TML RISK POOL

Proposal Acceptance Form – Workers' Compensation

Directions: This form and the Interlocal Agreement must be completed, signed and returned. Your coverage will become effective when these documents have been received. You may return the forms directly to your Risk Management Advisor or via email to underwriting@tmlirp.org. Please indicate which coverage(s) and payment method you are accepting.

WORKERS' COMPENSATION COVERAGES ACCEPTED

☑	All Paid Employees	Mandatory Coverage
☐	Elected/Appointed Officials – Governing Board Only	Optional Coverage
☑	Elected/Appointed Officials – All Boards & Commissions	Optional Coverage
☐	Volunteer Firefighters	Optional Coverage
☐	Volunteer Ambulance / EMS Attendants	Optional Coverage
☑	Police Reserves - No Motorcycle Patrollers	Optional Coverage
☐	Police Reserves – Motorcycle Patrollers	Optional Coverage
☐	All Inside Volunteers	Optional Coverage
☑	All Outside Volunteers	Optional Coverage

	DEDUCTIBLE OPTIONS	DEDUCTIBLE AMOUNT
X	No Deductible – First Dollar Coverage	Not Applicable
☐	Accident Deductible	
☐	Aggregate Deductible	

EFFECTIVE DATE: October 1, 2026 ANNIVERSARY DATE: October 1, 2027

METHOD OF PAYMENT: ◯ MONTHLY ◯ QUARTERLY (X) ANNUALLY

I, the undersigned, as an authorized representative of _____, hereby accept on behalf of the above named political subdivision the portions of the proposal as indicated above.

Signature of Authorized Official: _____

Title: _____

Date: _____

THE SIGNED INTERLOCAL AGREEMENT MUST ACCOMPANY THIS FORM

OFFICE USE ONLY

Contribution: _____ Entity ID: _____

Verified by: _____

☐ **New** ☐ **Re-awarding** ☐ **Adding Coverage**

TML RISK POOL

Proposal Acceptance Form – Liability

Directions: This form and the Interlocal Agreement must be completed, signed and returned. Your coverage will become effective when these documents have been received. You may return the forms directly to your Risk Management Advisor or via email to underwriting@tmlirp.org. Please indicate which coverage(s) and payment method you are accepting.

LIABILITY COVERAGES ACCEPTED

	Coverage	Limit	Deductible	Contribution	Effective Date	Anniversary Date
[x]	General Liability ☐ 5 Years Prior Acts*	$1,000,000	$0	$116,784	10/1/26	10/1/27
[x]	Law Enforcement Liability ☐ 5 Years Prior Acts*	$1,000,000	$5,000	$197,576	10/1/26	10/1/27
[✓]	Errors & Omissions Liability ☐ 5 Years Prior Acts*	$1,000,000	$10,000	$175,758	10/1/26	10/1/27
[x]	Automobile Medical Payments	$25,000	$0	Included	10/1/26	10/1/27
[x]	Automobile Liability	$1,000,000	$0	$634,812	10/1/26	10/1/27
[x]	Automobile Physical Damage		$10,000	$397,693	10/1/26	10/1/27
			Total Contribution:	$1,522,623		

* A Warrant of Incident Report must be included if Prior Acts Coverage is elected.

METHOD OF PAYMENT: ◯ MONTHLY ◯ QUARTERLY (x) ANNUALLY

I, the undersigned, as an authorized representative of _____, hereby accept on behalf of the above named political subdivision the portions of the proposal as indicated above.

Signature of Authorized Official: _____

Title: _____

Date: _____

THE SIGNED INTERLOCAL AGREEMENT MUST ACCOMPANY THIS FORM	**OFFICE USE ONLY** Contribution: _____ Entity ID: _____ Verified by: _____ ☐ **New** ☐ **Re-awarding** ☐ **Adding Coverage**

PROPOSAL ACCEPTANCE FORM

Member Name: Killeen
Member ID: 2299

Directions: This form and the Interlocal Agreement must be completed, signed and returned. If time is of the essence, you may wish to use an express mail service or a facsimile copier. In the event you submit these documents by facsimile, the originals must still be sent by regular mail. **(Exception: Rural Fire Prevention Districts and Emergency Service Districts must provide other documents before coverage is effective.) Please indicate with [X] the coverages and method of payment that you are accepting.**

RETURN TO:
Texas Municipal League Intergovernmental Risk Pool
Underwriting Department
PO Box 149194
Austin, Texas 78714-9194
Phone: (512) 491-2300 or (800) 537-6655
FAX: (512) 491-2404

COVERAGE	DEDUCTIBLE	CONTRIBUTION	EFFECTIVE DATE	EXPIRATION DATE
[X] Real & Personal Property Limit $444,900,187 [X] Actual Cash Value **OR** [ ] Replacement Value	$ 10,000	$ 636,657	10/1/26	10/1/27
[X] Special Form **OR** [ ] Named Perils				
[ ] Flood & Earthquake [ ] Included **OR** [ ] Excluded	$	$		
[X] Mobile Equipment Total Value $11,858,756 [ ] Actual Cash Value **OR** [X] Replacement Value	$ 10,000	$ 44,293	10/1/26	10/1/27
[X] Boiler & Machinery Accident Limit $100,000	$ 10,000	$ Included	10/1/26	10/1/27
[X] Animal Mortality & Theft	None	$ 4,824	10/1/26	10/1/27
Loss of Use	None			
Veterinary Fee Coverage	$25.00			
Surgical Coverage	$50.00			

	LIMIT	DEDUCTIBLE	CONTRIBUTION	EFFECTIVE DATE	EXPIRATION DATE
[x] Public Employee Dishonesty	$ 100,000	$ 1,000	$ 4,027	10/1/26	10/1/27
[x] Per Occurrence					
[ ] Per Employee					
[ ] Excess Coverage (as proposed)					
[ ] Faithful Performance					
[x] Theft, Disappearance, and Destruction					
(Inside)	$ 100,000	$ 1,000	$ 238	10/1/26	10/1/27
(Outside)	$ 100,000	$ 1,000	$ Included	10/1/26	10/1/27
[x] Forgery or Alteration	$ 100,000	$ 1,000	$ 493	10/1/26	10/1/27

I, the undersigned, as an authorized representative of:

_____
(Name of Political Subdivision)

do hereby accept on behalf of the above named political subdivision the portions of the proposal as indicated above.

Signature of Authorized Official: _____

Title: _____

Date: _____

The Signed Interlocal Agreement Must Accompany This Form

OFFICE USE ONLY

Contribution: $ _____ Member ID : 2299

Verification: _____

( ) New ( ) Re-awarding ( ) Adding Coverage