



**CAMERON COUNTY**  
1100 E. Monroe St,  
Brownsville, Texas 78520  
(956) 544-0871 Fax: (956) 550-7219

Request For Proposal # 1470  
Addendum # 5 – Page 1 of 1  
Date Out: September 16, 2013

**WORKERS' COMPENSATION INSURANCE**  
**QUESTIONS & ANSWERS**

Question #1	Can you provide currently valued details on all losses over \$100,000 total for the last 7-10 policy years with the following details? The information must include date of loss, claimant names, injury description, total paid and gross total incurred. Summary gross total incurred by policy year for the last 7-10 years is to be valued 7-1-2013 or newer.
Answer #1	The information available at this time is for all claims with injury date on or after January 1, 2005 thru June 30, 2013 (7.5 years). This information can not include claimant name at this time, due to privacy laws. A summary analysis for large claims in excess of \$25,000 was previously provided on page 44 of the Exhibits section of the RFP. Detail financial information for all claims was previously provided with Addendum 2C. Attached is expanded information for the four claims that have exceeded \$100,000 in the last 7.5 years.

Company Name \_\_\_\_\_ Phone # \_\_\_\_\_

Vendor Signature \_\_\_\_\_ Date \_\_\_\_\_

**Must include and return with Proposal package**