

TEXAS ASSOCIATION OF COUNTIES
RISK MANAGEMENT POOL

WORKERS' COMPENSATION COVERAGE DOCUMENT

DECLARATIONS

These Declarations form part of the Workers' Compensation Coverage Document between the Texas Association of Counties' Risk Management Pool and the Named Member shown in Item E, below.

Item A. COVERAGE DOCUMENT NO.: WC 1410 2013 01 01

Item B. MEMBER AND ADDRESS:
Lampasas County
PO Box 231
Lampasas, TX 76550-0029

Item C. COVERAGE PERIOD: From January 01, 2013 to January 01, 2014
*Dates under this item are 12:01 AM United States Central Time

Item D. 1. WORKERS' COMPENSATION COVERAGE: Part One of the Coverage Document applied to the Workers' Compensation Law of the State of Texas

LIMITS OF INDEMNITY:

Each Accident - Statutory
Each Employee for Disease - Statutory

2. EMPLOYERS' LIABILITY COVERAGE: Part Two of the Coverage Document applies to work in the State of Texas. The limits of the Pool's Liability under Part Two are:

Death by Accident	\$1,000,000 Each Accident
Death by Disease	\$1,000,000 Each Claimant
Aggregate per coverage period	\$2,000,000

Item E. DEDUCTIBLE: \$0

Item F. TOTAL ANNUAL CONTRIBUTION: \$39,722

Item G. NOTICE OF OCCURRENCE:

Notice of an occurrence or claim (including service of process) is to be delivered immediately to the Pool via the

Texas Association of Counties Risk Management Pool
Attn: Workers' Compensation Claims
P.O. Box 160120
Austin, Texas 78716
Phone: (800) 752-6301
Fax (512) 346-9321

(Immediately, in addition to any fax transmission, transmit the notice of claim and related documents by U.S. Mail or other delivery service to the above address.)

Item H. MEMBER'S DESIGNATED Risk Management Pool Coordinator: Ms. Susie Lafuente

Item I. FORMS AND ENDORSEMENTS

The forms and endorsements comprising this Workers' Compensation Coverage Document at issuance are: [TACRMP WC (01/12); TAC-WC/VOL (01/12)]

This agreement is issued by Randy P. Pfluger, as authorized representative
of the Pool on January 16, 2013 at Austin, TX