



COMMISSIONERS COURT
COMMUNICATION

COURT ORDER NUMBER _____

PAGE 1 OF 7

DATE: 11/19/2024

SUBJECT: APPROVAL OF PROPERTY COVERAGE INSURANCE – BUDGET AND RISK MANAGEMENT – TEXAS ASSOCIATION OF COUNTIES RISK MANAGEMENT POOL

***** CONSENT AGENDA *****

COMMISSIONERS COURT ACTION REQUESTED

It is requested that the Commissioners Court approve Property Coverage Insurance, for Budget and Risk Management, utilizing the Interlocal Agreement between Tarrant County and Texas Association of Counties Risk Management Pool (TAC RMP) for \$1,168,527.00 and approve contract.

BACKGROUND

TAC RMP was contacted and requested to submit pricing for Property Insurance. The TAC RMP provides Workers’ Compensation, Property, Auto, Liability, Law Enforcement Liability, Public Officials Liability, and Crime coverage to any Texas county or political subdivision that enters into an Interlocal Agreement with TAC RMP.

The offer was evaluated by Budget and Risk Management, Higginbotham Insurance Agency (Tarrant County’s Broker of Record), and Purchasing representatives. The offer received from TAC RMP meets all specifications and is acceptable to Budget and Risk Management.

The term of the contract is twelve (12) months, effective December 1, 2024.

Request was issued in accordance with Texas Government Code Chapter 791, Interlocal Cooperation Act and Section 271.101 et seq. of the Texas Local Government Code and 791.025 “(c) A local government that purchases goods and services under this section satisfies the requirement of the local government to seek competitive bids for the purchase of goods and services.”

Property Coverage Insurance protects all County buildings and contents.

The Property Contribution and Coverage Declaration is attached for approval and signature. The Criminal District Attorney’s Office reviewed this contract as to form.

FISCAL IMPACT

Funding in the amount of \$1,168,527.00 is available in account in the following accounts:

\$1,167,277.00	10000-2025 General Fund/1140100000 General Fund Non-Departmental/575011 Casualty Insurance
\$1,250.00	24100-2025 Law Library/4860100000 Law Library/575011 Casualty Insurance

SUBMITTED BY	Purchasing	PREPARED BY:	Teresa Ralls
		APPROVED BY:	Christopher Lax, CPSM, CPSD, CPCP



TEXAS ASSOCIATION of COUNTIES RISK MANAGEMENT POOL

Property Contribution & Coverage Declarations

Member: Tarrant County

Coverage Period: December 1, 2024 through December 1, 2025

This 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
Property Limits	TOTAL COVERED VALUE		
All Other Perils- any other covered loss except those addressed with separate deductibles	\$1,632,908,588	\$1,000,000	\$1,158,623
Coverage with Increased Limits	Sublimits		
Gross Earning and Extra Expense	\$10,000,000	\$5,000	Included
Valuable Papers, Records	\$3,000,000	\$5,000	\$1,250
Coverage with Separate Deductibles	Sublimits		
Convective Storm	Within Property TOTAL COVERED VALUE	\$1,000,000	Included
Flood- Special Hazard Zones- Excess of National Flood Insurance Program Limits	\$2,500,000	Not to exceed \$500,000 per building	Included
		Not to exceed \$500,000 per contents	
Flood- Except Special Hazard Zones	\$30,000,000	\$100,000	Included
Earthquake	\$10,000,000 Annual Aggregate	\$25,000	Included
Equipment Breakdown	\$100,000,000	\$25,000	\$8,654
Law Enforcement Animals	\$30,000	\$1,000	Included
Crime	\$250,000	\$1,000	Included
PROPERTY CONTRIBUTION			\$1,168,527

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.


The Named Member may change its Pool Coordinator and the address for notice by giving written notice to Pool of the change before the effective date of the change.

Any failure or omission of the Named Member's Pool Coordinator shall be deemed a failure or omission of the Named Member. The Pool is not required to contact any other individual regarding the Named Member's business except the named Pool Coordinator unless notice or contact to another individual is required by applicable law. Any notice given by Pool or its contractor to the Pool Coordinator or such individual as is designated by law for a particular notice, shall be deemed notice to the Named Member.

Submission of Information: The Named Member shall timely submit to the Pool documentation necessary for the Pool to use to determine the risk to be covered for the next renewal period and to properly underwrite the risk exposure. The Pool will provide forms identifying the information requested.

Termination and Renewal: The coverage outlined in this CCD may be terminated or not renewed by either party as outlined in the IPA or applicable Coverage Document.

Termination for Failure to Pay: Notwithstanding any other provision in the IPA, if any payment or contribution for coverage owed by the Named Member to the Pool is not paid as required by the IPA, the Pool may cancel coverage or terminate coverage and the IPA, as the Pool deems appropriate, in accordance with the Pool's Bylaws and the applicable Coverage Document. The Named Member shall remain obligated for such unpaid contribution or charge for the period preceding termination.

This declaration is issued by  as authorized representative of the Pool on 10/09/2024 in Austin, Texas.

SIGNED AND EXECUTED this _____ day of _____, 20____.

**COUNTY OF TARRANT
STATE OF TEXAS**

Tim O'Hare
County Judge

APPROVED AS TO FORM:

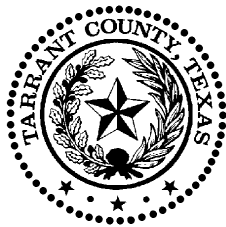
CERTIFICATION OF
AVAILABLE FUNDS: \$ _____

Kimberly Colliet Wesley

Criminal District Attorney's Office

Tarrant County Auditor

*By law, the Criminal District Attorney's Office may only approve contracts for its clients. We reviewed this document as to form from our client's legal perspective. Other parties may not rely on this approval. Instead those parties should seek contract review from independent counsel.



TAKINGS IMPACT ASSESSMENT CHECKLIST

Complete this form for any county action that involves the adoption of a regulation, policy, guideline, court resolution, or order.

Project/Regulation Name: Approval of Property Coverage Insurance - Budget and Risk Management - Texas Association of Counties Risk Management Pool

County Department: PURCHASING

Contact Person: Melissa Lee, C.P.M., A.P.P.

Phone Number for Contact Person: (817) 884-3245

Type of TIA Performed: SHORT TIA or FULL TIA. Circle one after answering the questions in Sections II and III below.

I. Stated Purpose

Attach to this checklist an explanation of the purpose of the regulation, policy, guideline, court resolution, or order.

Note: The remainder of this Takings Impact Assessment Checklist should be completed in consultation with the Criminal District Attorney's Office.

II. Potential Effect on Private Real Property

1. Does the county action require a physical invasion, occupation, or dedication of real property?

Yes _____ No √

2. Does the county action limit or restrict a real property right, even partially, or temporarily?

Yes _____ No √

If you answered yes to either question, go to Section III. If you answered no to both, STOP HERE and circle SHORT TIA at the top of the form.

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CO# 144291

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SUBMITTED BY	Purchasing	PREPARED BY:	Teresa Ralls
		APPROVED BY:	Christopher Lax, CPSM, CPSD, CPCP



TEXAS ASSOCIATION *of* COUNTIES RISK MANAGEMENT POOL

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Member: Tarrant County

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Crime	\$250,000	\$1,000	Included
PROPERTY CONTRIBUTION			\$1,168,527

Approval of Property Coverage Insurance – Budget and Risk Management – Texas Association
of Counties Risk Management Pool

SIGNED AND EXECUTED this <#SignedAndExecutedDay#> day of
<#SignedAndExecutedMonth#>, <#SignedAndExecutedYear#>.

COUNTY OF TARRANT
STATE OF TEXAS

NOTICE OF ACCIDENT/CLAIM

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This declaration is issued by  as authorized representative of the Pool on 10/09/2024 in Austin, Texas.

SIGNED AND EXECUTED this _____ day of _____, 20____.

COUNTY OF TARRANT
STATE OF TEXAS

Tim O'Hare
County Judge

APPROVED AS TO FORM:

CERTIFICATION OF
AVAILABLE FUNDS: \$ 1,68,527.00

Kimberly Colliet Wesley
Criminal District Attorney's Office

Kimberly W. Buchanan
Tarrant County Auditor

*By law, the Criminal District Attorney's Office may only approve contracts for its clients. We reviewed this document as to form from our client's legal perspective. Other parties may not rely on this approval. Instead those parties should seek contract review from independent counsel.



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Contact Person: Melissa Lee, C.P.M., A.P.P.

Phone Number for Contact Person: (817) 884-3245

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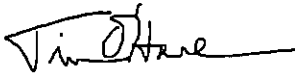
Yes _____ No √

If you answered yes to either question, go to Section III. If you answered no to both, STOP HERE and circle SHORT TIA at the top of the form.

Approval of Property Coverage Insurance – Budget and Risk Management – Texas Association
of Counties Risk Management Pool

SIGNED AND EXECUTED this 19 day of November, 2024.

**COUNTY OF TARRANT
STATE OF TEXAS**

A handwritten signature in black ink, appearing to read "Tim O'Hare", with a long horizontal flourish extending to the right.

Tim O'Hare
County Judge
11/26/2024