



TEXAS ASSOCIATION of COUNTIES RISK MANAGEMENT POOL

Application for Automobile Physical Damage Coverage

*If you have questions regarding completion of this application, please contact us at: 1-800-456-5974; Facsimile Line: 1-512-478-1426; or E-mail: TACpools@county.org
Please return this completed application to: Texas Association of Counties Risk Management Pool, P.O. Box 2131, Austin, Texas 78768*

General Information

1. Name of Political Subdivision: _____
2. Mailing Address: _____
City, State, Zip: _____
3. Contact Person: _____
Contact: a) Telephone Number: _____ b) Fax Number: _____
 c) E-mail Address: _____
4. Date Quotation is Required: _____
5. Is a vehicle maintenance program in operation? _____ Yes _____ No

Coverage Information

6. Desired Effective Date: _____
7. Indicate which coverages are desired and deductible amounts:

___ Collision	with Deductibles of:	___ \$250	___ \$500	___ \$1,000
___ Comprehensive (Other than Collision)	with Deductibles of:	___ \$250	___ \$500	___ \$1,000
8. PLEASE RETURN WITH THE COMPLETED APPLICATION, the attached:
 - a) COMPLETE CURRENT DRIVER SCHEDULE
 - b) COMPLETE CURRENT VEHICLE SCHEDULE

COVERAGES AVAILABLE THROUGH THE TEXAS ASSOCIATION OF COUNTIES

Automobile Physical Damage

Crime

Property

Automobile Liability

General Liability

Law Enforcement Liability

Public Officials Liability

Workers' Compensation

Unemployment Fund

Group Health

PLEASE SEND THIS APPLICATION TO:
TEXAS ASSOCIATION OF COUNTIES RISK MANAGEMENT POOL
P.O. BOX 2131
AUSTIN, TEXAS 78768
TEXAS TOLL FREE: (800) 456-5974
FAX: (512) 478-1426
www.county.org