

UNDERWRITING APPLICATION

GENERAL INFORMATION

Name of Insured Cameron County		Federal ID Number 1-74-60004207	Phone
Address (Street, City, Zip Code) 1100 E. Monroe St., Brownsville		State TX	County Cameron
Type of Public Entity: Township, City, State, Special District, Other County Government		Year Entity was Formed	Current Population
Risk Manager or Primary Contact		Entity Web Address	Phone
Financial / Accounting Contact			Phone
Claim Administrator			Phone
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		
Coverage	Check if Requested	Current Insurance Carrier or Method (I.e., self insurance)	Current Limits or Deductible	Current Premium
Property*	<input checked="" type="checkbox"/>			
Equipment Breakdown	<input checked="" type="checkbox"/>			
Inland Marine*	<input checked="" type="checkbox"/>			
General Liability*	<input checked="" type="checkbox"/>			
Employee Benefits Liability	<input checked="" type="checkbox"/>			
Law Enforcement Liability*	<input checked="" type="checkbox"/>			
Public Entity Mgmt. Liability (E&O)*	<input checked="" type="checkbox"/>			
Employment Practices Liability*	<input checked="" type="checkbox"/>			
Auto Liability*	<input checked="" type="checkbox"/>			
Auto Physical Damage*	<input checked="" type="checkbox"/>			
Crime*	<input checked="" type="checkbox"/>			
Umbrella/Excess*	<input type="checkbox"/>			
Other:	<input 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 Const Cost; Older American APP

Date of most recent valuation:

Identify any historical buildings and explain how values were calculated.

Historic 1912 County Courthouse aka. Dancy Bldg - Value equal total restoration

Is any property located within five miles of coastal water? Yes No Have roofs been updated in the past 20 years? Yes No

Please describe:

If yes, When?

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

Describe the plan or attach a copy: *Cameron County Disaster Recovery plan filed with State of.*

**Attach business income worksheet

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Number	1
Amusement Parks	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Annual sales	
Arenas/Convention Centers**	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Area	Seating 350
Athletic Participation	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Number	2
Cemeteries**	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Number	No. of sites
Chemical Spray (weeds) <i>In House</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No. of acres	No of times/yr
Chemical Spray (insects) <i>Sub-Cont.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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 Width	Age Construction
Day Care Centers**	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. of centers	No. of children/yr.
EMTs/Paramedics**	<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"/>	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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No. of employees	116
Hospitals/Clinics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Are you responsible for insurance?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> N
Housing Authority**	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Are you responsible for insurance?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> N
Jail, Detention Centers	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Landfills/Dump/Refuse Site/Incinerator**	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No. of open	No. of closed
Libraries	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Number	1
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 checked="" type="checkbox"/>	<input type="checkbox"/>	Are you responsible for insurance?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> N
Piers, Docks, Marinas, Boat Slips/Ramps	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Number	7 Area
Port Authorities	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Are you responsible for insurance?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> N
Recreational Activities**	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/> N
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 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	755.83
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 checked="" type="checkbox"/> N
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 checked="" type="checkbox"/>	<input type="checkbox"/>	Acres	200
Watercraft/Boats <i>Wave Runners 3</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No.>26 ft.	Receipts
Waterfront Activities** (swimming pools, beaches, lakes, reservoirs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>3 Swimming Pools</i>	
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.**

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 Yes No

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

Year	Revenues	Expenditures	Surplus/(Deficit)
<u>2018</u>	<u>www.co.cameron.tx.us</u>		<u>2018 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.

X

CRIME

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

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

*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 Aids - 54* *Legal Secretaries - 43*
Court Coordinators - 21 *Supervisors - 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	Detention Officers
16	Adm Dir	32	Maintenance	13	Dispatchers
2	Nurse Prac.	50	Managers	37	Toll Collectors
19	Adm Asst	4	Regist. Nurses	65	Secretary
2	Asst. Dir	27	LYN	31	Custodians
33	Asst. Dir. Atty	209	Clerks	23	Rd 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: *350*

Number of all other employees (including patrol persons, when written for Employee Theft only): *1200*

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

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

X

LOSS CONTROL SELF ASSESSMENT

Insured Cameron County	Date Completed		
Address (Street, City, Zip Code) 1100 E. Monroe St., Brownsville		State TX	County Cameron
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 *Law Enforcement only*
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. *Available to all drivers, mandated in the event of an accident.* 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 *Some*
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

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? Both, diff departments
- 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

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
\$	\$	\$	\$	\$
Option				
\$	\$	\$	\$	\$
Do you obtain MVRs on your employees? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>Law-Enforcement only</i>		Do you obtain copies of insurance policies for employees who drive on your behalf? <input type="checkbox"/> Yes <input checked="" 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>In-House Mechanic</i> <i>If yes, provide description.</i>		
Do you have an accident investigation program? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, provide description.</i>				
Is a transportation system provided? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Elderly transport <input type="checkbox"/> Other <i>(provide details)</i>				
Garagekeepers Legal Liability Coverage <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Legal Liability Limit of Coverage: Comprehensive \$ Collision \$ <input type="checkbox"/> Direct Primary Deductible: Comprehensive \$ Collision \$		
Garage Locations				
Hired Car Physical Damage Coverage <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Cost of hire: \$	Deductible: Comprehensive \$ Collision \$	

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

STREETS/ROADS/HIGHWAYS/BRIDGES SUPPLEMENT

Name of Insured <u>Cameron County</u>	Effective Date of Coverage
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STREETS/ROADS/HIGHWAYS

1. Paved mileage 548.03
 Unpaved mileage 207.80
 Mileage maintained by others N/A 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 Yes No
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? SH550 / RMA / County
 How many toll bridge crossings per year?
6. Describe bridge inspection procedures: International Bridge inspected Yearly by Contractor, System Bridges inspected Annually by TxDOT
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, Los Tomates Bridge
9. Does the Entity contract any portion of bridge operations (construction, maintenance, inspection, etc.)?..... Yes No