

## UNDERWRITING APPLICATION

## GENERAL INFORMATION

Name of Insured	Federal ID Number	Phone
Cameron County	1-746000420-7	
Address ( Street, City, Zip Code)	State	County
1100 E. Monroe St., Brownsville	TX	Cameron
Type of Public Entity: Township, City, State, Special District, Other	Year Entity was Formed	Current Population
County		
Risk Manager or Primary Contact	Entity Web Address	Phone
To be determined		
Financial / Accounting Contact		Phone
Claim Administrator		Phone
To be determined		
Name of Agent/Broker Contact	E-mail Address	St. Paul Agency No.
Name of Agency / Brokerage	Producer License No.	Phone
Address ( Street, City, State, Zip Code)		Fax

## COVERAGE INFORMATION

Proposed Effective Date	Date Quote is Needed	Bid Date		
7-1-16				
Coverage	Check if Requested	Current Insurance Carrier or Method (i.e., self insurance)	Current Limits or Deductible	Current Premium
Property*	<input checked="" type="checkbox"/>	Axis Surplus Lines	130,441,415	135,749.40
Equipment Breakdown	<input checked="" type="checkbox"/>	Continental Casualty	50,000,000	7,035.
Inland Marine*	<input checked="" type="checkbox"/>			
General Liability*	<input checked="" type="checkbox"/>	Texas Association of Co.	100,000,000 300,000,000	98,753.
Employee Benefits Liability	<input checked="" type="checkbox"/>	Texas Association of Co.		
Law Enforcement Liability*	<input checked="" type="checkbox"/>	Self Insurance		
Public Entity Mgmt. Liability (E&O)*	<input checked="" type="checkbox"/>	Self Insurance		
Employment Practices Liability*	<input checked="" type="checkbox"/>	Self Insurance		
Auto Liability*	<input checked="" type="checkbox"/>	Texas Association of Co.		
Auto Physical Damage*	<input checked="" type="checkbox"/>	Texas Association of Co.		
Crime*	<input checked="" type="checkbox"/>	National Union Fire Ins.	Various	8,851.
Umbrella/Excess*	<input checked="" type="checkbox"/>	Various		
Other:	<input checked="" type="checkbox"/>			

\* Include schedules, preferably on an Excel spreadsheet. Sample spreadsheets are attached.

## CLAIM HISTORY

Please attach at least one of the following claim reports with information by line of business for the past 5 full years:

- Insurance company loss runs, currently valued, showing all paid loss and loss expense reserved losses.
- Paid and reserved losses, currently valued, from the public entity's claim records, on letterhead.
- Paid and reserved losses, currently valued, from a third-party administrator.

Please prepare and submit claim detail for claims over \$25,000 for all lines of coverage requested  
(attach separate sheet if necessary):

Date of Claim	Description of Claim	Paid Losses	Paid Expenses	Open Loss Reserves	Is claim still open?
					<input type="checkbox"/> Yes
					<input type="checkbox"/> Yes
					<input type="checkbox"/> Yes
					<input type="checkbox"/> Yes

How does the public entity currently handle its claims?

☐ Insurance Company ☐ In-house ☐ Third-party Administrator

Name: \_\_\_\_\_

City/State: \_\_\_\_\_

Please describe variations in claim handling, if any, by coverage:

What are the Entity's service needs/expectations for claim handling?

Does the Entity have an incident reporting system, whereby incidents are reported and tracked for possible future claims? ☐ Yes ☐ No

Please describe:

## PROPERTY

Please complete a signed property schedule with location numbers, address, protection class, private protection (i.e., sprinklered; smoke detection), square footage, construction, age and occupancy.

Coverage	Limits	Deductible	Coins %	Coverage Information (check all that apply)			
Building				<input type="checkbox"/> RC	<input type="checkbox"/> Basic Form	<input type="checkbox"/> Blanket	<input type="checkbox"/> Agreed Amount
				<input type="checkbox"/> ACV	<input type="checkbox"/> Special Form	<input type="checkbox"/> Specific	
Business Contents				<input type="checkbox"/> RC	<input type="checkbox"/> Basic Form	<input type="checkbox"/> Blanket	<input type="checkbox"/> Agreed Amount
				<input type="checkbox"/> ACV	<input type="checkbox"/> Special Form	<input type="checkbox"/> Specific	
Blanket Earnings & Expense**							
Extra Expense				Location Nos.:			
Other							

How were property values calculated?

Actual Constr. Cost; older American APP

Date of most recent valuation:

Identify any historical buildings and explain how values were calculated.

Historic 1912 County Courthouse a.k.a. Dancy Bldg total restoration Value equal

Is any property located within five miles of coastal water? ☒ Yes ☐ No

☒ Yes ☐ No

Have roofs been updated in the past 20 years? ☐ Yes ☐ No

☐ Yes ☐ No

Please describe:

If yes,

When?

Does the Public Entity have a disaster recovery plan in place? ☒ Yes ☐ No

☒ Yes ☐ No

Describe the plan or attach a copy:

Cameron County Disaster Recovery Plan filed

\*\*Attach business income worksheet

with State of.

## EQUIPMENT BREAKDOWN

Is coverage desired? ☒ Yes ☐ No

If yes, quote will be provided per the values furnished on the property schedule unless otherwise indicated.

# GENERAL LIABILITY EXPOSURE INFORMATION

Please check all of the operational exposures of the Public Entity below

Note that coverage may not be available for all operations or exposures

Operation/Exposure	Do you have this exposure?		Is it operated by the Public Entity or subcontracted?*		Exposure Information	
	Yes	No	Entity	Subcontracted		
Airports	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Number	1
Amusement Parks	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Annual sales	
Arenas/Convention Centers**	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Area	Seating
Athletic Participation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. of participants	
Blasting Operations	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. of blasts/yr.	
Bleachers/Stadiums/Grandstands>5000 seating**	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Blood Bank	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Number	
Camps or Campgrounds	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Number	
Cemeteries**	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Number	No. of sites
Chemical Spray (weeds)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. of acres	No. of times/yr
Chemical Spray (insects)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. of acres	No. of times/yr
Dams/Reservoirs**	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Height	Age
Day Care Centers**	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Width	Construction
EMTs/Paramedics**	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. of centers	No. of children/yr.
Fire Department**	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. paid	No. volunteer
Fireworks displays**	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. of each year	
Golf Courses**	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No. of	Annual sales
Health Department/Mental Health Dept.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		No. of employees
Hospitals/Clinics	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		225
Housing Authority**	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are you responsible for insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Jail, Detention Centers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Are you responsible for insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Landfills/Dump/Refuse Site/Incinerator**	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. of open	No. of closed
Libraries	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Number	
Liquor Stores/Taverns**	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Annual Sales Off	On
Mechanical or Electrically Operated Amusement Devices	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Museums	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Number	
Nursing Homes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are you responsible for insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Piers, Docks, Marinas, Boat Slips/Ramps	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Number	Area
Port Authorities	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are you responsible for insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Recreational Activities**	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Rifle/Shooting Range**	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Number	Type
Rodeo	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Sanitation, Garbage Collection, Recycle Operations	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. of customers	
Schools	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are you responsible for insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Shelters/Youth Homes/Group Homes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Number	Type
Skateboard Facility	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Ski Facilities	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. of downhill	No. of cross country
Special Events (fairs, carnivals, festivals, parades)**	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No. per year	Type
Streets/Roads/Bridges**	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No. of miles	762.34
Transportation System	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are you responsible for insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Utilities: Electric**	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Annual payroll	
Utilities: Gas**	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Annual payroll	
Utilities: Water**	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Annual payroll	
Utilities: Sewer**	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Annual payroll	
Vacant Land	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Acres	
Watercraft/Boats	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No.>26 ft.	Receipts
Waterfront Activities** (swimming pools, beaches, lakes, reservoirs)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Waterslide**	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Zoos	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Number	

Describe all other exposures not listed above

\*Please attach a copy of your standard contract for subcontracted operations.

\*\*Complete separate supplement for these exposures.

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## STREETS/ROADS/HIGHWAYS/BRIDGES SUPPLEMENT

Name of Insured

Cameron County

Effective Date of Coverage

7-1-16.

## STREETS/ROADS/HIGHWAYS

1. Paved mileage \_\_\_\_\_  
 Unpaved mileage \_\_\_\_\_  
 Mileage maintained by others None
2. Does the Entity have a regular inspection and maintenance program?..... ☒ Yes ☐ No
3. What is the turnaround time for routine repairs? 3-5 working days
4. Are written records of maintenance kept?..... ☐ Yes ☐ No
5. Are road signs regularly inspected for visibility and missing signs?..... ☒ Yes ☐ No
6. Are barricades and warning signs used at road work sites?..... ☒ Yes ☐ No

## BRIDGES

1. How many bridges are owned and/or maintained by the Entity? 3 International
2. Are all bridges posted for size and weight limits?..... ☒ Yes ☐ No
3. How many one-lane bridges? None  
 Are warnings posted?..... ☐ Yes ☐ No
4. How many drawbridges? None  
 Are warnings posted?..... ☐ Yes ☐ No
5. How many toll bridges? 1 SH 550 / RNA / County  
 How many toll bridge crossings per year? \_\_\_\_\_
6. Describe bridge inspection procedures: International Bridge inspected yearly by contractor off system bridges inspected by annually by TX DOT.
7. Have any bridges not passed inspection (do not meet local, state, or federal standards, are structurally deficient, etc.), or are any bridges closed or condemned?..... ☐ Yes ☒ No  
 If yes, list bridges, locations and provide reasons for current conditions:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- Are warnings and barriers posted and maintained for all bridges?..... ☒ Yes ☐ No
8. Is the Entity involved in any bridge construction?..... ☒ Yes ☐ No  
 If yes, describe: Commercial lane expansion at Veterans International Bridge at Los Tomates Bds.
9. Does the Entity contract any portion of bridge operations (construction, maintenance, inspection, etc.)?..... ☒ Yes ☐ No

# GENERAL LIABILITY EXPOSURE INFORMATION

Please check all of the operational exposures of the Public Entity below. Note that coverage may not be available for all operations or exposures

Operation/Exposure	Do you have this exposure?		Is it operated by the Public Entity or subcontracted?*		Exposure Information	
	Yes	No	Entity	Subcontracted		
Airports	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Number	1
Amusement Parks	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Annual sales	
Arenas/Convention Centers**	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Area	Seating
Athletic Participation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. of participants	
Blasting Operations	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. of blasts/yr.	
Bleachers/Stadiums/Grandstands>5000 seating**	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Blood Bank	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Number	
Camps or Campgrounds	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Number	
Cemeteries**	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Number	No. of sites 665
Chemical Spray (weeds)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. of acres	No. of times/yr
Chemical Spray (insects)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. of acres	No. of times/yr
Dams/Reservoirs**	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Height	Age
Day Care Centers**	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Width	Construction
EMTs/Paramedics**	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. of centers	No. of children/yr.
Fire Department**	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. paid	No. volunteer
Fireworks displays**	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. of each year	
Golf Courses**	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. of	Annual sales
Health Department/Mental Health Dept.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		No. of employees
Hospitals/Clinics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are you responsible for insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Housing Authority**	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are you responsible for insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Jail, Detention Centers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Landfills/Dump/Refuse Site/Incinerator**	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. of open	No. of closed
Libraries	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Number	
Liquor Stores/Taverns**	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Annual Sales Off	On
Mechanical or Electrically Operated Amusement Devices	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Museums	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Number	
Nursing Homes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are you responsible for insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Piers, Docks, Marinas, Boat Slips/Ramps	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Number	Area
Port Authorities	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are you responsible for insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Recreational Activities**	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Rifle/Shooting Range**	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Number	Type
Rodeo	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Sanitation, Garbage Collection, Recycle Operations	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. of customers	
Schools	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are you responsible for insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Shelters/Youth Homes/Group Homes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Number	Type
Skateboard Facility	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Ski Facilities	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. of downhill	No. of cross country
Special Events (fairs, carnivals, festivals, parades)**	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. per year	Type
Streets/Roads/Bridges**	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No. of miles	773
Transportation System	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are you responsible for insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Utilities: Electric**	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Annual payroll	
Utilities: Gas**	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Annual payroll	
Utilities: Water**	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Annual payroll	
Utilities: Sewer**	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Annual payroll	
Vacant Land	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Acres	
Watercraft/Boats	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. >26 ft.	Receipts
Waterfront Activities** (swimming pools, beaches, lakes, reservoirs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 swimming pools	
Waterslide**	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Zoos	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Number	

Describe all other exposures not listed above

\*Please attach a copy of your standard contract for subcontracted operations.

\*\*Complete separate surrogates for these exposures.

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56026 Ed. 06-2003 Exposure List

# FINANCIAL INFORMATION

What is your latest bond rating (Moody's or Standard & Poor's)

What was (were) your previous bond rating(s)?

Please attach a complete copy of the Entity's current budget (including Government and Proprietary funds).

Has it been approved? www.co.cameron.tx.us/docs/Budget ☒ Yes ☐ No

What has been the total budget for the past three years?

15 ptt

Year	Revenues	Expenditures	Surplus/(Deficit)
<u>201</u>	<u>www.co.cameron.tx.us/docs/Fy 201</u>	<u>201</u>	<u>Approved</u>

Have any budget deficits occurred in the past three years? ☐ Yes ☒ No

If yes, please describe on a separate sheet of paper, along with the reasons/conditions leading to deficit.

## INLAND MARINE

Attach an itemized schedule of desired inland marine coverages by location, indicating the limit of coverage, deductible, and complete description of the property.

Coverage				Check if Requested	Deductible
Accounts Receivable (include average and maximum monthly values by location)				<input type="checkbox"/>	\$
Computer (indicate equipment and media limits separately; indicate if breakdown, loss of earnings, extra expense coverages are desired)				<input checked="" type="checkbox"/>	\$
Contractor's Equipment	Limits	7,593,674		<input checked="" type="checkbox"/>	\$
Difference in Conditions	Flood sublimit		Earthquake sublimit	<input type="checkbox"/>	\$
	Flood zones		Earthquake zones		
Fine Arts				<input type="checkbox"/>	\$
Miscellaneous Property Floater				<input checked="" type="checkbox"/>	\$
Radio and Television Broadcasting Equipment				<input type="checkbox"/>	\$
Radio Towers (include the height and wind resistance mph; how anchored; and lightning protection for each tower)				<input checked="" type="checkbox"/>	\$
Valuable Papers				<input type="checkbox"/>	\$

# AUTOMOBILE LIABILITY AND PHYSICAL DAMAGE

**Please attach an ACORD Auto Application and a Schedule of Vehicles; include year, make, model, cost, new, VIN #'s, classifications and/or GVW's.**

Limit of Coverage (CSL)	UM/UIM Limit	Medical Payments Limit	PIP Limit	Liability Deductible
\$ 300,000	\$ 20K, 40K, 15K	\$	\$ 5,000	\$ 1,000
Option				
\$	\$	\$	\$	\$
Do you obtain MVRs on your employees? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Do you obtain copies of insurance policies for employees who drive on your behalf? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you provide defensive driver training for your employees? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Is personal use permitted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Do you have a maintenance program? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>have mechanic</i> <small>If yes, provide description.</small>		
Do you have an accident investigation program? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <small>If yes, provide description.</small>				
Is a transportation system provided? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Elderly transport <input type="checkbox"/> Other (provide details)				
Garagekeepers Legal Liability Coverage <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Legal Liability <b>Limit of Coverage:</b> Comprehensive \$      Collision \$ <input type="checkbox"/> Direct Primary <b>Deductible:</b> Comprehensive \$      Collision \$		
Garage Locations				
Hired Car Physical Damage Coverage <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Cost of hire: \$	Deductible: Comprehensive \$ 1,000 Collision \$ 1,000	

The undersigned declares that to the best of his/her knowledge, the information set forth in this application is true and complete.

Signature of Authorized Official	Title	Date
Signature of Agent or Broker	Title	Date





# CRIME

Please choose the applicable Insuring Agreement(s), limit(s) and deductible(s).

Insuring Agreement(s) Requested	Limit of Insurance	Deductible
Employee Theft Coverage - Per Loss Coverage*	500,000	7,500
Employee Theft Coverage - Per Employee Coverage*	500,000	7,500
Forgery or Alteration	500,000	7,500
Inside the Premises - Theft of Money and Securities	150,000	1,500
Inside the Premises - Robbery or Safe Burglary of Other Property	150,000	1,500
Outside the Premises	150,000	1,500
Computer Fraud	500,000	7,500
Money Orders and Counterfeit Paper Currency	500,000	0.00

\*Is coverage extended to provide faithful performance of duty?..... ☒ Yes ☐ No

\*Is coverage extended to provide credit/debit/charge card forgery?..... ☒ Yes ☐ No

## Employee Information

List below the positions of officials, officers and employees occupying those positions to which the selected coverage applies: Community Service Aid 54 Legal Secretary 43  
Court Coordinator 21 Supervisor 42

Number of Employees in Position	Position Title	Number of Employees in Position	Position Title	Number of Employees in Position	Position Title
50	Adm Asst.	149	Sheriff/Constables	275	Dentition officer
16	Adm Dir.	32	Maintenance	13	Dispatcher
2	Nurse Pract.	50	Managers	37	Toll collectors
19	Asst. Adm.	4	Regist Nurse	65	Secretary
2	Asst Dir	27	LVN	31	Custodian
33	Asst. Dist. Atty	209	Clerk	23	Road Crewman
				404	Other

NOTE: Certain officers and subordinates are excluded automatically from coverage by the terms of the policy: Treasurers and Tax Collectors (for all coverages); personnel required by law to furnish an individual bond to qualify for that office (for all coverages); and personnel required by law to furnish a bond for faithful performance of their duties (for Employee Theft coverage).

## From the list above indicate the following:

Number of officials/officers, not required by law to be individually bonded, who are authorized to manage, govern, or control the insured's employees: ..... 200

Number of employees who handle, have custody of, or maintain records of, money, securities, or other property, including department and division heads and assistant department and division heads: ..... 300

Number of all other employees (including patrol persons, when written for Employee Theft only): .....

If coverage is desired for volunteer workers, provide the total number of volunteers, exclusive of fund solicitors: ..... N/A

Total number of locations: ..... 45

## Audit Procedures:

Is an audit performed by an independent CPA or public accountant? ..... ☐ Yes ☒ No

If yes, how often? ☐ Quarterly ☐ Semi-Annually

If no, is an internal audit performed? ..... ☒ Yes ☐ No

Is the audit made in accordance with generally accepted accounting standards?..... ☒ Yes ☐ No



**Internal Controls:**

Are all bank account statements reconciled at least monthly? ..... ☒ Yes ☐ No

Is the reconciliation handled by one or more employees not authorized to sign checks,  
or make or record deposits/withdrawals? ..... ☒ Yes ☐ No

Are at least two signatures required on checks? ..... ☒ Yes ☐ No

*If yes, over what threshold?* ALL

Are securities subject to joint control by two or more employees? ..... ☐ Yes ☒ No

Are all applicants for employment verified by checking references and contacting  
former employers? ..... ☐ Yes ☒ No

**Inside/Outside the Premises Coverage Exposures:**

☐ Check here if not applicable.

What is the type of safe or vault? Only for Dept's request above verification

Is the burglar alarm connected to the safe or vault? ..... ☐ Yes ☒ No

Is an armored car service employed by the insured to move money and/or securities? ..... ☒ Yes ☐ No

Other protection (e.g., fences, floodlights, alarm, etc.): \_\_\_\_\_

**Computer Fraud Controls:**

☐ Check here if not applicable.

Is a software security system in place to detect fraudulent computer usage by  
employees, agents, or outsiders? ..... ☒ Yes ☐ No

Are passwords and access codes changed at regular intervals and when  
users are terminated? ..... ☒ Yes ☐ No

Are computer programmers permitted to use machines with their own programs? ..... ☐ Yes ☒ No

Are computer check-writing functions separate from check authorizations? ..... ☒ Yes ☐ No

Are EDP systems, programs and procedures, including changes thereto, authorized,  
documented and tested? ..... ☒ Yes ☐ No

*If Funds Transfer Fraud coverage is desired, please answer the following:*

What is the daily dollar volume of electronic funds transferred?

Average \$ \_\_\_\_\_ Maximum \$ \_\_\_\_\_

Are transfer verifications sent to an employee and/or department other than the one  
that initiated the transfer? ..... ☒ Yes ☐ No

# LOSS CONTROL SELF ASSESSMENT

Insured <b>Cameron County</b>	Date Completed <b>2/11</b>
Address ( Street, City, Zip Code) <b>1100 E. Monroe St.</b>	State <b>TX</b> County <b>Cameron</b>
Name of Person Completing this Loss Control Self Assessment	
Agency Name	

## Loss Control Policy

1. The Entity has a written Loss Control Policy..... ☐ Yes ☐ No
2. All employees have a copy of the Loss Control Policy, or it is posted where employees can read it ..... ☐ Yes ☐ No ☐ NA
3. The policy cites responsibilities of the department heads, supervisors and employees..... ☐ Yes ☐ No ☐ NA

## Accident Investigation

4. All accidents and incidents involving employees, property and vehicles, and all accidents involving the general public, are reported to the designated individual..... ☒ Yes ☐ No
5. All accidents and incidents are investigated to initiate corrective action..... ☒ Yes ☐ No ☐ NA
6. Follow-up on corrective action is completed by the supervisor, clerk or administrator..... ☐ Yes ☐ No ☐ NA

## Citizen Complaints

7. Citizen complaints are handled through a central location or through the administrative building..... ☐ Yes ☐ No ☐ NA
8. Complaint notices are reviewed for completion and the complainant is notified of status..... ☐ Yes ☐ No ☐ NA

## Risk Management

9. Certificates of insurance demonstrating adequate limits and hold-harmless agreements are required on contracts..... ☒ Yes ☐ No
10. Legal counsel reviews contract indemnification clauses and hold-harmless agreements..... ☒ Yes ☐ No

## Automobile Vehicle Fleet

11. Motor vehicle records (MVRs) and drivers licenses are checked before hire and annually..... ☒ Yes ☐ No
12. Driver selection includes a review of the driver's MVR for DUI or "multiple events"..... ☐ Yes ☐ No ☐ NA
13. Driver training is provided periodically for all drivers who operate Entity vehicles or drive their personal vehicles on Entity business..... ☐ Yes ☐ No ☐ NA
14. Safety inspections are completed on the vehicles during preventive maintenance..... ☒ Yes ☐ No ☐ NA

## Public Entity Management

15. All positions have updated job descriptions stating job purpose, essential job functions, physical demands and minimum requirements..... ☐ Yes ☐ No ☐ NA
16. Staff responsible for interviewing and hiring employees are trained in proper procedures for employment practices..... ☐ Yes ☐ No ☐ NA
17. Employee performance reviews are conducted at least annually, reviewed with the employee, and maintained in a personnel file..... ☐ Yes ☐ No ☐ NA
18. Legal counsel reviews termination decisions before actual firing..... ☐ Yes ☐ No
19. A written sexual harassment policy is in place; training is provided for all staff, volunteers, and elected and appointed officials..... ☐ Yes ☐ No ☐ NA

## Volunteer Fire Department

20. Department policy requires notification to a chief if any alcohol or prescription drug use occurs prior to responding to a call..... ☐ Yes ☐ No ☒ NA
21. Drinking of alcoholic beverages in the facility or on Public Entity property is prohibited before, during and after firefighter training..... ☐ Yes ☐ No ☒ NA
22. Department policy prohibits emergency lights or excessive speed while responding in volunteers' personal vehicles..... ☐ Yes ☐ No ☒ NA

## Law Enforcement Department

### Use of Force Policy

23. Use of Force Policy authorizes deadly force only when there is an immediate threat of death or serious injury, or to prevent the escape of a fleeing felon who will pose a threat of death..... ☐ Yes ☐ No ☐ NA
24. Use of Force Policy prohibits personnel from carrying a weapon if his/her weapons' qualification is not current..... ☐ Yes ☐ No ☐ NA
25. Use of Force Policy requires that the use of force be appropriate for the resistance of the suspect..... ☐ Yes ☐ No ☐ NA

### Pursuit Policy

26. Pursuit Policy authorizes pursuit only for suspects of felonies or misdemeanors who require full custody arrest; policy prohibits pursuit for traffic-code violations only..... ☐ Yes ☐ No ☐ NA
27. Policy requires supervisor control of the pursuit in progress..... ☐ Yes ☐ No ☐ NA
28. Pursuit Policy requires supervisor authorization for pursuit tactics, including roadblocks..... ☐ Yes ☐ No ☐ NA

### Domestic Violence Policy

29. Domestic Violence Policy requires response even if a second call requests cancellation of the initial call..... ☐ Yes ☐ No ☐ NA
30. Domestic violence calls receive the same response priority as any other life threatening call..... ☐ Yes ☐ No ☐ NA
31. Domestic Violence Policy requires officers to make an arrest when probable cause and legal authority exist..... ☐ Yes ☐ No ☐ NA

### Law Enforcement Secondary Employment Policy

32. Policies and procedures require senior command approval of any off-duty employment..... ☐ Yes ☐ No ☐ NA

### Officer Training

33. Before solo duty assignment, new officers complete Basic Law Enforcement Training (BLET), Field Training (FTO), weapons qualification, and pursuit driving program..... ☐ Yes ☐ No ☐ NA
34. Weapons qualification for all officers includes duty, off-duty, back-up weapon and shotgun, discretionary (*shoot, don't shoot*) exercises, and tactical courses under adverse conditions..... ☐ Yes ☐ No ☐ NA
35. Minimum number of in-service training hours (*beyond weapons training requirements*) has been established for all officers..... ☐ Yes ☐ No ☐ NA
36. Annual in-service training is provided on changes in policies and procedures manuals and in legislative and case law..... ☐ Yes ☐ No ☐ NA
37. Annual in-service training is provided in high-speed pursuit driving initiation decision making..... ☐ Yes ☐ No ☐ NA

### Public Works Department

38. A documented sewer system inspection and maintenance program is in place for all sewer lines..... ☐ Yes ☐ No ☐ NA
39. The Entity's sidewalks are inspected regularly for defects and repaired as soon as possible..... ☐ Yes ☐ No ☐ NA
40. Procedures are in place for installing and maintaining work zone traffic control devices in accordance with the Manual on Uniform Traffic Control Devices (MUTCD)..... ☐ Yes ☐ No ☐ NA
41. Specialized training is provided for potential high-loss tasks and activities, such as flagging, snowplowing or operating special equipment..... ☐ Yes ☐ No ☐ NA

### Parks and Recreation

42. All playground equipment and protective surfacing has been audited against current Consumer Products Safety Commission guidelines..... ☐ Yes ☐ No ☐ NA
43. A documented monthly inspection and repair program is in place for all playground equipment and park facilities..... ☐ Yes ☐ No ☐ NA
44. All swimming pools and beaches are provided with adequately trained lifeguards and supervisors..... ☐ Yes ☐ No ☐ NA
45. The hiring process for Parks and Recreation staff includes background and reference checks..... ☐ Yes ☐ No ☐ NA
46. Alcohol use is controlled and limited in the parks by permits and maximum quantities..... ☐ Yes ☐ No ☐ NA