOLAR TECH MSG BOARD	4GM2M151XD1411517	\$17,106.80	Road & Bridge-Maint
55240	2014 MACK DUMP TRUCK	1M2AX04C5EM020812	\$119,000.00	Road & Bridge-Maint
55241	2014 MACK DUMP TRUCK	1M2AX04C7EM020813	\$119,000.00	Road & Bridge-Maint
55253	2014 FREIGHTLINER PATCH	1FVACXC9FHGA2513	\$119,894.00	Road & Bridge-Maint
55256	2014 FREIGHTLINER DISTRIB	1FVAG5DT6FHGE7730	\$178,326.29	Road & Bridge-Maint
55292	2014 FORD 1/2 T PICKUP	1FTFX1EF6EFB70487	\$24,950.00	Road & Bridge-Maint
55293	2014 FORD 1/2 T PICKUP	1FTFX1EF8EFB70488	\$25,965.10	Road & Bridge-Maint
55294	2014 FORD 1/2 T PICKUP	1FTFX1EFXEFB70489	\$25,540.10	Road & Bridge-Maint
55295	2014 FORD 1/2 T PICKUP	1FTFX1EF6EFB70490	\$25,540.10	Road & Bridge-Maint
55296	2015 FORD 3/4 T PICKUP	1FT7X2BTXFEA46640	\$35,461.00	Road & Bridge-Maint
55297	2015 FORD 3/4 T PICKUP	1FT7X2BT1FEA46641	\$35,461.00	Road & Bridge-Maint
55298	2015 FORD 3/4 T PICKUP	1FT7X2AT1FEA46639	\$31,522.30	Road & Bridge-Maint
55299	2015 FORD 3/4 T PICKUP	1FT7W2BT8FEA46638	\$36,696.30	Road & Bridge-Maint
55300	2015 FORD 1 T FLATBED	1FD8W3HT2FEA46700	\$47,025.00	Road & Bridge-Maint
55337	2015 SOLAR TECH MSG BOARD	4GM2M1510E1412497	\$18,649.99	Road & Bridge-Maint
55338	2015 SOLAR TECH MSG BOARD	4GM2M1512E1412498	\$18,649.99	Road & Bridge-Maint
55380	2016 CHEV COLORADO PICKUP	1GCGTBE34G1203840	\$31,128.13	Road & Bridge-Maint
55385	2016 FORD 1/2 T PICKUP	1FTEW1CF0GFA18192	\$27,192.00	Road & Bridge-Maint
55386	2016 FORD 1/2 T PICKUP	1FTEW1CF7GFA18190	\$27,192.00	Road & Bridge-Maint
55388	2016 FORD 1/2 T PICKUP	1FTFW1EF2GKD19054	\$32,239.00	Road & Bridge-Maint
55391	2016 FORD 3/4 T PICKUP	1FT7W2AT6GEB25972	\$36,245.00	Road & Bridge-Maint
55396	2016 FORD 3/4 T PICKUP	1FT7W2AT8GEB25973	\$35,417.00	Road & Bridge-Maint
55398	2016 FORD 1 T FLATBED	1FD8W3HT2GEB25978	\$49,256.00	Road & Bridge-Maint
55399	2016 FORD 3/4 T PICKUP	1FT7W2ATXGEB25974	\$35,417.00	Road & Bridge-Maint
55407	2016 FORD 3/4 T PICKUP	1FT7W2AT5GEB78954	\$35,947.40	Road & Bridge-Maint
55570	2016 FL PATCH TRUCK	1FVACYDT2HHJC7361	\$173,104.00	Road & Bridge-Maint
55580	2017 ALLMAND LIGHT TOWER	07-000423	\$8,899.99	Road & Bridge-Maint
55581	2017 ALLMAND LIGHT TOWER	07-000422	\$8,899.99	Road & Bridge-Maint
55595	2017 IH PATCH TRUCK	3HAZZMMR3JL542710	\$178,342.20	Road & Bridge-Maint
55597	2016 MACK DUMP TRUCK	1M2AX07C7JM038167	\$139,110.00	Road & Bridge-Maint
55598	2016 MACK DUMP TRUCK	1M2AX07C0JM038169	\$139,110.00	Road & Bridge-Maint
55599	2016 MACK DUMP TRUCK	1M2AX07C7JM038170	\$139,110.00	Road & Bridge-Maint
55636	2018 MACK TRUCK TRACTOR	1M1AW07Y0JM087715	\$123,606.00	Road & Bridge-Maint
57022	2013 IHC DUMP TRUCK	1HTWNAZR0DJ381158	\$91,413.33	Road & Bridge-Maint
57027	2013 IHC DUMP TRUCK	1HTWNAZR3DJ381154	\$91,413.33	Road & Bridge-Maint
57028	2013 IHC DUMP TRUCK	1HTWNAZR5DJ381155	\$91,413.33	Road & Bridge-Maint

57030	2013 IHC DUMP TRUCK	1HTWNAZR9DJ381157	\$91,413.33	Road & Bridge-Maint
58048	2010 MORBARK CHIPPER	4S8SZ1923AW051560	\$63,665.73	Road & Bridge-Maint
13239	1987 LOADKING TRAILER	1L4T29222H2014203	\$12,374.00	Road & Bridge-Projects
28411	1995 SHOPMADE TRAILER	28411	\$219.88	Road & Bridge-Projects
28829	1995 UTILITY TRAILER	NONE	\$323.48	Road & Bridge-Projects
30154	1996 SHPMDE SNORK TRAILER	30154	\$0.00	Road & Bridge-Projects
31700	1998 SEI TRAILER	1S9FB2920XB638145	\$25,945.00	Road & Bridge-Projects
31701	1998 SEI TRAILER	1S9FB2929XB638144	\$25,945.00	Road & Bridge-Projects
32120	1999 IHC TRUCK TRACTOR	1HSHCADR2XH222017	\$56,675.00	Road & Bridge-Projects
34135	1999 BIG TEX 25' TRAILER	4K8HX2521Y1649004	\$11,762.50	Road & Bridge-Projects
34176	2000 SEI TRAILER	1S9FB2924YB638246	\$28,050.00	Road & Bridge-Projects
34178	2000 IHC TRUCK TRACTOR	1HSHCADR3YH315808	\$57,928.00	Road & Bridge-Projects
34180	2000 IHC TRUCK TRACTOR	1HSHCADR5YH315809	\$57,928.00	Road & Bridge-Projects
35122	1993 SHOPMADE TRAILER	35122	\$0.00	Road & Bridge-Projects
35491	2000 SHOPMADE TRAILER	35491	\$0.00	Road & Bridge-Projects
36138	2001 45' CULVERT TRAILER	TR187854	\$0.00	Road & Bridge-Projects
37253	2001 HOLDEN EQUIP TRAILER	12HPF50322N506855	\$49,602.00	Road & Bridge-Projects
37609	2002 FL TRUCK TRACTOR	1FUJBXBS33DK53941	\$51,485.00	Road & Bridge-Projects
40973	2004 IHC TRUCK TRACTOR	2HSCEASR14C020716	\$75,135.00	Road & Bridge-Projects
42040	2003 CTS END DUMP TRAILER	1C93429254S770376	\$24,893.00	Road & Bridge-Projects
42041	2003 CTS END DUMP TRAILER	1C93429294S770381	\$24,893.00	Road & Bridge-Projects
42042	2003 CTS END DUMP TRAILER	1C93429224S770383	\$24,893.00	Road & Bridge-Projects
43451	2005 KENWORTH TRK TRACTOR	2XKMDZ9X55M086527	\$54,769.00	Road & Bridge-Projects
43810	2005 FORD 2.5 T FLATBED	3FRXW75R66V228973	\$52,774.00	Road & Bridge-Projects
47536	2007 IHC WATER TRUCK	3HTWGAZRX7N473244	\$92,300.00	Road & Bridge-Projects
51936	2008 FORD 3/4 T PICKUP	1FTSX205X8ED63660	\$21,096.00	Road & Bridge-Projects
51957	2009 IHC DUMP TRUCK	1HTWNAZR89J191681	\$79,731.67	Road & Bridge-Projects
51970	2009 FORD 1 T FLATBED	1FDWW36R89EB08832	\$35,915.00	Road & Bridge-Projects
51971	2009 FORD 1 T FLATBED	1FDWW36RX9EB08833	\$34,715.00	Road & Bridge-Projects
52616	2010 IHC WATER TRUCK	1HTWGAZR6AJ241685	\$97,794.83	Road & Bridge-Projects
55044	2010 FORD 1 T FLATBED	1FDWW3GR2AEB38136	\$36,469.00	Road & Bridge-Projects
55046	2010 FORD 2 T SIGN TRUCK	1FDAW5GR9AEB36888	\$49,897.00	Road & Bridge-Projects
55066	2010 TRAILEZE 35T TRAILER	1DAFLD226BM020272	\$47,246.00	Road & Bridge-Projects
55067	2010 TRAILEZE 35T TRAILER	1DAFLD228BM020273	\$47,246.00	Road & Bridge-Projects
55101	2012 IHC DUMP TRUCK	1HTWNAZR5CJ587087	\$86,179.00	Road & Bridge-Projects
55113	2012 IHC DUMP TRUCK	1HTWNAZR2CJ639369	\$86,179.00	Road & Bridge-Projects
55114	2012 IHC DUMP TRUCK	1HTWNAZR9CJ639370	\$86,179.00	Road & Bridge-Projects
55127	2011 SOLAR TECH MSG BOARD	4GM2M1519B1411070	\$15,150.00	Road & Bridge-Projects
55128	2011 SOLAR TECH MSG BOARD	4GM2M1512B1411069	\$15,150.00	Road & Bridge-Projects
55157	2012 FORD 1 T FLATBED	1FD8X3HT6CEC31731	\$41,309.00	Road & Bridge-Projects
55158	2012 FORD 3/4 T PICKUP	1FT7X2AT2CEC31553	\$31,808.25	Road & Bridge-Projects
55183	2013 SOLAR TECH MSG BOARD	4GM2M1511D1411518	\$17,106.80	Road & Bridge-Projects
55381	2016 CHEV COLORADO PICKUP	1GCGTBE33G1205207	\$31,128.13	Road & Bridge-Projects
55387	2016 FORD 1/2 T PICKUP	1FTEW1CF9GFA18191	\$27,192.00	Road & Bridge-Projects
55390	2016 FORD 3/4 T PICKUP	1FT7W2AT4GEB25971	\$35,270.00	Road & Bridge-Projects
55392	2016 FORD 3/4 T PICKUP	1FT7W2BT3GEB25975	\$36,790.00	Road & Bridge-Projects
55393	2016 FORD 2 T SIGN TRUCK	1FD0W5HT6GEB43327	\$60,485.00	Road & Bridge-Projects
55394	2016 FORD 1 T FLATBED	1FD8W3HT9GEB25976	\$49,256.00	Road & Bridge-Projects
55395	2016 FORD 1 T FLATBED	1FD8W3HT0GEB25977	\$48,066.00	Road & Bridge-Projects
55425	2016 FORD 1/2 T PICKUP	1FTEW1CF1GKD59219	\$28,207.40	Road & Bridge-Projects
55596	2016 MACK DUMP TRUCK	1M2AX07C9JM038168	\$139,110.00	Road & Bridge-Projects
55629	2018 MACK WATER TRUCK	1M2AX04C3JM040065	\$179,399.00	Road & Bridge-Projects
55630	2018 MACK WATER TRUCK	1M2AX04CXJM040063	\$179,399.00	Road & Bridge-Projects
55631	2018 MACK WATER TRUCK	1M2AX04C7JM040067	\$179,399.00	Road & Bridge-Projects
55632	2018 MACK WATER TRUCK	1M2AX04C1JM040064	\$179,399.00	Road & Bridge-Projects
55633	2018 MACK WATER TRUCK	1M2AX04C5JM040066	\$179,399.00	Road & Bridge-Projects
55634	2018 MACK TRUCK TRACTOR	1M1AW07Y7JM087713	\$123,606.00	Road & Bridge-Projects
55635	2018 MACK TRUCK TRACTOR	1M1AW07Y9JM087714	\$123,606.00	Road & Bridge-Projects
55649	2017 SOLAR TECH MSG BOARD	4GM2M1514H1414533	\$18,296.00	Road & Bridge-Projects
55650	2017 SOLAR TECH MSG BOARD	4GM2M1516H1414534	\$18,296.00	Road & Bridge-Projects
57026	2013 IHC DUMP TRUCK	1HTWNAZR1DJ381153	\$91,413.33	Road & Bridge-Projects

57029	2013 IHC DUMP TRUCK	1HTWNAZR7DJ381156	\$91,413.33	Road & Bridge-Projects
55469	2016 CHEV 1-TON CARGO VAN	1GCZGHFGXG1337317	\$35,450.50	Road & Bridge-Projects
36062	2001 FORD 1 T PASS VAN	1FBNE31L21HB09049	\$22,477.98	PW CSCD Work Program
55592	2017 CHEVY EXPRESS 12-PAS	1GAZGNFG2H1189298	\$32,511.24	PW CSCD Work Program
22224	1994 DODGE 1-T PASS VAN	2B7KB31Z6RK573188	\$13,179.00	Sheriff
22841	1994 SHOPMADE TRAILER	93514	\$2,275.00	Sheriff
28044	1995 SHOPMADE TRAILER	4PTU50813TM007830	\$0.00	Sheriff
47232	2006 FORD EXPEDITION 4WD	1FMPU16506LA60861	\$29,754.00	Sheriff
48241	2007 US BUS PRISONER BUS	1GBE5V1G88F402099	\$84,221.00	Sheriff
48973	UNKN FLATBED TRAILER	TR200065	\$0.00	Sheriff
51939	2008 FORD 1/2T PICKUP FFV	1FTPX12V08FB53916	\$18,655.00	Sheriff
54442	2017 FORD PI SEDAN	1FAHP2L88HG120164	\$25,481.75	Sheriff
54630	2017 FORD PI SEDAN	1FAHP2L80HG137878	\$25,898.10	Sheriff
54631	2017 FORD PI SEDAN	1FAHP2682HG137879	\$25,898.10	Sheriff
55119	2012 FORD PRISONER VAN	1FTSS3EL2CDA07701	\$23,736.00	Sheriff
55145	2013 FORD POLICE SUV	1FM5K8AR1DGA46800	\$29,664.45	Sheriff
55153A	2005 UNKN BOAT TRAILER	4TM1ANJ165B001038	\$0.00	Sheriff
55162	2013 FORD PI SEDAN	1FAHP2L8XDG141091	\$25,453.55	Sheriff
55163	2013 FORD PI SEDAN	1FAHP2L81DG141092	\$25,028.55	Sheriff
55164	2013 FORD PI SUV CRIME	1FM5K8AR9DGB20920	\$29,664.50	Sheriff
55166	2013 CHEV 12-PASS VAN	1GAZGYFG4D1118096	\$33,526.00	Sheriff
55167	2013 FORD PI SUV K9 M/P	1FM5K8AR0DGB28470	\$34,929.75	Sheriff
55195	2013 FORD PI SEDAN	1FAHP2L88DG222168	\$25,741.55	Sheriff
55196	2013 FORD PI SEDAN	1FAHP2L89DG225726	\$25,741.55	Sheriff
55204	2014 FORD POLICE SUV M/P	1FM5K8AR0EGA09111	\$29,955.65	Sheriff
55206	2014 FORD POLICE SUV M/P	1FM5K8AR8EGA09115	\$29,955.95	Sheriff
55207	2014 FORD POLICE SUV M/P	1FM5K8AR4EGA09113	\$29,955.65	Sheriff
55208	2014 FORD POLICE SUV M/P	1FM5K8AR9EGA09110	\$30,355.65	Sheriff
55219	2013 FORD POLICE SUV	1FM5K7AR0DGC95440	\$28,437.05	Sheriff
55220	2013 FORD POLICE SUV	1FM5K7AR2DGC95441	\$28,437.05	Sheriff
55248	2014 FORD PI SEDAN	1FAHP2L81EG148805	\$24,475.00	Sheriff
55249	2014 FORD PI SEDAN	1FAHP2L8XEG150620	\$24,475.00	Sheriff
55251	2015 FORD POLICE SUV	1FM5K8ARXFGA70421	\$29,284.66	Sheriff
55258	2014 FORD TAURUS SEDAN	1FAHP2D83EG159612	\$18,529.00	Sheriff
55260	2014 FORD TAURUS SEDAN	1FAHP2D8XEG159610	\$18,529.00	Sheriff
55262	2014 FORD TAURUS SEDAN	1FAHP2D81EG159611	\$18,529.00	Sheriff
55268	2014 FORD 3/4T PICKUP	1FT7W2A62FEA13548	\$27,247.40	Sheriff
55313	2015 FORD POLICE SUV	1FM5K8AR6FGC08102	\$30,620.19	Sheriff
55314	2015 FORD POLICE SUV	1FM5K8AR1FGC16463	\$30,620.19	Sheriff
55315	2015 FORD EXPEDITION SSV	1FMJU1GT3FEF29285	\$34,276.75	Sheriff
55326	2015 FORD POLICE SUV M/P	1FM5K8ARXFGC16459	\$32,038.50	Sheriff
55327	2015 FORD POLICE SUV M/P	1FM5K8AR6FGC16457	\$32,038.50	Sheriff
55328	2015 FORD POLICE SUV M/P	1FM5K8ARXFGC16462	\$32,038.50	Sheriff
55329	2015 FORD POLICE SUV M/P	1FM5K8AR8FGC16461	\$32,038.50	Sheriff
55331	2015 FORD POLICE SUV M/P	1FM5K8AR8FGC16458	\$32,038.50	Sheriff
55333	2016 FORD POLICE SUV M/P	1FM5K8AR2GGB65184	\$32,569.05	Sheriff
55334	2016 FORD POLICE SUV M/P	1FM5K8AR4GGB65185	\$32,569.05	Sheriff
55336	2015 FORD PI SUV K9 M/P	1FM5K8AR4FGC16456	\$37,369.68	Sheriff
55363	2015 CHEV 12-PASS VAN	1GAZGZFG7F1285111	\$34,387.43	Sheriff
55365	2015 FORD PI SEDAN	1FAHP2L86FG170168	\$28,141.79	Sheriff
55366	2015 FORD PI SEDAN	1FAHP2L82FG167865	\$28,141.77	Sheriff
55373	2015 HARLEY MOTORCYCLE	1HD1FMM13FB697916	\$22,536.38	Sheriff
55374	2015 HARLEY MOTORCYCLE	1HD1FMM1XFB697914	\$21,855.27	Sheriff
55426	2016 FORD PI SEDAN	1FAHP2L86GG109033	\$25,454.50	Sheriff
55427	2016 FORD PI SEDAN	1FAHP2L84GG110066	\$25,454.50	Sheriff
55428	2016 FORD PI SEDAN	1FAHP2L88GG105453	\$25,454.50	Sheriff
55429	2016 FORD PI SEDAN	1FAHP2L8XGG105454	\$25,454.50	Sheriff
55430	2016 FORD PI SEDAN	1FAHP2L81GG109036	\$25,454.50	Sheriff
55431	2016 FORD PI SEDAN	1FAHP2L89GG105459	\$25,454.50	Sheriff
55432	2016 FORD PI SEDAN	1FAHP2L86GG110067	\$25,454.50	Sheriff
55433	2016 FORD PI SEDAN	1FAHP2L88GG110068	\$25,454.50	Sheriff

55434	2016 FORD PI SEDAN	1FAHP2L85GG105457	\$25,454.50	Sheriff
55435	2016 FORD PI SEDAN	1FAHP2L87GG105458	\$25,454.50	Sheriff
55436	2016 FORD PI SEDAN	1FAHP2L81GG105455	\$25,125.50	Sheriff
55437	2016 FORD PI SEDAN	1FAHP2L88GG109034	\$26,269.00	Sheriff
55438	2016 FORD PI SEDAN	1FAHP2L83GG105456	\$26,638.90	Sheriff
55439	2016 FORD PI SEDAN	1FAHP2L8XGG109035	\$25,463.90	Sheriff
55448	2016 FORD PI SEDAN	1FAHP2L87GG109039	\$27,969.20	Sheriff
55449	2016 FORD POLICE SUV	1FM5K8AR5GGC36460	\$33,334.00	Sheriff
55450	2016 FORD POLICE SUV M/P	1FM5K8AR8GGD16495	\$30,644.30	Sheriff
55451	2016 FORD POLICE SUV M/P	1FM5K8AR4GGD16493	\$30,644.30	Sheriff
55452	2016 FORD POLICE SUV M/P	1FM5K8AR3GGD16498	\$35,000.00	Sheriff
55453	2016 FORD POLICE SUV M/P	1FM5K8AR1GGD16497	\$30,644.30	Sheriff
55454	2016 FORD POLICE SUV M/P	1FM5K8ARXGGD16496	\$30,644.30	Sheriff
55455	2016 FORD POLICE SUV M/P	1FM5K8AR6GGD16494	\$30,644.30	Sheriff
55460	2016 FORD PI SEDAN	1FAHP2L85GG109041	\$27,969.20	Sheriff
55461	2016 FORD PI SEDAN	1FAHP2L83GG109040	\$27,969.20	Sheriff
55462	2016 FORD POLICE SUV	1FM5K8AR4GGC26356	\$30,391.80	Sheriff
55564	2016 FORD 1/2T PICKUP	1FTEW1EF9GFC48021	\$39,445.10	Sheriff
55565	2016 FORD 1/2T PICKUP	1FTEW1EF7GFC48020	\$39,445.10	Sheriff
55566	2016 FORD 1/2T PICKUP	1FTEW1EF2GFC48023	\$38,151.10	Sheriff
55600	2017 FORD POLICE SUV	1FM5K8AR4HGD07147	\$34,827.86	Sheriff
55601	2017 FORD PI SEDAN	1FAHP2L87HG126554	\$26,493.10	Sheriff
55604	2017 FORD POLICE SUV	1FM5K8AR6HGD07148	\$29,890.96	Sheriff
55605	2017 FORD PI SEDAN	1FAHP2L82HG126557	\$27,542.90	Sheriff
55609	2017 FORD PI SEDAN	1FAHP2L84HG126558	\$25,719.40	Sheriff
55620	2017 FORD POLICE SUV	1FM5K8AR8HGD07149	\$39,458.60	Sheriff
55628	2017 FORD PI SUV K9 M/P	1FM5K8ARXHGD60063	\$45,512.52	Sheriff
55640	2017 FORD POLICE SUV	1FM5K8AR3HGE01231	\$30,965.95	Sheriff
57282	2017 WELLS CARGO TRAILER	575200G23JT359472	\$4,696.00	Sheriff
18467	1990 TEXAS EQUIP TRAILER	17YGN2421LB007890	\$6,785.00	Myers Park
22464	1996 12' SHOPMADE TRAILER	4MSLD1227TTX02044	\$800.00	Myers Park
28573	1995 SHOPMADE TRAILER	4MSSA0812STX01430	\$700.00	Myers Park
32429	1999 SHOPMADE TRAILER	4PTU61820XM011903	\$1,965.00	Myers Park
39989	2003 HOMEMADE TRAILER	39989	\$1,110.20	Myers Park
39990	UNKN HOMEMADE TRAILER 8'	TR148425	\$0.00	Myers Park
55345	2015 FORD 3/4 T PICKUP	1FT7W2AT8FEC72132	\$35,744.62	Myers Park
55346	2015 FORD 3/4 T PICKUP	1FTBF2BT5FEC72131	\$35,006.62	Myers Park
57032	2013 SHPMADE DUMP TRAILER	17XFG1223D1030652	\$9,986.42	Myers Park

TOTAL PURCHASE PRICE ALL ACTIVE FLEET UNITS**\$14,822,621.98**

Exhibit Six - Current Bond Schedule Redacted

Effective	Expires	Bond Amount	Total Premium Amount	Invoices Paid 2019	Office Held	Renewal Type (Annual/ Term of Office)	Renewal Process Starts
				2019			
1/1/2019	12/31/2022	\$ 5,000	\$ 325	\$ 325	County Court at Law Judge, Court 2	Term of Office	12/15/2022
1/1/2019	12/31/2022	\$ 3,000	\$ 325	\$ 325	County Commissioner Precinct 2	Term of Office	12/15/2022
1/1/2019	12/31/2022	\$ 5,000	\$ 325	\$ 325	County Court at Law Judge, Court 1	Term of Office	12/15/2022
1/1/2019	12/31/2022	\$ 5,000	\$ 325	\$ 325	County Court at Law Judge, Court 5	Term of Office	12/15/2022
1/1/2019	12/31/2022	\$ 5,000	\$ 325	\$ 325	County Court at Law Judge, Court 4	Term of Office	12/15/2022
1/1/2019	12/31/2022	\$ 5,000	\$ 325	\$ 325	Criminal District Attorney	Term of Office	12/15/2022
1/1/2019	12/31/2022	\$ 3,000	\$ 325	\$ 325	County Commissioner Precinct 4	Term of Office	12/15/2022
1/1/2019	12/31/2022	\$ 5,000	\$ 325	\$ 325	County Court at Law Judge, Court 6	Term of Office	12/15/2022
1/1/2019	12/31/2022	\$ 5,000	\$ 325	\$ 325	Justice of the Peace, Precinct 2	Term of Office	12/15/2022
1/1/2019	12/31/2022	\$ 10,000	\$ 355	\$ 355	County Judge, Commissioners Court	Term of Office	12/15/2022
1/1/2019	12/31/2022	\$ 5,000	\$ 325	\$ 325	County Court at Law 3 Judge	Term of Office	12/15/2022
1/1/2019	12/31/2022	\$ 5,000	\$ 325	\$ 325	Justice of the Peace, Precinct 1	Term of Office	12/15/2022
1/1/2019	12/31/2022	\$ 500,000	\$ 5,689	\$ 5,689	County Clerk	Term of Office	12/15/2022
1/1/2019	12/31/2022	\$ 500,000	\$ 5,689	\$ 5,689	County Treasurer	Term of Office	12/15/2022
1/1/2019	12/31/2022	\$ 5,000	\$ 325	\$ 325	Justice of the Peace, Precinct 4	Term of Office	12/15/2022
1/1/2019	12/31/2022	\$ 500,000	\$ 5,689	\$ 5,689	County Court at Law, Probate Court 1	Term of Office	12/15/2022
1/1/2019	12/31/2022	\$ 5,000	\$ 325	\$ 325	Justice of the Peace, Precinct 3,2	Term of Office	12/15/2022
				2017			
5/9/2016	12/31/2020	\$ 100,000	\$ 1,309	\$ 1,309	District Clerk	Term of Office	10/2/2020
3/8/2016	12/31/2020	\$ 5,000	\$ 386	\$ 386	County Court at Law Judge, Court 7	Term of Office	10/2/2020
1/1/2017	12/31/2020	\$ 5,000	\$ 400	\$400	Justice of the Peace, Precinct 3,1	Term of Office	10/2/2020
1/1/2017	12/31/2020	\$ 1,500	\$ 400	\$ 400	Constable, Precinct 2	Term of Office	10/2/2020
1/1/2017	12/31/2020	\$ 1,500	\$ 400	\$ 400	Constable Precinct #1	Term of Office	10/2/2020
1/1/2017	12/31/2020	\$ 1,500	\$ 400	\$ 400	Constable Precinct #3	Term of Office	10/2/2020
1/1/2017	12/31/2020	\$ 1,500	\$ 400	\$ 400	Constable Precinct #4	Term of Office	10/2/2020
1/1/2017	12/31/2020	\$ 100,000	\$ 1,399	\$ 1,399	Tax Assessor-Collector	Term of Office	10/2/2020
1/1/2017	12/31/2020	\$ 100,000	\$ 1,399	\$ 1,399	Tax Assessor-Collector	Term of Office	10/2/2020
1/1/2017	12/31/2020	\$ 3,000	\$ 400	\$ 400	County Commissioner Precinct 1	Term of Office	10/2/2020
1/1/2017	12/31/2020	\$ 5,000	\$ 400	\$ 400	Sheriff	Term of Office	10/2/2020
11/19/2018	12/31/2020	\$ 3,000	\$ 400	\$400	County Commissioner Precinct 3	Term of Office	11/1/2020
12/14/2017	12/14/2021	\$ 1,000	\$400	\$ 400	Elections Administrator	4 year bond	11/14/2021
9/1/2017	9/30/2019	\$ 25,000	\$ 200	\$ 200	County Auditor	2 year bond	
3/22/2019	10/1/2019	\$ 25,000	\$ 265	\$ 265	Interim County Auditor	6 months	10/1/2019
				2020			
10/29/2018	10/29/2020	\$ 5,000	\$ 200		Fire Marshall	2 year bond	7/31/2020
10/1/2018	10/1/2020	\$ 5,000	\$ 200		Purchasing Agent	2 year bond	7/3/2020
				2019			
10/1/2018	10/1/2019	\$ 50,000	\$ 341	\$ 341	33 positions Reserve Deputy Sheriff	Annual	9/1/2019
5/1/2019	5/1/2020	\$ 10,000	\$ 100	\$ 100	5 positions Reserve Dep. Const.	Annual	4/1/2020
5/1/2019	5/1/2020	\$ 6,000	\$ 100	\$ 100	3 positions Reserve Dep. Const.	Annual	4/1/2020
5/1/2019	5/1/2020	\$ 12,000	\$ 100	\$ 100	6 positions Reserve Dep. Const.	Annual	4/1/2020
5/1/2019	5/1/2020	\$ 10,000	\$ 100	\$ 100	5 positions Reserve Dep. Const.	Annual	4/1/2020

Exhibit 7 - Legal Expenditure for Current Claims

Legal Expenditure for Current Claims

Claim Number	Claim Type	Total Incurred
18737483	Personal Injury GL	\$12,541.83
18750494	Personal Injury GL	\$1,245.00
17677901	Law Enforcement GL	\$7,708.88
18744175	Personal Injury GL	\$3,481.45
18722447	Personal Injury GL	\$1,980.00
18737978	Subrogation GL	\$4,331.53
18728808	Subrogation GL	\$18,146.54
19762716	Grievance GL	\$2,978.40
18735116	Personal Injury GL	\$8,643.55
19758412	Personal Injury GL	\$840.00
18705888	Personal Injury GL	Closed
19759629	Personal Injury GL	\$905.90
18735116	Personal Injury GL	\$8,643.55
18735116	Personal Injury GL	\$8,643.55
18742091	Personal Injury GL	\$1,980.00
18743201	Personal Injury GL	\$0.00
18751072	Personal Injury GL	\$1,050.00
18749278	Personal Injury GL	\$4,235.61
17680004	Personal Injury GL	\$37,699.31
17678235	Subrogation GL	\$4,331.53
18722805	Personal Injury GL	\$24,903.73

INFORMATION REGARDING **CONFLICT OF INTEREST QUESTIONNAIRE**

During the 79th Legislative Session, House Bill 914 was signed into law effective September 1, 2015, which added Chapter 176 to the Texas Local Government Code. Recent changes have been made to Chapter 176 pursuant to HB23, which passed the 84th Legislative Session. Chapter 176 mandates the public disclosure of certain information concerning persons doing business or seeking to do business with Collin County, including family, business, and financial relationships such persons may have with Collin County officers or employees involved in the planning, recommending, selecting and contracting of a vendor for this procurement.

For a copy of Form CIQ and CIS:

http://www.ethics.state.tx.us/filinginfo/conflict_forms.htm

The vendor acknowledges by doing business or seeking to do business with Collin County that he/she has been notified of the requirements under Chapter 176 of the Texas Local Government Code and that he/she is solely responsible for complying with the terms and conditions therein. Furthermore, any individual or business entity seeking to do business with Collin County who does not comply with this practice may risk award consideration of any County contract.

For a listing of current Collin County Officers:

<http://www.collincountytexas.gov/government/Pages/officials.aspx>

The following County employees will be involved in the planning, recommending, selecting, and contracting for the attached procurement:

Department:

Cynthia Jacobson, Human Resources
Julie Rutherford, Human Resources
Erica Johnson, Human Resources

Angela Hoesing, Human Resources
Jessica Gramly, Human Resources

Purchasing:

Michalyn Rains, CPPO, CPPB – Purchasing Agent
Michelle Charnoski, CPPB – Asst. Purchasing Agent
Sara Hoglund, CPPB – Senior Buyer

Commissioners' Court:

Chris Hill – County Judge
Susan Fletcher – Commissioner Precinct No. 1
Cheryl Williams – Commissioner Precinct No. 2
Darrell Hale – Commissioner Precinct No. 3
Duncan Webb – Commissioner Precinct No. 4

CONFLICT OF INTEREST QUESTIONNAIRE

FORM CIQ

For vendor doing business with local governmental entity

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.

This questionnaire is being filed in accordance with Chapter 176, Local Government Code, by a vendor who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the vendor meets requirements under Section 176.006(a).

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 vendor becomes aware of facts that require the statement to be filed. See Section 176.006(a-1), Local Government Code.

A vendor commits an offense if the vendor knowingly violates Section 176.006, Local Government Code. An offense under this section is a misdemeanor.

OFFICE USE ONLY

Date Received

1 Name of vendor who has a business relationship with local governmental entity.

2 ☐ **Check this box if you are filing an update to a previously filed questionnaire.** (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 on which you became aware that the originally filed questionnaire was incomplete or inaccurate.)

3 Name of local government officer about whom the information is being disclosed.

Name of Officer

4 Describe each employment or other business relationship with the local government officer, or a family member of the officer, as described by Section 176.003(a)(2)(A). Also describe any family relationship with the local government officer. Complete subparts A and B for each employment or business relationship described. Attach additional pages to this Form CIQ as necessary.

A. Is the local government officer or a family member of the officer receiving or likely to receive taxable income, other than investment income, from the vendor?

☐ Yes ☐ No

B. Is the vendor receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer or a family member of the officer AND the taxable income is not received from the local governmental entity?

☐ Yes ☐ No

5 Describe each employment or business relationship that the vendor named in Section 1 maintains with a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership interest of one percent or more.

6 ☐ Check this box if the vendor has given the local government officer or a family member of the officer one or more gifts as described in Section 176.003(a)(2)(B), excluding gifts described in Section 176.003(a-1).

7

Signature of vendor doing business with the governmental entity

Date

CONFLICT OF INTEREST QUESTIONNAIRE

For vendor doing business with local governmental entity

A complete copy of Chapter 176 of the Local Government Code may be found at <http://www.statutes.legis.state.tx.us/Docs/LG/htm/LG.176.htm>. For easy reference, below are some of the sections cited on this form.

Local Government Code § 176.001(1-a): "Business relationship" means a connection between two or more parties based on commercial activity of one of the parties. The term does not include a connection based on:

- (A) a transaction that is subject to rate or fee regulation by a federal, state, or local governmental entity or an agency of a federal, state, or local governmental entity;
- (B) a transaction conducted at a price and subject to terms available to the public; or
- (C) a purchase or lease of goods or services from a person that is chartered by a state or federal agency and that is subject to regular examination by, and reporting to, that agency.

Local Government Code § 176.003(a)(2)(A) and (B):

- (a) A local government officer shall file a conflicts disclosure statement with respect to a vendor if:

- (2) the vendor:

(A) has an employment or other business relationship with the local government officer or a family member of the officer that results in the officer or family member receiving taxable income, other than investment income, that exceeds \$2,500 during the 12-month period preceding the date that the officer becomes aware that

(i) a contract between the local governmental entity and vendor has been executed;
or

(ii) the local governmental entity is considering entering into a contract with the vendor;

(B) has given to the local government officer or a family member of the officer one or more gifts that have an aggregate value of more than \$100 in the 12-month period preceding the date the officer becomes aware that:

- (i) a contract between the local governmental entity and vendor has been executed; or
- (ii) the local governmental entity is considering entering into a contract with the vendor.

Local Government Code § 176.006(a) and (a-1)

- (a) A vendor shall file a completed conflict of interest questionnaire if the vendor has a business relationship with a local governmental entity and:

(1) has an employment or other business relationship with a local government officer of that local governmental entity, or a family member of the officer, described by Section 176.003(a)(2)(A);

(2) has given a local government officer of that local governmental entity, or a family member of the officer, one or more gifts with the aggregate value specified by Section 176.003(a)(2)(B), excluding any gift described by Section 176.003(a-1); or

(3) has a family relationship with a local government officer of that local governmental entity.

- (a-1) The completed conflict of interest questionnaire must be filed with the appropriate records administrator not later than the seventh business day after the later of:

- (1) the date that the vendor:

(A) begins discussions or negotiations to enter into a contract with the local governmental entity; or

(B) submits to the local governmental entity an application, response to a request for proposals or bids, correspondence, or another writing related to a potential contract with the local governmental entity; or

- (2) the date the vendor becomes aware:

(A) of an employment or other business relationship with a local government officer, or a family member of the officer, described by Subsection (a);

(B) that the vendor has given one or more gifts described by Subsection (a); or

(C) of a family relationship with a local government officer.

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.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
	5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	6 City, state, and ZIP code	
7 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 generally 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 <i>How to get a TIN</i> on page 3. Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.	<table border="1"><tr><td colspan="9">Social security number</td></tr><tr><td></td><td></td><td></td><td></td><td>-</td><td></td><td></td><td></td><td></td></tr></table> or <table border="1"><tr><td colspan="9">Employer identification number</td></tr><tr><td></td><td></td><td></td><td></td><td>-</td><td></td><td></td><td></td><td></td></tr></table>	Social security number													-					Employer identification number													-				
Social security number																																					
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Employer identification number																																					
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Part II Certification Under penalties of perjury, I certify that: 1. 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 2. 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 3. I am a U.S. citizen or other U.S. person (defined below); and 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. 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 3.	<table border="1"><tr><td>Signature of U.S. person ▶</td><td>Date ▶</td></tr></table>	Signature of U.S. person ▶	Date ▶
Signature of U.S. person ▶	Date ▶		

General Instructions

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

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. 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, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.