



**Workers' Compensation Renewal Questionnaire**

**Lamb County**

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

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

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

Member Service Representative: Ms. Yolanda Mondragon

Email: yolandam@county.org

**Pool Coordinator/Workers' Compensation Coordinator**

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

Contact: Hon. Jerry Yarbrough Email: jyarbrough@co.lamb.tx.us

Office Phone Number: (806) 385-4222 Fax Number: (806) 385-6485

Mailing Address: 100 6th Dr Rm B04 City, State, Zip: Littlefield, TX, 79339-3322

**General Information**

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

**Unreported Claims**

- |   |                  |
|---|------------------|
| 1. Are you, or any officer or employee, aware of, or have knowledge of any circumstance, occurrence, fact or event which is likely to be a basis of a claim, either now or in the future? | <b>Yes or No</b> |
| If yes, please describe:  | NO               |

2. Has the situation been reported to TAC Claims Department?

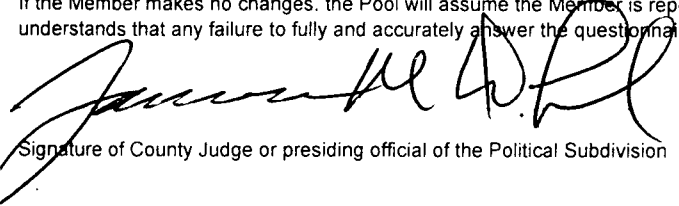
NO

### Acknowledgement and Acceptance

**Member Name:**Lamb County

Member acknowledges that the information submitted in this questionnaire is true and accurate, including all known potential claims. The information submitted may be used by the Pool in processing the renewal and in assessing the coverage needs of the Member. The questions posed, or any wording of the questionnaire, should not and may not be relied upon by the Member as implying that coverage exists for any particular claim or class of claims. The only coverage provided by the Pool to the Member is as described in the applicable Coverage Document, including any endorsements and the Contribution and Coverage Declaration, issued to a covered Member.

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



Signature of County Judge or presiding official of the Political Subdivision

9/25/17

Date



**POLITICAL SUBDIVISION WORKERS' COMPENSATION ALLIANCE  
ELECTION FORM**

I elect to participate in the Political Subdivision Workers' Compensation Alliance.

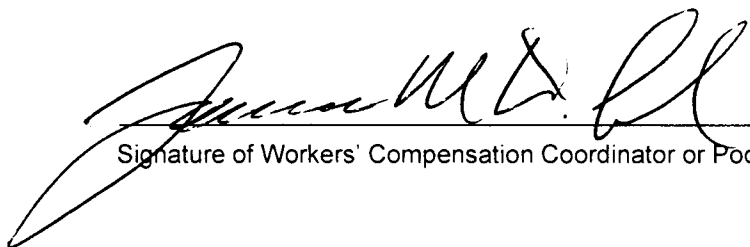
SEPTEMBER 25, 2017 with policy date of JANUARY 1, 2018  
Effective Date of Alliance Participation

I elect NOT to participate in the Political Subdivision Workers' Compensation Alliance.

\_\_\_\_\_  
Termination Date of Alliance Participation

LAMB COUNTY  
Lamb County

James M. DeLoach, County Judge  
Printed Name and Title

 \_\_\_\_\_  
Signature of Workers' Compensation Coordinator or Pool Coordinator      Date

9/25/17

END OF  
REGULAR  
COMMISSIONERS  
MEETING

September 25, 2017