



TEXAS ASSOCIATION of COUNTIES
RISK MANAGEMENT POOL

Property Contribution & Coverage Declarations - Proposal

Named Member: Hopkins County
 Coverage Period: July 1, 2015 through July 1, 2016
 Proposal Date: May 6, 2015

Historical reproduction cost vs replacement cost coverage

This proposal Contribution & Coverage Declarations (CCD) is part of the Coverage Documents between the Texas Association of Counties Risk Management Pool (Pool) and the Named Member shown above, subject to the terms, conditions, definitions, exclusions, and sub-limits contained in the Coverage Documents, any endorsements, and the Interlocal Participation Agreement (IPA).

PROPERTY	Per Occurrence Limits	Deductible Per Occurrence	Contribution	Select Coverage
Property Limits	TOTAL COVERED VALUE			
All Other Perils- any other covered loss except those addressed with separate deductibles	\$39,515,447	\$10,000	\$50,683	<input checked="" type="checkbox"/>
Coverage with Increased Limits	Sublimits			
Accounts Receivable	\$500,000	\$1,000	\$230	<input checked="" type="checkbox"/>
Valuable Papers, Records	\$1,000,000	\$1,000	\$705	<input checked="" type="checkbox"/>
Gross Earnings and Extra Expense	\$500,000	\$1,000	\$233	<input checked="" type="checkbox"/>
Coverage with separate Deductibles	Sublimits			
Flood- Special Hazard Zones- Excess of National Flood Insurance Program Limits	\$1,000,000	\$500,000	Included	
Flood- Except Special Hazard Zones	\$5,000,000	\$25,000	Included	
Earthquake	\$5,000,000 Annual Aggregate	\$25,000	Included	
Equipment Breakdown	\$25,000,000	\$5,000	Included	
Law Enforcement Animals	\$30,000	\$1,000	Included	
Crime	\$100,000	\$1,000	Included	
Optional Coverage				
Mobile Equipment	As Scheduled	\$1,000	\$9,504	<input checked="" type="checkbox"/>
PROPERTY CONTRIBUTION			\$61,355	

TOTAL CONTRIBUTION **\$61,355** ✓

NOTICE OF ACCIDENT/CLAIM

Notice of an accident or claim (including service of process, if any) is to be delivered immediately to the Pool via the Texas Association of Counties Claims Department at:

Texas Association of Counties
Attention: CLAIMS
P. O. Box 2131
Austin, Texas 78768
Fax Number: 512-615-8942
Email: claims-cs@county.org

Any notice of claim and/or related documents should be mailed to the above immediately or by fax or email.

CONDITIONS

Coverage: This CCD is to outline limits, deductibles, and contributions only. All coverage is subject to the terms, conditions, definitions, exclusions, and sub-limits described in the Coverage Documents, any endorsements, and the IPA.

Claims Reporting: The Named Member shall submit claims to the Pool as set forth in each applicable Coverage Document or as otherwise required by the Pool or state law.

Failure to Maintain Coverage: The Named Member's failure to maintain at least one coverage through the Pool will result in the automatic and immediate termination of the IPA.

Named Member Compliance: By executing the IPA, the Named Member agrees to comply with and abide by the Pool's Bylaws, applicable Coverage Documents, and the Pool's policies, as now in effect and as amended.

Payment of Annual Contribution: The Named Member shall pay contributions as outlined on invoices and as per the terms of the IPA.

Pool's Right to Audit: The Pool has the right, but no obligation, to audit and inspect the Named Member's operations and property at any time upon reasonable notice and during regular business hours, as the Pool deems necessary to protect the interest of the Pool.

Property Appraisal: Property coverage is blanket and based on Replacement Cost. The Pool will provide a formal physical appraisal of the Member's property on a periodic basis and the Member agrees to accept the values provided by the Pool's appraisal firm. Member agrees to report all buildings and contents prior to renewal.

Pool Coordinator: The Named Member shall appoint a Pool Coordinator. The name of the Pool Coordinator and the address for which notices may be given by the Pool shall be set forth in the space provided at the end of the IPA. The Pool Coordinator shall promptly provide the Pool with any required information.