



TEXAS ASSOCIATION of COUNTIES RISK MANAGEMENT POOL

Cameron County Questionnaire

Questions about completing this application should be directed to your Member Services Representative at 800-456-5974.

General Information

- Name of Political Subdivision: Cameron County
- Mailing Address: 1100 E. Monroe, Brownsville, TX 78520
 Contact Person: Susie Marfileno Email: Smarf1eno@co.cameron.tx.us
 Contact Phone Number: 956-544-0827 Contact Fax Number: 956-551-4863
- Total Number of applicant's employees including elected officials:

	Total	Airport	Hospital	
Full Time:	1781	1	N/A	Full time = 35 hours or more a week
Part Time:	221	N/A	N/A	Part time = Permanent employee less than 35 hours
Volunteers	58	N/A	N/A	Volunteer = Actively serving

Coverage(s) Requested

Review the following pages and make any necessary changes.

Coverage Period Requested:

7.1.18 - 6.30.19

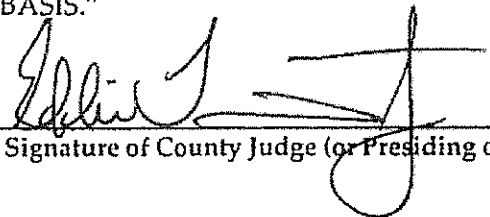
Coverages Requested:

- Public Officials Liability
- Law Enforcement Liability

Signature

The questions in this application seek information from applicant that may be used by the Pool in processing the application and in assessing coverage needs of the applicant. The questions posed, or any wording of the application, should not and may not be relied upon by applicant as implying that coverage exists for any particular claim or class of claims. The only coverage available is described in the Coverage Document, including Declarations and any endorsements, issued to a covered political subdivision.

I/WE accept notice that any failure to answer any application portion or question fully and accurately may compromise coverage provided by the Pool to the applicant under the coverage document and that any coverage issued for Public Officials Liability and Law Enforcement Liability will apply on a "CLAIMS MADE BASIS."


Signature of County Judge (or Presiding official of the political subdivision)

8.17.2018
Date

Public Officials Liability Application

Select Deductible Options for quote:

\$1,000 \$10,000
 \$2,500 \$15,000
 \$5,000 Other: _____

Included Coverage	Limit	Aggregate
Limits of Coverage	\$2,000,000 per claim	\$2,000,000
Back wages:	\$ 50,000 per claim	\$100,000
County Attorney:	\$ 500,000 per claim	\$1,000,000
County Clerk:	Statutory*	
Criminal & Malicious Acts and Omissions:	\$ 50,000 per claim	\$ 100,000
Cyber Liability and Expense Coverage	\$ 1,000,000 per claim	\$1,000,000
District Clerk:	Statutory*	
Punitive Damages	\$1,000,000 sublimit	\$1,000,000
Takings	\$ 50,000 per claim	\$50,000

*County Clerk and District Clerk limits shall not exceed the statutory requirement or \$1,000,000.

Select Optional Coverage

District Judge: Accept
 District Attorney: Accept

Prior Coverage Questionnaire

Provide details about current Public Officials Liability coverage:

1. Return currently valued loss runs for the past 4 yrs.
 2. Provide current Declarations page (including Retroactive Dates if on a Claims Made form)
 3. Current Carrier: N/A
 4. Effective Date: N/A Expiration Date: N/A
 5. Current Policy Limits: N/A Deductible: N/A
 6. Current Coverage Form: _____ Occurrence or _____ Claims Made**
**Provide Retro Active Dates: _____
 7. Annual Contribution (or Premium): N/A
 8. 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? Yes No
- If yes explain: N/A

CAMERON COUNTY JUDGMENTS PAYMENTS

SETTLEMENTS

RECIPIENT - PD BY COUNTY

Date of Payment	Check #	AMT PAID	TOTAL PER SETTLEMENT
8/23/2013	#306823	13,795.46	
8/23/2013	#306738	15,004.54	
		<u>3,200.00</u>	32,000.00
9/24/2013	#308655	37,500.00	37,500.00
4/22/2014	#319823	15,000.00	
4/22/2014	#319774	12,500.00	27,500.00
11/15/2013	#311430	36,657.87	
11/15/2013	#311431	44,342.13	81,000.00
8/13/2014	#326287	4,000.00	4,000.00
		5,200.00	
3/25/2014	#318325	79,819.58	
3/25/2014	#318399	64,980.42	150,000.00
6/16/2015	#344032	41,000.00	41,000.00
4/21/2015	#340973	25,000.00	25,000.00
2/10/2015	#336196	3,000.00	
2/10/2015	#336237	3,000.00	6,000.00
5/27/2016	#364302	35,000.00	35,000.00
12/12/2017	#396754	10,000.00	10,000.00
12/7/2017	#396686	20,395.16	20,395.16
3/15/2018	#401668	1,129.00	1,129.00
3/19/2018	#402013	35,804.15	35,804.15
3/19/2018	#402013	38,316.48	38,316.48
5/14/2018	#405652	250,000.00	
5/14/2018	#405653	250,000.00	
5/14/2018	#405654	500,000.00	1,000,000.00

Law Enforcement Liability Application

Select Deductible Options for quote:

\$1,000 \$10,000
 \$2,500 \$15,000
 \$5,000 Other: _____

Included Coverage	Limit	Aggregate
Limits of Coverage	\$2,000,000 per claim	\$2,000,000
Criminal & Malicious Acts and Omissions	\$ 50,000 per claim	\$ 100,000
Punitive Damages	\$1,000,000 sublimit	

Select Optional Coverage

District Judge: Accept

List Law Enforcement departments or agencies (Example: Sheriff's Department, Constables' Offices, Detention Facilities):

1. SHERIFF DEPT.
2. (5) CONSTABLE DEPT.S
3. (4) DETENTION CENTER (OPERATED BY SHERIFF)
4. _____
5. _____

Law Enforcement Personnel Count Information

Record the number of Law Enforcement personnel for all Covered Parties listed under Current Coverage.

For all classes:

Specify the total number of officers and other personnel by employment status.

If no Juvenile Staff is reported, there will be no coverage for these personnel.

Actively Engaged			Juvenile			Other			Reserves		
Class A	Full Time:	482	Class B	Full Time:	139	Class C	Full Time:	130	Class D	Full Time:	47
	Part Time:			Part Time:	16		Part Time:	15		Part Time:	0
Include: sheriff, deputies, investigators, armed bailiffs, armed probation officers, constables, jail admins, jailers, other front line personnel			Include: juvenile probation officers, probation officers, detention center guards, boot camp instructors			Include: dispatchers, prosecutors' investigators, jail nurses, cooks, clerical, unarmed bailiffs, other personnel			Include: all reserve and auxiliary officers and employees		

Prior Coverage Questionnaire

Provide details about current Law Enforcement Liability coverage:

1. Return currently valued loss runs for the past 4 yrs.
2. Provide current Declarations page (including Retroactive Dates if on a Claims Made form)
3. Current Carrier: N/A
4. Effective Date: N/A Expiration Date: N/A
5. Current Policy Limits: N/A Deductible: N/A
6. Current Coverage Form: N/A Occurrence or N/A Claims Made**
**Provide Retro Active Dates: _____
7. Annual Contribution: N/A
8. Is any law enforcement officer, office, department or agency for which coverage is applied under any criminal or administrative investigation? Yes No

If yes, provide details or circumstances which are unprivileged public information

N/A

9. 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? Yes No

If yes explain: N/A

Jail and Detention Facilities

1. Do you own a Jail Facility and Detention Facility? Yes No

If yes, who operates the Jail Facility? _____

If yes, who operates the Detention Facility? SHERIFF DEPT.

2. If you operate a Jail and Detention Facility, please provide a copy of your Certificate of Compliance from the Texas Commissions of Jail Standards.

3. If a copy of the Certificate of Compliance is not held, attach information on actions being taken to bring facility into compliance.

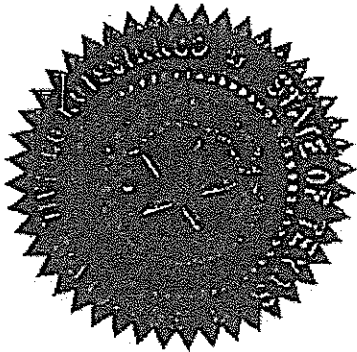


CERTIFICATE OF COMPLIANCE
This is to certify that the
CAMERON COUNTY JAIL

Has been duly inspected on
January 23-25, 2018

and has been found that date to be in compliance with
Texas Minimum Jail Standards

Under Authority of Government Code,
Chapter 511, Texas Commission On Jail Standards



Brandon S. Wood
Brandon S. Wood, Executive Director