



**REQUEST FOR PROPOSAL  
WILSON COUNTY, TEXAS  
May 29, 2024**

**Workers' Compensation Proposal**

**RFP #24-1007**

**PROPOSALS DUE:  
Monday, July 08, 2024 9:00 a.m.**

***REQUEST FOR PROPOSALS***

**Wilson County, Texas**

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***RFP Data***

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Proposal Number: 24-1007  
Title: Workers' Compensation Proposal

Issue Date: May 29, 2024

***Proposal Due***

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Date: July 8, 2024  
Time: 9:00 a.m. CST

Location/Mail Address: **1 original and 1 copy:**

Wilson County Auditor  
Attn: Brenda Trevino  
1420 3<sup>rd</sup> Street, Suite 109  
Floresville, Texas 78114

**1. NOTICE TO VENDORS**

Wilson County is seeking proposals in response to this Request for Proposal (RFP) Workers' Compensation from carriers qualified to provide these services and/or products for the County's liability benefits plan. This RFP is for the purpose of soliciting fully insured proposals in accordance with *Texas Local Government Code* Chapter 262.

Qualified prospective vendors may obtain copies of the RFP from the Wilson County Auditor's Office, 1420 3<sup>rd</sup> Street, Suite 109, Floresville, Texas 78114, or on the Wilson County website: [https://www.co.wilson.tx.us/page/wilson.Bids\\_RFPs](https://www.co.wilson.tx.us/page/wilson.Bids_RFPs)

Wilson County reserves the right to reject any and all proposals and to waive defects in proposals. No officer or employee of Wilson County shall have a financial interest, direct or indirect, in this or any contract with Wilson County. Minority and small business vendors are encouraged to submit a proposal on any and all Wilson County projects.

**2. SPECIFICATION REQUIREMENTS AND INSTRUCTIONS**

**A. Timetable for Proposals**

<b><u>Schedule</u></b>	<b><u>Date</u></b>
Advertisement of Proposals:	<u>May 29-June 12, 2024</u>
RFP Release Date:	<u>May 29, 2024</u>
RFP Questions Due:	<u>June 14, 2024 by 5:00 p.m.</u>
Response to Questions:	<u>June 24, 2024</u>
Proposal Due Date:	<u>July 08, 2024 prior to 9:00 a.m.</u>
Proposal Open Date:	<u>July 08, 2024 @ 10:00 a.m.</u>
Targeted Proposal Award Date:	<u>July 22, 2024</u>
Enrollment Meetings to be scheduled within:	<u>45 days of award date</u>
Plan Effective Date:	<u>October 01, 2024</u>

- B. Submission Information:** Sealed proposals, one (1) original and one (1) copy, must be clearly marked “WORKERS’ COMPENSATION RFP #24-1007”, and will be received no later than July 08, 2024, 9:00 a.m. No telephone or faxed proposals will be accepted. Proposals will be accepted only if delivered in person, by the U.S. Postal Service, or by delivery service such as UPS or Federal Express. The County will not be responsible for or consider missing, lost, or late deliveries. Address proposals to the County to the attention of:

**Attn: Brenda Trevino  
Wilson County Auditor  
1420 3<sup>rd</sup> Street, Suite 109  
Floresville, Texas 78114**

**Cover Letter and Summary:** This section should contain the name and address of the prospective vendor and the names and telephone numbers of the individuals authorized to answer technical, price, and/or contract questions. A representative authorized to bind the company must sign the cover letter. Prefacing the proposal, include a summary that gives in brief, concise terms, and a summation of your proposal and the expected benefits of the proposal to Wilson County.

The cover letter must specify which lines of coverage you are proposing.

- C. Prospective vendors requesting additional information:** Requests for additional information should be made no later than 5:00 p.m. on June 14, 2024 and should be directed to Jalyn Bodiford, via email JBodiford@wilsoncountytexas.gov. All requests must be made in writing; oral explanations will not be binding. Any interpretations, corrections, or changes to this Request for Proposal or specifications will be made by addenda. Addenda will be emailed, to all who are

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**known to have a received a copy of this proposal. It is the responsibility of the respondent to check for addenda by email. Respondents shall acknowledge receipt of all addenda by submitting a signed copy with their proposal. Answers to questions will be published by email no later than Monday, June 24, 2024.**

- D. Confidentiality:** Information contained in the RFP is confidential and is to be used only for the purpose of preparing legitimate proposals for all or part of the benefits plans stipulated in this RFP.
- E. Proposal Review:** The County reserves the right to accept or reject, in part or in whole, any portion of the proposals, waive minor technicalities, and select the proposal which best serves the interest of the County. The County also reserves the right to waive or dispense with any of the formalities contained herein.
- F. Premium Costs:** All premium costs related to the RFP must be clearly defined, and all deviations from the specifications must be clearly identified and explained.

The information contained in the RFP is believed to be accurate and up-to-date, but is not intended to be an expressed or implied warranty. Requests for interpretation of the specifications should be directed to Jalyn Bodiford, Wilson County Human Resources, 830-393-7351.

- G. Legal Consideration:** All parties submitting proposals are expected to comply with all federal, state, and local laws and regulations pertaining to the preparation of proposals and the services to be provided. Specifically, the services to be provided are expected to be in compliance with the Americans with Disabilities Act (ADA), insurance laws and insurance regulations. All proposals that are submitted will be presumed to be in compliance with applicable laws.
- H. Carrier Information:** All proposals must include the name of the insurance carrier, which should have a current general policyholder rating of "A-" published by AM Best or be registered with the Texas Department of Insurance as a non-profit company or a Pool in accordance with the *Texas Local Government Code* Chapter 172. If a quoting company has a lower rating or is ineligible for a rating, evidence supporting the financial stability and service capabilities of the company should be submitted. Failure to provide this information may result in disqualification or rejection of the RFP.
- I. RFP Notification:** Parties who are selected to provide benefits coverage to the employees, based on the RFP submitted, will be notified as soon as possible following thorough review by County management and Commissioners Court.
- J. Proposal Format:**
  - 1.** Proposals must be clearly explained and identified. All costs, including optional programs, must be clearly stated and summarized. Alternative proposals will also be

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considered, provided the alternatives are clearly explained. Exceptions to or deviations from the specifications must be explicitly identified.

2. Those submitting proposals are responsible for the full costs associated with the preparation of the proposal.
3. Proposals may be withdrawn prior to the closing time for RFPs, as long as the request is submitted in writing by an authorized representative. Thereafter, all proposals shall remain open and valid for a period of 90 days or the effective date of the new plan, whichever is latest.
4. Accuracy in the proposals submitted is essential. All parties are asked to proof proposals for compliance with all stipulations of the RFP and accurate numbers submitted.

**K. Disqualification and Rejection of Proposals:** Failure to comply with the requirements or the procedures set forth herein, or to satisfy the insurance and servicing criteria as set forth in the specification, may result in disqualification. It is not intended that exceptions to the specifications will, in and of themselves, result in disqualification.

**L. Basis for Consideration:** The County will review all proposals for completeness based on the requirements in this RFP. Those found to be incomplete or fail to address the needs of the County will not be evaluated. Only those proposals that are complete, with all required documentation will be evaluated. Respondents should initially submit their best offer. If an award is made, primary consideration will be given to the respondent's proposal deemed to be the best interest of the County.

**M. Service Considerations:** The County will evaluate the proposals on factors other than cost, including level of benefits and coverage area. After a preliminary evaluation of the technical criteria, the cost proposal will be included in the evaluation process.

**N. Right to Reject:** Merely submitting a proposal does not warrant an expressed or implied contract for the insurance program for Wilson County.

**O. Authorized Signature:** All proposal forms must be signed by persons who have the legal authority to bind the respondent to the proposed lines of coverage.

**P. The County reserves the right to:**

- require additional technical and pricing information and
- have discussion with Respondents regarding all elements which comprise the Respondent's proposal,
- to accept all or part of any proposal, or
- to reject any or all proposals, and
- to re-solicit for proposals.

The award of the contract shall be made to the responsible Respondent whose proposal is determined to be the lowest responsible respondent or the respondent who provides the best

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value to the County relative to price, qualifications, and quality of services, as set forth above. A proposal may not be withdrawn or canceled for period of (90) days following the date designated for the receipt of proposals, and respondents so agree upon the submission of their proposals. Respondents are expected to examine the instructions, specifications, terms and conditions prior to submitting their proposal. Failure to do so will be at the respondent's risk. At the County's request, Respondents may be selected for in-person presentations. All proposals and related materials become the property of the County. The County reserves the right to reject any or all proposals submitted.

- Q.** To the extent any portion of this section conflicts with the Terms and Conditions, the provisions of this section shall be controlling.
  
- R. Award Consideration:** Selection will be based on the following evaluation criteria. There are 100 total points available, and the system is weighted so that important aspects such as price and network availability/effectiveness are given more value. This weighing system is typical of the evaluation criteria that many local governments use in order to comply with the Texas Local Government Code; however it may be adapted to reflect the priorities of the County.

Scoring System:

Cost	30%
Financial Stability	20%
Communication	5%
Claims Processing	20%
Claims Management Reports	10%
Integrated Systems/Tech Initiative	10%
References	5%

### **3. CONTRACTUAL PROVISIONS FOR CONSIDERATION**

The firm, who enters into a contract with Wilson County to provide services to the employees, will be required to abide by the contract provisions outlined here. Potential Contractors should consider the following carefully, and it is assumed by submitting a proposal that these conditions will be acceptable and included in the final signed document.

**A. Handling of Claims & Customer Service:**

1. The contractor must agree to deliver quality customer service to the County and its employees, and follow all applicable regulations and industry standards. Any problems related to servicing the contract, the employees, or the County with regard to billing procedures must be rectified immediately.

2. The contractor shall submit separate invoices, in duplicate, for payment as directed by the County. Invoices should include the contract number and will be itemized in accordance with the components of the contract. Payment will not be due until thirty (30) days after the date the above instruments are submitted or the work is actually performed. Whichever is later.

3. If invoices have not been paid by the due date, the contractor will submit an overdue reminder notice. The County reserves the right to review all of the contractor's invoices after payment and recover any overpayments discovered in such review.

**B. Continuity of Coverage:** All employees, spouses, and dependents covered by the current plan are to receive immediate coverage under the new plan.

**C. Claims Experience Monitoring:** The contractor shall provide monthly reports allowing the County to monitor claims experience on a monthly basis.

**D. Insurance:** Contractor shall not commence any work or deliver any material until he or she receives notification that the contract has been accepted, approved, and signed by Wilson County.

**E. Equal Opportunity:** It is expected during the performance of the contract, all Contractor employees will be treated under the requirements of an Equal Employment Opportunity employer and honor all protected rights afforded to employees under the law. The Contractor will be advised of any complaints filed with the County alleging that the contractor is not operating in good faith as an equal employment opportunity employer. The County reserves the right to consider such complaints, along with other considerations, in determining whether or not to terminate any portion of this contract for which the services have not yet been performed.



#### **4. TERMS AND CONDITIONS**

The terms and conditions set forth in this Request for Proposal shall be incorporated into and be a part of any Request for Proposal submitted to Wilson County for the goods and/or services specified. No other terms and conditions shall apply unless approved in writing by Wilson County, Texas.

- A. ADDENDA:** Any interpretations, corrections or changes to this Request for Proposals or specifications will be made by addenda. Sole issuing authority of addenda shall be vest in Wilson County Addenda will be mailed, emailed, or faxed to all who are known to have received a copy of this proposal. It is the responsibility of the respondent to check for any addendums on the Wilson County website. Respondents shall acknowledge receipt of all addenda by submitting a signed copy with their proposal.
- B. ADVERTISING:** The successful Respondent shall not advertise or publish, without the County's prior approval, the fact that the County has entered into a contract, except to the extent necessary to comply with proper requests for information from an authorized representative of the Federal, State, or local government.
- C. ALTERING PROPOSALS:** Proposals cannot be altered or amended after submission deadline. The signer of the proposal, guaranteeing authenticity, must initial any interlineations, alterations or erasures made before opening time.
- D. ASSIGNMENT:** The successful Respondent shall not sell, assign, transfer or convey the awarded contract, in whole or in part, without the prior written consent of the County.
- E. AWARD:** The County reserves the right to award by line item, section, or by entire proposal; whichever is most advantageous to the County, unless denied by the respondent.
- F. REFERENCES:** The County requests each Respondent to supply, with its proposal, a list of at least three (3) references where their firm supplied like services within the last three to five years. It is preferred that the list identify Counties that are customers of Respondent. For each reference, include the name of firm, address, contact employee of firm, with telephone number and e-mail address, what services are provided to this reference, and how long your firm has provided this service to the reference entity.
- G. BRAND NAME, CATALOG OR MANUFACTURER'S REFERENCE:** Any reference to brand name, catalog or manufacturer's reference is used to be descriptive, not restrictive, and is indicative of the type and quality the County desires to purchase. Proposals on similar items of like quality may be considered if the proposal is noted and fully descriptive brochures are enclosed. If notation of substitution is not made, it is assumed the respondent is proposing exact item specified. Successful respondent will not be allowed to make unauthorized substitutions after award.

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- H. CHANGE ORDERS:** No oral statement of any person shall modify or otherwise change, or affect the terms, conditions or specifications stated in the resulting contract. Wilson County will make all change orders to the contract in writing as allowed by law.
- I. COMMUNICATION:** The successful Respondent shall direct all contact with the County through the Contract Administrator identified in the Contract. The Respondent will not directly respond to, make inquiries of, survey or solicit information from, or otherwise interact with any departments, divisions, employees, or agents of the County unless specifically approved, or requested by the Contract Administrator.
- J. CONFLICT OF INTEREST:** In compliance with Local Government Code §176.006, all vendors shall file a completed Conflict of Interest Questionnaire "APPENDIX A" with Wilson County.
- K. CONTRACT ADMINISTRATOR:** Under the contract, the County may appoint a contract administrator with designated responsibility to ensure compliance with contract requirements, such as but not limited to, acceptance, inspection and delivery. If appointed, the administrator will serve as liaison between the County and the successful contractor.
- L. CONTRACT ENFORCEMENT:**
1. The County reserves the right to enforce the performance of any contract that results from an award of this Request for Proposal. Enforcement shall be in any manner prescribed by law or deemed to be in the best interest of the County in the event of breach or default of the contract. Breach of contract or default authorizes the County to make an award to another respondent, purchase the service elsewhere and to charge the full increase in cost and handling to the defaulting contractor.
  2. In the event the successful Respondent shall fail to perform, keep or observe any of the terms and conditions of the contract, the County shall give the contractor written notice of such default; and in the event said default is not remedied to the satisfaction and approval of the County within a reasonable period of time from which the contractor received notice, default will be declared and all of the contractors rights shall terminate. Respondents who submit proposals for this service agree that the County shall not be liable to prosecution for damages in the event that the County declares the successful contractor in default.
  3. Any notice provided by this Request for Proposal (or required by law) to be given to the successful respondent by the County shall be conclusively deemed to have been given and received on the next day after such written notice has been deposited in the mail at Wilson County by Registered or Certified mail with sufficient postage affixed thereto, addressed to the successful respondent at the address provided in the proposal; this shall not prevent the giving of actual notice in any other manner.
- M. INDEMNITY AGREEMENT:** Except as hereinafter set forth, the successful Respondent shall indemnify and hold harmless the County and their respective agents and

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employees from \_\_\_\_\_ and against all claims, damages, losses and expenses, including but not limited to, attorney's fees, expert witness fees and other costs arising out of or resulting from negligent performance of the services set forth in the successful respondent's proposal, provided that such claim, damage, loss or expense is attributable to bodily injury, sickness, disease or death, or to injury to or destruction of tangible property but only to the extent caused by negligent acts or \_\_\_\_\_ omissions of the Respondent, a subcontractor of the Respondent, anyone directly or indirectly employed or contracted by the Respondent or anyone for whose acts the successful Respondent may be liable.

- N. ETHICS:** The Respondent shall not offer or accept gifts or anything of value nor enter into any business arrangement with any employee, official, or agent of the County, except in accordance with County Policy.
- O. EXCEPTIONS/SUBSTITUTIONS:** All proposals meeting the intent of this Request for Proposal will be considered for award. Respondents taking exception to the instructions, specifications, terms and conditions or offering substitutions, shall state these exceptions in the section provided or by attachment as part of their proposal. The absence of such a list shall indicate that the Respondent has not taken exceptions and shall hold the Respondent responsible to perform in strict accordance with the instructions, specifications, terms and conditions of the Request for Proposal. The County reserves the right to accept any and all or none if the exception(s) /substitution(s) deemed to be in the best interest of the County.
- P. FELONY CRIMINAL CONVICTIONS:** The Respondent represents and warrants that neither the Respondent nor the Respondent's employees have been convicted of a felony criminal offense, or under investigation of such charge, or that, if such a conviction has occurred, the respondent has fully advised the County as to the facts and circumstances surrounding the conviction.
- Q. FORCE MAJEURE:** Force majeure is defined as an act of God, war, strike, fire or explosion. Neither the successful Respondent nor the County is liable for delays or failures of performance due to force majeure. Each party must inform the other in writing with proof of receipt within three (3) business days of the occurrence of an event of force majeure.
- R. INVOICES:** Each invoice shall be fully documented as to the Contractor's/vendor's name and address, receiving department's name and address, labor, materials and equipment provided, if applicable.
- S. LATE SUBMITTALS:** The County will reject late proposals. The County is not responsible for lateness or non-delivery of mail, carrier, etc. and the date/time stamp shall be the official time of receipt. The Respondent is responsible for ensuring that packets are delivered to the Wilson County Auditor. Respondents may confirm receipt of packets by contacting the County Auditor's office at 830-393-7397.

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- T. MINIMUM STANDARDS FOR RESPONSIBLE PROSPECTIVE RESPONDENT:** A prospective Respondent must affirmatively demonstrate respondent's financial responsibility. A prospective Respondent must meet the following requirements:
1. Have adequate financial resources or the ability to obtain such resources. Be able to comply with the instructions, specifications, terms and conditions.
  2. Have a satisfactory record of performance.
  3. Have a satisfactory record of integrity and ethics. Not be on the State of Texas debarred vendor list or on the Federal Excluded Parties List.
- U. NON-APPROPRIATION CLAUSE:** If the governing body of the County fails to specifically appropriate sufficient funds to make the payments due in any Fiscal Year under this Contract, an event of non-appropriation ("Event of Non-appropriation") will have occurred, the terms of this Contract will not be renewed, and Contractor or County may terminate this Contract at the end of the then current Fiscal Year, whereupon County will be obligated to pay those amounts then due subject to the provisions herein. Nothing in this Section or elsewhere in this Contract will be deemed in any way to obligate the County or create a debt of County beyond its current Fiscal Year. **CONTRACTOR HAS NO RIGHT TO COMPEL COUNTY TO LEVY OR COLLECT TAXES TO MAKE ANY PAYMENTS REQUIRED HEREUNDER, OR TO EXPEND FUNDS BEYOND THE AMOUNT PROVIDED FOR IN THE THEN CURRENT FISCAL YEAR OF COUNTY.**
- V. PATENTS/COPYRIGHTS:** The successful Respondent agrees to protect the County from claims involving infringements of patents and/or copyrights.
- W. PAYMENT:** Will be made upon receipt and acceptance by the County for item(s) and/or service(s) ordered and delivered after receipt of a valid invoice, in accordance with the State of Texas Prompt Payment Act, Chapter 2251, Government Code.
- X. PRICES HELD FIRM:**
1. All prices quoted in the proposals will remain firm for a minimum of 90 days from the date of the proposal unless it is otherwise specified by the County.
  2. If during the life of the contract, the successful Respondent's net prices to other customers for the items awarded herein are reduced below the contracted price, it is understood and agreed that the benefits of such reduction shall be extended to the County.
- Y. QUANTITIES:** Quantities indicated on the Proposal Forms are estimates based upon the best available information. The County reserves the right to increase or decrease quantities to meet its actual needs without any adjustments in proposal price.

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- Z. RELEASE OF INFORMATION AND PUBLIC INSPECTION:** Only the name of the Company responding to this proposal shall be released at the proposal opening. Other information submitted by the Company shall not be released by the County, and the proposals will not be available for inspection, during the proposal evaluation process, or prior to contract award. If the proposal contains trade secrets or confidential information, the Respondent must specifically list that portion as confidential. All other parts of the proposal are open for public viewing upon request after the contract is awarded. At no time will confidential information, as noted by the Company, be released, unless ordered by a court or the Attorney General.
- AA. REQUIRED DOCUMENTATION:** In response to this request for proposal, all documentation required by this proposal must be provided.
- BB. SALES TAX:** The County is exempt by law from payment of Texas Sales Tax and Federal Excise Tax.
- CC. SEVERABILITY:** If any section, subsection, paragraph, sentence, clause, phrase or word of these instructions, specifications, terms and conditions, shall be held invalid, such holding shall not affect the remaining portions of these instructions, specifications, terms and conditions and it is hereby declared that such remaining portions would have been included in these instructions, specifications, terms and conditions as though the invalid portion had been omitted.
- DD. SILENCE OF SPECIFICATIONS:** The apparent silence of specifications as to any detail or to the apparent omission from it of a detailed description concerning any point shall be regarded as meaning that only the best commercial practices are to prevail. All interpretations of the specifications shall be made based on this statement.
- EE. SUBCONTRACTORS:** The Contractor shall be the sole source of contact for the Contract. The County will not subcontract any work under the contract to any other firm and will not deal with any subcontractors. The Contractor is totally responsible for all actions and work performed by its subcontractors. All terms, conditions and requirements of the Contract shall apply without qualification to any services performed or goods provided by any subcontractor.
- FF. TAX/DEBT ARREARAGE:** The County shall pay no money upon any claim, debt, demand, or account whatsoever, to any person, firm or corporation, who is in arrears to the County for taxes or otherwise; and, the County shall be entitled to a counter-claim and offset against any such debt, claim, demand, or account, in the amount of taxes or other debt in arrears, and no assignment or transfer of such debts are due, shall affect the right, authority, and power of the County to offset the taxes or other debts against the same.
- GG. TERMINATION FOR DEFAULT:** The County reserves the right to enforce the performance of the contract in any manner prescribed by law or deemed to be in the best

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interest of the County in the event of breach or default of the contract. The County reserves the right to terminate the contract in the manner set forth in the attached Contract.

As soon as practicable after receipt of notice of termination, the Company shall submit a statement showing in detail the pro-rated payment, in a form satisfactory to the County, that reflects the appropriate charges. The County shall then pay the charges as required by law.

- HH. TERMINATION OF CONTRACT:** The contract shall remain in effect until contract expires, delivery and acceptance of products and/or performance of services ordered or terminated by either party with a thirty (30) day written notice prior to any cancellation. The successful Respondent must state therein the reasons for such cancellation. The County may, by written notice to the selected company, cancel this contract immediately without liability to the selected company if it is determined by the County that gratuities or bribes in the form of entertainment, gifts, or otherwise contrary to County Policy, were offered or given by the successful proposing party, or its agent or representative to any County officer, employee or elected representative with respect to the performance of the contract.
- II. TRAVEL AND DIRECT CHARGES:** The County shall not compensate the Respondent for any travel costs incurred in delivery of services under the contract.
- JJ. VENUE:** Respondent shall comply with all Federal and State laws and County Ordinances and Codes applicable to the Respondent's operation under this contract. The resulting specifications and the contract therefrom shall be fully governed by the laws of the State of Texas, and shall be fully performable in Wilson County, Texas, where venue for any proceeding arising hereunder will lie.
- KK. WITHDRAWAL OF PROPOSAL:** A proposal may be withdrawn any time prior to the official opening, as long as the request is received in writing from an authorized representative.
- LL. CERTIFICATE OF INTERESTED PARTIES:** In 2015, the Texas Legislature adopted House Bill 1295, which added section 2252.908 of the Government Code. The law states that a governmental entity or state agency may not enter into certain contracts with a business entity unless the business entity submits a disclosure of interested parties to the governmental entity or state agency at the time the business entity submits the signed contract to the governmental entity or state agency. The law applies only to a contract of governmental entity or state agency that either (1) requires an action or vote by the governing body of the entity or agency before the contract may be signed or (2) has a value of at least \$1 million. The disclosure requirement applies to a contract entered into on or after January 1, 2016.

The Texas Ethics Commission was required to adopt rules necessary to implement that law, prescribe the disclosure of interested parties form, and post a copy of the form on the commission's website. The commission adopted the Certificate of Interested Parties form

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(Form 1295) on October 5, 2015. The commission also adopted new rules (Chapter 46) on November 30, 2015 to implement the law.

**Filing Process:**

On January 1, 2016, the commission made available on its website a new filing application that must be used to file Form 1295. A business entity must use the application to enter the required information on Form 1295 and print a copy of the completed form, which will include a certification of filing that will contain a unique certification number. An authorized agent of the business entity must sign the printed copy of the form and have the form notarized.

Information regarding how to use the filing application is available at <https://www.ethics.state.tx.us/tec/1295-Info.htm>. Please follow instructional Video for Business Entities.

Please find Form 1295 under “Appendix B”.

**COUNTY INFORMATION**

**The key objectives of this RFP are to:**

- Lower costs
- Minimize the administrative burden on HR staff
- Keep risk and financial uncertainty off financial statement when possible
- Minimize the disruption to the employees and the anxiety associated with change
- Provide innovative solutions to “bend” Workers’ Compensation cost trends

**Key Dates associated with the PROPOSAL are listed below:**

- Release of Proposal May 29, 2024
- Deadline for Questions 5:00pm, June 14, 2024
- Response to Respondents Questions June 24, 2024
- Proposal Deadline 9:00am, July 08, 2024
- Open Proposals 10:00am, July 08, 2024

**Please direct all questions regarding the RFP to our Human Resources in writing:**

Jalyn Bodiford  
Human Resource Generalist  
Wilson County  
2 Library Lane, Suite 104  
Floresville, Texas 78114  
830-393-7351  
[JBodiford@wilsoncountytexas.gov](mailto:JBodiford@wilsoncountytexas.gov)



**VENDOR SELECTION CRITERIA**  
**(Insurance Company)**

The objective of the evaluation for proposals will be to select the provider whose proposal is most responsive to the County's needs relating to importance, price, and other factors considered:

**A. Cost (30%)**

- a) Fixed Costs: includes insurance costs and administrative costs
- b) Ability to reduce claims expense

**B. Financial Stability (20%)**

- a) Insurance Company, AM Best Rating

**C. Communication (5%)**

- a) Educational material for employees
- b) Summary Plan Description capabilities
- c) Administrative kits for locations
- d) Bilingual capability
- e) Consumer Driven Health Plans

**D. Claims Processing (20%)**

- a) Turnaround time excluding medical review of claims
- b) Pended claims procedures
- c) Statistical accuracy
- d) General service procedures
- e) Willingness to contractually establish performance criteria

**E. Claims Management Reports (10%)**

- a) Frequency and format of claims reports are the utmost importance.
- b) Disease Management reporting

**F. Integrated Systems / Technology Initiative (10%)**

Integrated systems linked to database are integral to the provider selection. The following components make up the whole of an integrated system:

- a) Eligibility
- b.) Utilization review/ Disease Management Programs/ Wellness Initiatives
- c.) Claims function
- d.) Claims payment/ family histories (i.e. pre-existing conditions)
- e.) Internet based enrollment/ eligibility
- f.) Consumer Driven Health Plans

**G. References (5%)**

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**CLIENT INFORMATION**

**Employer:** Wilson County

**Location:** Wilson County, Texas (78114)

**Size:** 211 full time employees  
See attachment for department  
breakdown

**Industry:** County

**Current Vendor(s):** Workers' Compensation: Texas Political Subdivisions

**Current Policies:** See Workers' Compensation Declaration Page for current  
coverage

<b>Wilson County Current Premiums for Coverage</b>	
<b>Coverage</b>	<b>Premiums</b>
Workers' Compensation	\$88,271.00

**Plan Year** October 1, 2023

**Current Funding Arrangement:** Fully Insured Casualty Insurance.

**Collectively Bargained Agreements / Restrictions** None

**REQUIREMENTS - SPECIFICATIONS**

**Effective Date:** October 1, 2024

**Preferred Situs State** Texas

**Quoting Instructions** We would like Respondents to quote based on the current Workers' Compensation coverage, please see the attached declaration page.

**Services Quoted:** Coverage Current Vendor  
Workers' Compensation Texas Political Subdivision

**Contract Length:** one (1) year; with an automatic renewal option for two years

# **WORKERS' COMPENSATION DECLARATION**

**TEXAS POLITICAL SUBDIVISIONS  
WORKERS' COMPENSATION JOINT SELF-INSURANCE FUND**

**WORKERS' COMPENSATION DECLARATION**

Name of Member: County of Wilson

Interlocal Agreement Number: 23-H0635

Agreement Period: From: October 1, 2023

To: October 1, 2024

At 12:01 A.M. Standard Time  
at the Member's Mailing Address

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**A. Workers' Compensation Coverage:** The state or territory for such coverage is to be Texas.

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**B. Employers Liability Coverage:** Part Two of the contract applies to work in each state listed in item A.

The limits of liability of this coverage are to be as follows:

Bodily Injury by Accident	\$500,000	each accident
Bodily Injury by Disease	\$500,000	each employee
Bodily Injury by Disease	\$500,000	Interlocal Agreement limit

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**Total Contribution:** \$88,271

**Amendments to the Interlocal Agreement:** WCGC A12

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The Workers' Compensation Coordinator for the Fund Member is:

Coordinator Name & Title: Jalyn Bodiford

Mailing Address: P.O. Box 396, Floresville, TX 78114

Street Address: 1420 3rd Street, Floresville, TX 78114

Telephone Number: 830-393-7310

Fax Number: 830-393-7393

Email Address: Jbodiford@wilsoncountytexas.org

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# **SUBMISSION FORMS**

**(Please complete and submit with your proposal)**

**WORKERS' COMPENSATION RATE SHEET**

**Workers Compensation**

Bodily Injury by Accident-Each	
Bodily Injury by Disease- Each	
Bodily Injury by Disease- Policy Limit	
Death by Accident- Each Accident	
Death by Disease- Each Claimant	
Aggregate per coverage period	
<b>Premium</b>	

**YOU MUST SUBMIT A COVER LETTER WITH YOUR PROPOSAL**

**COVER LETTER AND SUMMARY**

This section should contain the name and address of the proposing firm and the names and telephone numbers of the individuals authorized to answer technical, price, and/or contract questions. A representative authorized to bind the company must sign the cover letter. Prefacing the proposal, include a summary that gives in brief, concise terms, and a summation of your proposal and the expected benefits of the proposal to Wilson County.

The cover letter must specify which lines of coverage you are proposing:

1. **Workers' Compensation**

---

**1. INSTRUCTIONS:**

1. Refer to "Specifications Requirements and Instructions" before completing Submission Forms.
2. Propose your best price.
3. Please see Specifications, Requirements and Instructions section of this RFP for submission guidelines (copies, deadlines, etc.).
4. You must label the envelope or package – **RFP #24-1007 – WORKERS' COMPENSATION PROPOSAL– DO NOT OPEN UNTIL 10:00 A.M., JULY 08, 2024.**



**DEVIATIONS FROM SPECIFICATIONS**

**NOTE: THIS PAGE MUST BE SUBMITTED WITH YOUR PROPOSAL**

1. Describe, in detail, any deviations from the specifications.

- Does your organization agree to the Specifications for Proposers as outlined in the RFP?
- Will your organization administer and/or underwrite the benefits as outlined in the RFP?

We have made no exceptions or deviations to the specifications.

Yes

No

Firm Name: \_\_\_\_\_

\_\_\_\_\_  
Signature of Person authorized to sign on behalf of firm.

**MEDICAL QUESTIONNAIRE**

**About the Insurance Company**

1. Provide insurance carrier's name, location, and contact person
2. What is the current AM Best rating for your company?
3. Is your company regulated by the Texas Department of Insurance?  Yes  No  
If no, describe the kind of arrangement and guarantee provided to ensure payment of claims if the company becomes insolvent.
4. Please indicate number of covered employee lives and length of time firm has been in business in this capacity.
5. Are there a minimum number of participants required?  Yes  No  
If so, what is that number percentage of eligible employees?
6. What is the number of covered members for health care in \_\_\_\_\_ (County name) or service area?
7. Have any lawsuits been filed against your organization related to any of your health care products or administrative services in the last three years? Please describe the nature of any lawsuits, dates, and outcomes.
8. Provide three (3) governmental entity references, including contact name and phone number, for which your company provides group health insurance services. Include groups of similar size if possible.
9. Describe your proposal's wellness programs including all events, programs, nurse related services and condition management efforts.

**Plan Implementation**

10. Do you agree to a no-loss/no-gain takeover of all benefits?  Yes  No
11. Will credit be given for deductible and coinsurance accumulations upon the initial plan takeover?  Yes  No
12. Does your plan include a deductible carryover into a subsequent year?  Yes  No

WILSON COUNTY  
WORKERS' COMPENSATION PROPOSALS 24-1007

What is the carryover period?

**Account and Customer Services**

13. We expect our account to be handled by one main contact person or team. Please provide the contact person or team leader's name and contact information.
  
14. What are the normal hours of operation for our main contact to be reached? Is there a way to leave a message if they are not available?
  
15. Does the insurance company have a 1-800 telephone number available to plan participants for verifying benefit information, claims questions, utilization reviews and for providing referrals?      Yes    No
  
16. What are the normal hours of operation when a person can be reached?
  
17. Do you have Spanish-speaking claims representatives?  Yes    No

**COBRA**

18. Please include the cost for using your company for COBRA services and describe the services provided.

**Deviations**

19. Describe any deviations from the requirements of this RFP. The company providing this proposal is liable for the addition, including the costs, of differences not clearly noted in this question.

WILSON COUNTY  
WORKERS' COMPENSATION PROPOSALS 24-1007

**SUMMARY CONDITIONS AND SPECIFICATIONS - RFP**

**In submitting this proposal, the respondent agrees and certifies to the following conditions:**

1. The undersigned agrees that after the official opening this proposal becomes the property of Wilson County.
2. The undersigned affirms he has familiarized himself with the local conditions under which the work is to be performed; satisfied himself of the conditions of delivery, handling and storage of equipment and all other matters that may be incidental to the work, before submitting a proposal.
3. The undersigned agrees, if this proposal is accepted, to furnish any and all items/services upon which prices are offered, at the price(s) and upon the terms and conditions contained in the Specifications. The period for acceptance of this Proposal will be 120 calendar days unless a different period is noted by the respondent.
4. The undersigned affirms that they are duly authorized to execute this contract, that this proposal has not been prepared in collusion with any other Respondent, nor any employee of Wilson County, and that the contents of this bid have not been communicated to any other respondent or to any employee of Wilson County prior to the official opening of this proposal.
5. The respondent certifies that no employee, representative, or agent of the firm offered or gave gratuities in any form (i.e. gifts, entertainment, etc.) to any Member of Commissioner Court, official, or employee of Wilson County in order to secure favorable treatment or consideration in awarding, negotiating, amending or concluding a final agreement for this proposal.
6. The respondent hereby certifies that he/she is not included on the U.S. Comptroller General's Consolidated List of Persons or Firms currently debarred for violations of various contracts incorporating labor standards/provisions.
7. The respondent agrees that and warrants that no employee, official, or member of the Commissioners Court is, or will be, peculiarly benefited, directly or indirectly, in this proposal or any ensuing contract that may follow.
8. Respondent/Vendor hereby assigns to purchase any and all claims for overcharges associated with this Contract which arise under the antitrust laws of the United States, 15 USCA Section 1 et seq., and which arise under the antitrust laws of the State of Texas, Tex. Bus. & Com. Code, Section 15.01, et seq.
9. The undersigned affirms that he/she has read and understands the specifications and any attachments contained in this proposal package.
10. The Contract is not valid until approved by Commissioners Court, if applicable. When an award letter is issued, it becomes a part of this Contract.

**NAME AND ADDRESS OF COMPANY:**

**AUTHORIZED REPRESENTATIVE:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Tel. No. \_\_\_\_\_

Signature \_\_\_\_\_  
Date \_\_\_\_\_  
Name \_\_\_\_\_  
Title \_\_\_\_\_  
Fax No. \_\_\_\_\_  
Email. \_\_\_\_\_

# **APPENDIX A**

# CONFLICT OF INTEREST QUESTIONNAIRE

For vendor doing business with local governmental entity

## FORM CIQ

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.

This questionnaire is being filed in accordance with Chapter 176, Local Government Code, by a vendor who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the vendor meets requirements under Section 176.006(a).

By law this questionnaire must be filed with the records administrator of the local governmental entity not later than the 7th business day after the date the vendor becomes aware of facts that require the statement to be filed. See Section 176.006(a-1), Local Government Code.

A vendor commits an offense if the vendor knowingly violates Section 176.006, Local Government Code. An offense under this section is a misdemeanor.

### OFFICE USE ONLY

Date Received

1 Name of vendor who has a business relationship with local governmental entity.

2  Check this box if you are filing an update to a previously filed questionnaire. (The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than the 7th business day after the date on which you became aware that the originally filed questionnaire was incomplete or inaccurate.)

3 Name of local government officer about whom the information is being disclosed.

\_\_\_\_\_  
Name of Officer

4 Describe each employment or other business relationship with the local government officer, or a family member of the officer, as described by Section 176.003(a)(2)(A). Also describe any family relationship with the local government officer. Complete subparts A and B for each employment or business relationship described. Attach additional pages to this Form CIQ as necessary.

A. Is the local government officer or a family member of the officer receiving or likely to receive taxable income, other than investment income, from the vendor?

Yes       No

B. Is the vendor receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer or a family member of the officer AND the taxable income is not received from the local governmental entity?

Yes       No

5 Describe each employment or business relationship that the vendor named in Section 1 maintains with a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership interest of one percent or more.

6  Check this box if the vendor has given the local government officer or a family member of the officer one or more gifts as described in Section 176.003(a)(2)(B), excluding gifts described in Section 176.003(a-1).

7

\_\_\_\_\_  
Signature of vendor doing business with the governmental entity

\_\_\_\_\_  
Date

**CONFLICT OF INTEREST QUESTIONNAIRE**  
**For vendor doing business with local governmental entity**

A complete copy of Chapter 176 of the Local Government Code may be found at <http://www.statutes.legis.state.tx.us/Docs/LG/htm/LG.176.htm>. For easy reference, below are some of the sections cited on this form.

**Local Government Code § 176.001(1-a):** "Business relationship" means a connection between two or more parties based on commercial activity of one of the parties. The term does not include a connection based on:

- (A) a transaction that is subject to rate or fee regulation by a federal, state, or local governmental entity or an agency of a federal, state, or local governmental entity;
- (B) a transaction conducted at a price and subject to terms available to the public; or
- (C) a purchase or lease of goods or services from a person that is chartered by a state or federal agency and that is subject to regular examination by, and reporting to, that agency.

**Local Government Code § 176.003(a)(2)(A) and (B):**

(a) A local government officer shall file a conflicts disclosure statement with respect to a vendor if:

\*\*\*

(2) the vendor:

(A) has an employment or other business relationship with the local government officer or a family member of the officer that results in the officer or family member receiving taxable income, other than investment income, that exceeds \$2,500 during the 12-month period preceding the date that the officer becomes aware that

(i) a contract between the local governmental entity and vendor has been executed;

or

(ii) the local governmental entity is considering entering into a contract with the vendor;

(B) has given to the local government officer or a family member of the officer one or more gifts that have an aggregate value of more than \$100 in the 12-month period preceding the date the officer becomes aware that:

(i) a contract between the local governmental entity and vendor has been executed; or

(ii) the local governmental entity is considering entering into a contract with the vendor.

**Local Government Code § 176.006(a) and (a-1)**

(a) A vendor shall file a completed conflict of interest questionnaire if the vendor has a business relationship with a local governmental entity and:

(1) has an employment or other business relationship with a local government officer of that local governmental entity, or a family member of the officer, described by Section 176.003(a)(2)(A);

(2) has given a local government officer of that local governmental entity, or a family member of the officer, one or more gifts with the aggregate value specified by Section 176.003(a)(2)(B), excluding any gift described by Section 176.003(a-1); or

(3) has a family relationship with a local government officer of that local governmental entity.

(a-1) The completed conflict of interest questionnaire must be filed with the appropriate records administrator not later than the seventh business day after the later of:

(1) the date that the vendor:

(A) begins discussions or negotiations to enter into a contract with the local governmental entity; or

(B) submits to the local governmental entity an application, response to a request for proposals or bids, correspondence, or another writing related to a potential contract with the local governmental entity;

or

(2) the date the vendor becomes aware:

(A) of an employment or other business relationship with a local government officer, or a family member of the officer, described by Subsection (a);

(B) that the vendor has given one or more gifts described by Subsection (a); or

(C) of a family relationship with a local government officer.

# **APPENDIX B**



**CERTIFICATE OF INTERESTED PARTIES**

**FORM 1295**

Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.	<b>OFFICE USE ONLY</b>
1 Name of business entity filing form, and the city, state and country of the business entity's place of business.	
2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.	

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.

4 Name of Interested Party	City, State, Country (place of business)	Nature of Interest (check applicable)	
		Controlling	Intermediary

5 Check only if there is NO Interested Party.

6 **AFFIDAVIT** I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.

\_\_\_\_\_  
Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

**ADD ADDITIONAL PAGES AS NECESSARY**

# **ATTACHMENTS**

Census  
Claims Reports

# **CURRENT CENSUS**

## Workers' Compensation Census

<b>Position</b>	<b>Count</b>
Judge	4
Court Coordinator	2
County Clerk	1
Chief Deputy Clerk	8
Deputy Clerk	25
Veterans Servie Officer	1
Human Resources Specialist	1
IT Director	1
Asst. IT Director	1
Court Reporter	3
District Clerk	1
Justice of the Peace	4
County Attorney	1
Asst. County Attorney	4
Victims Assistance Coordinator	1
County Attorney Investigator	2
Elections Director	1
Elections Assitant	2
P/T Elections Assistant	1
County Auditor	1
Asst. County Auditor	2
Grants Coordinator	1
County Treasurer	1
Asst. County Treasurer	1
Accounts Payable	1
P/T Clerk	4
Tax Assessor Collector	1
Custodians	4
Maintenance Technicians	2
Permits and Development Director	1
GIS Technician	1
Driveway Inspector	1
Septic Inspector	1
Food/Health Inspector	1
Emergency Management Coordinator	1
Asst. Emergency Management Coordinator	1
Constables	4
Sheriff	1
Chief Deputy	1
Lieutenant	3
Sergeants	14
Patrol Deputy	20
P/T Patrol Deputy	2
Office Manager	1

## Workers' Compensation Census

Dispatcher	14
Jail Administrator	1
Asst. Jail Administrator	1
Corrections Officer	25
Jail Staff	3
Jail Cooks	3
Collection Facility	3
Ag Extension Agents	3
Indigent Defense Coordinator	2
Commissioners	4
Road and Bridge Hand	27
P/T Road and Bridge Hand	3
Courthouse Security	4
Library Director	1
Librarian	7
P/T Librarian	2
	238

# PAYROLL WORKSHEET

Member:  
County of Wilson

Effective: 10/1/2023 to 10/1/2024

Rates Eff.:  
6/1/2013

Contract Number:  
23-H0635

Code	Classification of Operations	No. of Employees	Payroll Estimate	Per \$100 of Payroll	Manual Contribution Before Adjustment
4511	Building/Health Inspector	3	\$132,000	1.08	\$1,426
5506	Street or Road Construction or Repair - All Operations - & I	31	\$1,200,000	8.35	\$100,200
5606	County Commissioners	5	\$401,000	1.06	\$4,251
7720	Police Officers/Law Enforcement & Drivers	73	\$3,400,000	3.79	\$128,860
8742	County Agents	4	\$131,250	0.42	\$551
8810	Clerical Office Employees Noc	84	\$3,175,000	0.25	\$7,938
8838	Library / Museum	10	\$247,000	0.92	\$2,272
9015	Buildings Noc - Operation by Owner or lessee - & Drivers	5	\$115,500	4.51	\$5,209
<b>Totals:</b>		<b>215</b>	<b>\$8,801,750</b>		<b>\$250,707</b>

## Guaranteed Cost

(1) Total Manual Contribution Before Adjustment (Column Total)	\$250,707
(2) Increased Employers Liability Factor	1.01
(3) Line 1 X Factor on Line 2 = Adjusted Manual Contribution	\$253,214
(4) Experience Modifier	0.83
(5) Line 3 X Factor on Line 4 = Standard Contribution	\$210,168
(6) Fund Factor	0.4200
Basic Contribution	\$88,271
<b>Total Contribution</b>	<b>\$88,271</b>

## Third Year of a Three Year Contract

Rates guaranteed for 12 months.

Current Experience Modifier adjusted on an annual basis.

Fund Factor adjusted on an annual basis.

## Payment Options:

TPS Annual Pay Plan:

\$88,271

# **CLAIMS REPORT**

TPS Employer Loss Experience

29519 - TEXAS POLITICAL SUBDIVISIONS  
 Policy Period: 10/01/2019 - 09/30/2020

Financials as of 05/28/2024  
 Injury Date Range 10/01/2019 to 09/30/2024  
 Reported Date Range 01/01/1900 to 05/28/2024

04 - 635 - 1 WILSON, COUNTY OF

Claimant Name	Claim Number Incident Location	Injured Reported	Claim Type/ Status	State/ NCCI Class	Cause/ Instrument	Last Payment Date	Medical Paid	Medical Reserves Remaining	Indemnity Paid	Indemnity Reserves Remaining	Expenses Paid	Expense Reserves Remaining	Total Paid Less Recovery	Outstanding Reserves	Total Incurred Less Recov.
[REDACTED]	20200050000267	03/04/2020 03/19/2020	Medical Only/ Closed	TX/ 8810	EMPLOYEE WAS SITTING IN HER CHAIR DURING A MEETING/ Sprain/Strain	05/11/2020	809.52	0.00	0.00	0.00	14.00	0.00	823.52	0.00	823.52
[REDACTED]	20200050000266	03/15/2020 03/19/2020	Medical Only/ Closed	TX/ 7720	EMPLOYEE WAS IN ROUTE TO A CALL, WENT THROUGH AN I/ Sprain/Strain	04/22/2020	711.03	0.00	0.00	0.00	14.00	0.00	725.03	0.00	725.03
[REDACTED]	20200050000160	01/11/2020 02/19/2020	Indemnity/ Closed	TX/ 7720	EMPLOYEE WAS STRUCK IN THE FACE BY A SUSPECT. WHIL/ Puncture	03/05/2020	1,108.63	0.00	0.00	0.00	28.00	0.00	1,136.63	0.00	1,136.63
[REDACTED]	20200050000015	01/09/2020 01/09/2020	Medical Only/ Closed	TX/ 9015	Employee was driving a county vehicle when a deer/ Sprain/Strain	02/27/2020	779.46	0.00	0.00	0.00	7.00	0.00	786.46	0.00	786.46
[REDACTED]	20200050000269	03/11/2020 03/19/2020	Record Only/ Closed	TX/	EMPLOYEE SMASHED FINGER IN DOOR AT WORK. EMPLOYEE/ Contusion	/ /	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
[REDACTED]	20200050000520	08/02/2020 08/06/2020	Medical Only/ Closed	TX/	EE WAS RESPONDING TO A DOMESTIC VIOLENCE CALL WHEN/ Contusion	09/10/2020	574.24	0.00	0.00	0.00	7.00	0.00	581.24	0.00	581.24
[REDACTED]	20200050000596	08/29/2020 09/03/2020	Medical Only/ Closed	TX/ 7720	EE WAS RESTRAINING A COMBATIVE INMATE WHEN THEY BI/ Puncture	10/09/2020	1,050.33	0.00	0.00	0.00	28.00	0.00	1,078.33	0.00	1,078.33
<b>Financial Claim Totals</b>							5,033.21	0.00	0.00	0.00	98.00	0.00	5,131.21	0.00	5,131.21

Claim Types	
Indemnity	1
Medical Only	5
Record Only	1
Other	0
<b>Total Claims</b>	<b>7</b>

Member Totals for 635 WILSON, COUNTY OF for Policy Year 10/01/2019 - 09/30/2020									
Policy Period	Medical Paid	Medical Reserves	Indemnity Paid	Indemnity Reserves	Expenses Paid	Expense Reserves	Total Paid Less Recov.	Outstanding Reserves	Total Incurred Less Recov.
10/01/2019 - 09/30/2020	5,033.21	0.00	0.00	0.00	98.00	0.00	5,131.21	0.00	5,131.21
	5,033.21	0.00	0.00	0.00	98.00	0.00	5,131.21	0.00	5,131.21



TPS Employer Loss Experience

29519 - TEXAS POLITICAL SUBDIVISIONS  
 Policy Period: 10/01/2020 - 09/30/2021

Financials as of 05/28/2024  
 Injury Date Range 10/01/2019 to 09/30/2024  
 Reported Date Range 01/01/1900 to 05/28/2024

04 - 635 - 1 WILSON, COUNTY OF

Claimant Name	Claim Number	Injured	Claim Type/ Status	State/ NCCI Class	Cause/ Instrument	Last Payment Date	Medical Paid	Medical Reserves Remaining	Indemnity Paid	Indemnity Reserves Remaining	Expenses Paid	Expense Reserves Remaining	Total Paid Less Recovery	Outstanding Reserves	Total Incurred Less Recov.
	Incident Location	Reported													
[REDACTED]	20200050000840	11/14/2020	Medical Only/ Closed	TX/ 7720	EE WAS ATTEMPTING TO DETAIN A MALE SUBJECT WHO HAD/ Sprain/Strain	12/31/2020	982.77	0.00	0.00	0.00	28.00	0.00	1,010.77	0.00	1,010.77
		11/18/2020													
[REDACTED]	20210050000768	09/05/2021	Medical Only/ Closed	TX/ 7720	EE was taking down a suspect and suspect had a cut/ Laceration	10/29/2021	797.10	0.00	0.00	0.00	8.00	0.00	805.10	0.00	805.10
		10/14/2021													
[REDACTED]	20210050000122	02/16/2021	Indemnity/ Closed	TX/ 7720	EE was blading a road during the ice storm when EE/ Contusion	06/11/2021	1,386.23	0.00	0.00	0.00	14.00	0.00	1,400.23	0.00	1,400.23
		03/05/2021													
[REDACTED]	20210050000603	08/10/2021	Medical Only/ Closed	TX/ 7720	EE was serving a search warrant and striking an en/ Contusion	09/21/2021	386.06	0.00	0.00	0.00	8.00	0.00	394.06	0.00	394.06
		09/01/2021													
[REDACTED]	20210050000434	06/19/2021	Indemnity/ Closed	TX/ 7720	EE WAS WORKGIN A TRAFFIC ROUTE WHEN THE RIGHT SIDE/ Occupational Disease	06/13/2023	0.00	0.00	0.00	0.00	770.00	0.00	770.00	0.00	770.00
		06/28/2021													
[REDACTED]	20200050000888	11/25/2020	Medical Only/ Closed	TX/ 7720	EE WAS IN PURSUIT OF A SUSPECT WHO WAS SHOT AND BL/ Laceration	05/25/2021	686.96	0.00	0.00	0.00	14.00	0.00	700.96	0.00	700.96
		12/10/2020													
[REDACTED]	20210050000283	05/05/2021	Indemnity/ Closed	TX/ 7720	EE WERE IN TRAINING, DOING A TAKE DOWN WITH CO WOR/ Fracture	08/16/2022	6,139.37	0.00	3,650.71	0.00	467.00	0.00	10,257.08	0.00	10,257.08
		05/06/2021													
[REDACTED]	20210050000082	02/17/2021	Medical Only/ Closed	TX/ 7720	EE WAS PUTTING OUT BARRICADES ON A HANDICAP RAMP AN/ Sprain/Strain	07/20/2021	478.16	0.00	0.00	0.00	14.00	0.00	492.16	0.00	492.16
		02/19/2021													
[REDACTED]	20200050000748	10/01/2020	Medical Only/ Closed	TX/ 7720	EE WAS STACKING TIRES TO BE DESTROYED AND ONE OF T/ Crushing	04/27/2021	1,696.27	0.00	0.00	0.00	56.00	0.00	1,752.27	0.00	1,752.27
		10/23/2020													
[REDACTED]	20210050000085	02/16/2021	Indemnity/ Closed	TX/ 7720	EE SLIPPED ON ICE WHILE EXITING PATROL UNIT/ Fracture	07/19/2022	16,954.85	0.00	4,153.19	0.00	86.00	0.00	21,194.04	0.00	21,194.04
		02/19/2021													

TPS Employer Loss Experience

29519 - TEXAS POLITICAL SUBDIVISIONS  
 Policy Period: 10/01/2020 - 09/30/2021

Financials as of 05/28/2024  
 Injury Date Range 10/01/2019 to 09/30/2024  
 Reported Date Range 01/01/1900 to 05/28/2024

04 - 635 - 1 WILSON, COUNTY OF

Claimant Name	Claim Number Incident Location	Injured Reported	Claim Type/ Status	State/ NCCI Class	Cause/ Instrument	Last Payment Date	Medical Paid	Medical Reserves Remaining	Indemnity Paid	Indemnity Reserves Remaining	Expenses Paid	Expense Reserves Remaining	Total Paid Less Recovery	Outstanding Reserves	Total Incurred Less Recov.
██████████	20210050000435	06/17/2021	Indemnity/ Closed	TX/ 7720	EE WAS IN A PURSUIT AND IT ENDED WITH AN ALTERCATI/ Sprain/Strain	09/07/2021	1,497.46	0.00	0.00	0.00	43.00	0.00	1,540.46	0.00	1,540.46
		06/28/2021													
<b>Financial Claim Totals</b>							<b>31,005.23</b>	<b>0.00</b>	<b>7,803.90</b>	<b>0.00</b>	<b>1,508.00</b>	<b>0.00</b>	<b>40,317.13</b>	<b>0.00</b>	<b>40,317.13</b>

Claim Types	
Indemnity	5
Medical Only	6
Record Only	0
Other	0
<b>Total Claims</b>	<b>11</b>

Member Totals for 635 WILSON, COUNTY OF for Policy Year 10/01/2020 - 09/30/2021									
Policy Period	Medical Paid	Medical Reserves	Indemnity Paid	Indemnity Reserves	Expenses Paid	Expense Reserves	Total Paid Less Recov.	Outstanding Reserves	Total Incurred Less Recov.
10/01/2020 - 09/30/2021	31,005.23	0.00	7,803.90	0.00	1,508.00	0.00	40,317.13	0.00	40,317.13
	<b>31,005.23</b>	<b>0.00</b>	<b>7,803.90</b>	<b>0.00</b>	<b>1,508.00</b>	<b>0.00</b>	<b>40,317.13</b>	<b>0.00</b>	<b>40,317.13</b>

TPS Employer Loss Experience

29519 - TEXAS POLITICAL SUBDIVISIONS  
Policy Period: 10/01/2021 - 09/30/2022

Financials as of 05/28/2024  
Injury Date Range 10/01/2019 to 09/30/2024  
Reported Date Range 01/01/1900 to 05/28/2024

04 - 635 - 1 WILSON, COUNTY OF

Claimant Name	Claim Number Incident Location	Injured	Claim Type/ Status	State/ NCCI Class	Cause/ Instrument	Last Payment Date	Medical Paid	Medical Reserves Remaining	Indemnity Paid	Indemnity Reserves Remaining	Expenses Paid	Expense Reserves Remaining	Total Paid Less Recovery	Outstanding Reserves	Total Incurred Less Recov.
		Reported													
[REDACTED]	20220050000517	06/28/2022 06/30/2022	Medical Only/ Closed	TX/ 9014	EE was bending over the rim of a trash can to reach/ Contusion	10/14/2022	1,697.13	0.00	0.00	0.00	32.00	0.00	1,729.13	0.00	1,729.13
[REDACTED]	20220050000880	09/10/2022 10/24/2022	Indemnity/ Closed	TX/ 5506	EE was working on equipment when his right shoulder/ Sprain/Strain	03/07/2024	9,865.86	0.00	10,427.90	0.00	288.00	0.00	20,581.76	0.00	20,581.76
[REDACTED]	20210050000794	10/19/2021 10/19/2021	Indemnity/ Closed	TX/ 055060	EE was pulling a tarp over truck load when the rop/ Sprain/Strain	08/09/2023	11,425.85	0.00	8,860.27	0.00	288.00	0.00	20,574.12	0.00	20,574.12
[REDACTED]	20220050000310	03/25/2022 04/28/2022	Indemnity/ Closed	TX/ 7720	EE's hand was smashed in door when inmate tried to/ Crushing	05/12/2022	577.06	0.00	0.00	0.00	8.00	0.00	585.06	0.00	585.06
[REDACTED]	20220050000689	09/04/2022 09/06/2022	Indemnity/ Closed	TX/ 7720	EE was putting out spikes for a high speed pursuit/ Multiple Injuries, Physical and/or Mental	03/29/2023	3,449.50	0.00	0.00	0.00	96.00	0.00	3,545.50	0.00	3,545.50
[REDACTED]	20220050000291	03/30/2022 04/22/2022	Medical Only/ Closed	TX/ 7720	EE was in vehicular pursuit of a suspect and went/ Concussion	06/16/2022	1,086.89	0.00	0.00	0.00	24.00	0.00	1,110.89	0.00	1,110.89
[REDACTED]	20220050000109	02/10/2022 02/17/2022	Medical Only/ Closed	TX/ 7720	EE was escorting family members of an inmate into/ Fracture	06/02/2022	1,207.58	0.00	0.00	0.00	40.00	0.00	1,247.58	0.00	1,247.58
[REDACTED]	20210050000762	10/09/2021 10/13/2021	Indemnity/ Closed	TX/	EE WAS STANDING NEAR A RECYCLING BIN AS ANOTHER EM/ Contusion	12/29/2021	1,374.57	0.00	0.00	0.00	32.00	0.00	1,406.57	0.00	1,406.57
[REDACTED]	20220050000518	06/30/2022 06/30/2022	Indemnity/ Closed	TX/ 7720	EE was participating in tactical training when EE/ Loss of Consciousness	08/16/2022	0.00	0.00	0.00	0.00	175.00	0.00	175.00	0.00	175.00
[REDACTED]	20210050001007	12/25/2021 12/29/2021	Indemnity/ Closed	TX/ 7720	EE was transporting a mental subject and as EE att/ Multiple Injuries, Physical and/or Mental	07/19/2022	1,751.16	0.00	1,777.01	0.00	112.00	0.00	3,640.17	0.00	3,640.17
[REDACTED]	20210050000927	11/18/2021 11/23/2021	Medical Only/ Closed	TX/ 5506	EE was attempting to knock off metal teeth of front/ Laceration	05/25/2022	1,273.37	0.00	0.00	0.00	48.00	0.00	1,321.37	0.00	1,321.37



TPS Employer Loss Experience

29519 - TEXAS POLITICAL SUBDIVISIONS  
 Policy Period: 10/01/2021 - 09/30/2022

Financials as of 05/28/2024  
 Injury Date Range 10/01/2019 to 09/30/2024  
 Reported Date Range 01/01/1900 to 05/28/2024

04 - 635 - 1 WILSON, COUNTY OF

Claimant Name	Claim Number Incident Location	Injured Reported	Claim Type/ Status	State/ NCCI Class	Cause/ Instrument	Last Payment Date	Medical Paid	Medical Reserves Remaining	Indemnity Paid	Indemnity Reserves Remaining	Expenses Paid	Expense Reserves Remaining	Total Paid Less Recovery	Outstanding Reserves	Total Incurred Less Recov.
[REDACTED]	20220050000292	03/26/2022	Medical Only/ Closed	TX/ 7720	EE was breaking an ampule test kit for narcotics w/ Laceration	05/09/2022	577.06	0.00	0.00	0.00	8.00	0.00	585.06	0.00	585.06
[REDACTED]		04/22/2022													
[REDACTED]	20210050001008	10/29/2021	Medical Only/ Closed	TX/ 7720	EE was working a traffic event and had a UTI when/ Contusion	05/09/2022	1,503.10	0.00	0.00	0.00	278.50	0.00	1,781.60	0.00	1,781.60
[REDACTED]		12/29/2021													
<b>Financial Claim Totals</b>							<b>35,789.13</b>	<b>0.00</b>	<b>21,065.18</b>	<b>0.00</b>	<b>1,429.50</b>	<b>0.00</b>	<b>58,283.81</b>	<b>0.00</b>	<b>58,283.81</b>

Claim Types	
Indemnity	7
Medical Only	6
Record Only	0
Other	0
<b>Total Claims</b>	<b>13</b>

Member Totals for 635 WILSON, COUNTY OF for Policy Year 10/01/2021 - 09/30/2022									
Policy Period	Medical Paid	Medical Reserves	Indemnity Paid	Indemnity Reserves	Expenses Paid	Expense Reserves	Total Paid Less Recov.	Outstanding Reserves	Total Incurred Less Recov.
10/01/2021 - 09/30/2022	35,789.13	0.00	21,065.18	0.00	1,429.50	0.00	58,283.81	0.00	58,283.81
	<b>35,789.13</b>	<b>0.00</b>	<b>21,065.18</b>	<b>0.00</b>	<b>1,429.50</b>	<b>0.00</b>	<b>58,283.81</b>	<b>0.00</b>	<b>58,283.81</b>

TPS Employer Loss Experience

29519 - TEXAS POLITICAL SUBDIVISIONS  
 Policy Period: 10/01/2022 - 09/30/2023

Financials as of 05/28/2024  
 Injury Date Range 10/01/2019 to 09/30/2024  
 Reported Date Range 01/01/1900 to 05/28/2024

04 - 635 - 1 WILSON, COUNTY OF

Claimant Name	Claim Number Incident Location	Injured	Claim Type/ Status	State/ NCCI Class	Cause/ Instrument	Last Payment Date	Medical Paid	Medical Reserves Remaining	Indemnity Paid	Indemnity Reserves Remaining	Expenses Paid	Expense Reserves Remaining	Total Paid Less Recovery	Outstanding Reserves	Total Incurred Less Recov.
		Reported													
[REDACTED]	20230050000760	09/09/2023	Medical Only/ Closed	TX/ 7720	EE was attempting to gain compliance of inmate who/ Laceration	/ /	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		09/18/2023													
[REDACTED]	20220050000973	11/09/2022	Indemnity/ Closed	TX/ 9014	EE WAS STANDING ON THE STEPS TALKING AND DIDNT REA/ Contusion	01/03/2023	1,675.35	0.00	0.00	0.00	56.00	0.00	1,731.35	0.00	1,731.35
		11/15/2022													
[REDACTED]	20230050000293	04/14/2023	Indemnity/ Closed	TX/ 90140	EE WAS INVOLVED IN A VERBAL ALTERCATION WITH ANOTH/ Multiple Physical Injuries Only	/ /	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		04/16/2023													
[REDACTED]	20230050000581	08/02/2023	Indemnity/ Closed	TX/	EE was attempting to gain access to patient when E/ Multiple Injuries, Physical and/or Mental	12/28/2023	1,970.69	0.00	0.00	0.00	72.00	0.00	2,042.69	0.00	2,042.69
		08/02/2023													
[REDACTED]	20230050000374	05/05/2023	Medical Only/ Closed	TX/ 7720	EE WAS PERFORMING NORMAL DUTIES AND STARTED FEELIN/ Multiple Injuries, Physical and/or Mental	08/11/2023	14,250.50	0.00	0.00	0.00	1,603.55	0.00	15,854.05	0.00	15,854.05
		05/10/2023													
[REDACTED]	20230050000101	02/03/2023	Medical Only/ Closed	TX/ 7720	EE WAS ATTEMPTING TO DO A TRAFFIC STOP WHEN HE MA/ Contusion	03/16/2023	1,868.11	0.00	0.00	0.00	16.00	0.00	1,884.11	0.00	1,884.11
		02/09/2023													
[REDACTED]	20230050000100	02/07/2023	Indemnity/ Closed	TX/ 7720	EE WAS RESPONDING TO A VEHICLE ACCIDENT WHEN SHE H/ Contusion	09/27/2023	8,394.33	0.00	0.00	0.00	80.00	0.00	8,474.33	0.00	8,474.33
		02/09/2023													
[REDACTED]	20230050000375	01/20/2023	Indemnity/ Closed	TX/ 7720	EE WAS ON DUTY AND STARTED FELLING ILL AND HAD DIF/ Loss of Consciousness	07/18/2023	0.00	0.00	0.00	0.00	420.00	0.00	420.00	0.00	420.00
		05/10/2023													
[REDACTED]	20230050000551	01/05/2023	Indemnity/ Closed	TX/ 7720	EE was not feeling well at work, was instructed to/ Contagious Disease	/ /	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		07/19/2023													

TPS Employer Loss Experience

29519 - TEXAS POLITICAL SUBDIVISIONS  
Policy Period: 10/01/2022 - 09/30/2023

Financials as of 05/28/2024  
Injury Date Range 10/01/2019 to 09/30/2024  
Reported Date Range 01/01/1900 to 05/28/2024

04 - 635 - 1 WILSON, COUNTY OF

Claimant Name	Claim Number	Injured	Claim Type/ Status	State/ NCCI Class	Cause/ Instrument	Last Payment Date	Medical Paid	Medical Reserves Remaining	Indemnity Paid	Indemnity Reserves Remaining	Expenses Paid	Expense Reserves Remaining	Total Paid Less Recovery	Outstanding Reserves	Total Incurred Less Recov.
	Incident Location	Reported													
[REDACTED]	20230050000761	08/31/2023	Medical Only/ Closed	TX/ 7720	EE was assisting prisoner into backseat when priso/ Contusion	10/03/2023	752.29	0.00	0.00	0.00	16.00	0.00	768.29	0.00	768.29
		09/18/2023													
[REDACTED]	20230050000135	02/16/2023	Medical Only/ Closed	TX/ 7720	EE was traveling on highway and struck a cow that Multiple Injuries, Physical and/or Mental	03/27/2023	1,093.29	0.00	0.00	0.00	16.00	0.00	1,109.29	0.00	1,109.29
		02/21/2023													
[REDACTED]	20230050000352	05/03/2023	Indemnity/ Closed	TX/ 62190	EE WAS LIFTING A RIM AND TIRE ON TO THE TIRE MACH/ Sprain/Strain	06/16/2023	2,560.63	0.00	0.00	0.00	16.00	0.00	2,576.63	0.00	2,576.63
		05/04/2023													
[REDACTED]	20230050000524	06/29/2023	Indemnity/ Closed	TX/ 90140	EE WAS ON A LADDER TRYING TO HANG A FLAG OUTSIDE O/ Sprain/Strain	04/08/2024	14,587.69	0.00	13,327.00	0.00	465.50	0.00	28,380.19	0.00	28,380.19
		07/05/2023													
[REDACTED]	20230050000603	08/07/2023	Medical Only/ Closed	TX/	EE was performing unspecified task when EE sustain/ Laceration	09/18/2023	1,350.62	0.00	0.00	0.00	16.00	0.00	1,366.62	0.00	1,366.62
		08/08/2023													
<b>Financial Claim Totals</b>							<b>48,503.50</b>	<b>0.00</b>	<b>13,327.00</b>	<b>0.00</b>	<b>2,777.05</b>	<b>0.00</b>	<b>64,607.55</b>	<b>0.00</b>	<b>64,607.55</b>

Claim Types	
Indemnity	8
Medical Only	6
Record Only	0
Other	0
<b>Total Claims</b>	<b>14</b>

Member Totals for 635 WILSON, COUNTY OF for Policy Year 10/01/2022 - 09/30/2023									
Policy Period	Medical Paid	Medical Reserves	Indemnity Paid	Indemnity Reserves	Expenses Paid	Expense Reserves	Total Paid Less Recov.	Outstanding Reserves	Total Incurred Less Recov.
10/01/2022 - 09/30/2023	48,503.50	0.00	13,327.00	0.00	2,777.05	0.00	64,607.55	0.00	64,607.55
	<b>48,503.50</b>	<b>0.00</b>	<b>13,327.00</b>	<b>0.00</b>	<b>2,777.05</b>	<b>0.00</b>	<b>64,607.55</b>	<b>0.00</b>	<b>64,607.55</b>



TPS Employer Loss Experience

29519 - TEXAS POLITICAL SUBDIVISIONS  
 Policy Period: 10/01/2023 - 09/30/2024

Financials as of 05/28/2024  
 Injury Date Range 10/01/2019 to 09/30/2024  
 Reported Date Range 01/01/1900 to 05/28/2024

04 - 635 - 1 WILSON, COUNTY OF

Claimant Name	Claim Number	Injured	Claim Type/ Status	State/ NCCI Class	Cause/ Instrument	Last Payment Date	Medical Paid	Medical Reserves Remaining	Indemnity Paid	Indemnity Reserves Remaining	Expenses Paid	Expense Reserves Remaining	Total Paid Less Recovery	Outstanding Reserves	Total Incurred Less Recov.
	Incident Location	Reported													
[REDACTED]	20240050000230	03/23/2024	Indemnity/ Open	TX/ 7720	EE STEPPED BACK DURING TACTICS TRAINING WHEN EE'S/ Multiple Physical Injuries Only	05/28/2024	1,966.60	57,287.31	7,429.23	39,795.64	32.00	1,268.00	9,427.83	98,350.95	107,778.78
		03/25/2024													
[REDACTED]	20240050000045	01/22/2024	Indemnity/ Open	TX/ 7720	EE WAS RESPONDING TO AN ACCIDENT WHEN HIS UNIT HYD/ Sprain/Strain	05/03/2024	1,559.13	10,440.87	1,694.34	3,305.66	40.00	460.00	3,293.47	14,206.53	17,500.00
		01/24/2024													
[REDACTED]	20240050000091	01/04/2024	Medical Only/ Closed	TX/ 5506	EE WAS PUTTING A LIMB INTO A CHIPPING MACHINE WHEN/ Multiple Physical Injuries Only	02/29/2024	1,199.40	0.00	0.00	0.00	16.00	0.00	1,215.40	0.00	1,215.40
		02/06/2024													
[REDACTED]	20230050001054	10/03/2023	Medical Only/ Closed	TX/ 7720	EE WAS INVOLVED IN A FOOT PURSUIT WITH A SUSPECT W/ Heat Prostration	04/10/2024	548.98	0.00	0.00	0.00	16.00	0.00	564.98	0.00	564.98
		12/07/2023													
<b>Financial Claim Totals</b>							<b>5,274.11</b>	<b>67,728.18</b>	<b>9,123.57</b>	<b>43,101.30</b>	<b>104.00</b>	<b>1,728.00</b>	<b>14,501.68</b>	<b>112,557.48</b>	<b>127,059.16</b>

Claim Types	
Indemnity	2
Medical Only	2
Record Only	0
Other	0
<b>Total Claims</b>	<b>4</b>

Member Totals for 635 WILSON, COUNTY OF for Policy Year 10/01/2023 - 09/30/2024									
Policy Period	Medical Paid	Medical Reserves	Indemnity Paid	Indemnity Reserves	Expenses Paid	Expense Reserves	Total Paid Less Recov.	Outstanding Reserves	Total Incurred Less Recov.
10/01/2023 - 09/30/2024	5,274.11	67,728.18	9,123.57	43,101.30	104.00	1,728.00	14,501.68	112,557.48	127,059.16
	<b>5,274.11</b>	<b>67,728.18</b>	<b>9,123.57</b>	<b>43,101.30</b>	<b>104.00</b>	<b>1,728.00</b>	<b>14,501.68</b>	<b>112,557.48</b>	<b>127,059.16</b>

## TPS Employer Loss Experience Summary

29519 - TEXAS POLITICAL SUBDIVISIONS

Financials as of 09/30/2024

### Report Summary by Policy Year for All Reported Locations

Policy Period	Medical Paid	Medical Reserves	Indemnity Paid	Indemnity Reserves	Expenses Paid	Expense Reserves	Total Paid Less Recov.	Outstanding Reserves	Total Incurred Less Recov.
10/01/2019 - 09/30/2020	5,033.21	0.00	0.00	0.00	98.00	0.00	5,131.21	0.00	5,131.21
10/01/2020 - 09/30/2021	31,005.23	0.00	7,803.90	0.00	1,508.00	0.00	40,317.13	0.00	40,317.13
10/01/2021 - 09/30/2022	35,789.13	0.00	21,065.18	0.00	1,429.50	0.00	58,283.81	0.00	58,283.81
10/01/2022 - 09/30/2023	48,503.50	0.00	13,327.00	0.00	2,777.05	0.00	64,607.55	0.00	64,607.55
10/01/2023 - 09/30/2024	5,274.11	67,728.18	9,123.57	43,101.30	104.00	1,728.00	14,501.68	112,557.48	127,059.16
<b>Total for All Policy Periods</b>	<b>125,605.18</b>	<b>67,728.18</b>	<b>51,319.65</b>	<b>43,101.30</b>	<b>5,916.55</b>	<b>1,728.00</b>	<b>182,841.38</b>	<b>112,557.48</b>	<b>295,398.86</b>

Claim Types	
Indemnity	23
Medical Only	25
Record Only	1
Other	0
<b>Total Claims</b>	<b>49</b>