





Workers' Compensation Declarations Page

Member Name: Breckenridge
Member ID: 1477
Fed ID No: 75-6000468
Effective Date: 10/01/2021
Anniversary Date: 10/01/2022

Workers' Compensation Coverage: This agreement applies to the Workers' Compensation laws of the State of Texas.

Coverage will be provided in accordance with the signed Workers' Compensation Interlocal Agreement on file with the Texas Municipal League Intergovernmental Risk Pool.

This contribution has been determined according to the Pool's manual of rules, classifications, rates and rating plans. Classifications and payrolls are subject to verification and change at audit.

Net Estimated Contribution:

\$82,102



Workers' Compensation Payroll Schedule

Member Name: Breckenridge
 Member ID: 1477
 Effective Date: 10/01/2021
 Anniversary Date: 10/01/2022
 Date Generated: 06/08/2021

Location 1: 105 N Rose Ave, Breckenridge, TX

Classification	Description	Estimated Payroll	Rate	# of Emp.	Estimated Contribution
5506	Street & Road Repair	195,204	7.62	12	14,875
7380	Drivers, Chauffeurs and their Helpers, NOC	10,940	6.72	1	735
7520	Waterworks Operation, Flood Control System Maintenance, Irrigation Control	423,434	4.50	20	19,055
7580	Sewage Treatment & Collection	29,265	4.50	5	1,317
7704	Firefighters – Paid	418,632	5.02	14	21,015
7720	Police Officers – Paid (excluding Motorcycle Officers)	504,542	4.44	12	22,402
8810	Clerical – Office	542,086	0.41	22	2,223
8831	Animal Shelters	81,111	6.38	5	5,175
9015	Building Operations	6,033	5.52	1	333
9019	Toll Gates	25,717	2.60	1	669
9079	Restaurants, Not Otherwise Classified	51,408	5.06	4	2,601
9101C	School Crossing Guards	14,462	3.27	7	473
9102	Parks & Recreation	120,989	3.60	26	4,356
9220	Cemetery Operations	58,246	6.92	2	4,031
Subtotals		2,482,069		132	99,260

Volunteers and Elected Officials:

3724O	Outside Volunteers	110	7.11	0	8
7704V	Volunteer Firefighters	3,480	10.27	5	357
7720E	Volunteer Ambulance/EMS	No Exposure		0	Not Covered
7720V	Police Reserves	No Exposure		0	Not Covered
8742E	Elected/Apptd Officials-Governing Board	3,000	0.43	5	13
8742F	Elected/Apptd Officials-All Boards/Commissions	No Exposure		0	Not Covered
8742I	Inside Volunteers	110	0.70	0	1
8888V	Police Reserves-Motorcycle	No Exposure		0	Not Covered
Subtotals		6,700		10	379

Totals		2,488,769		142	99,639
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Workers' Compensation Payroll Schedule

Member Name: Breckenridge
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Date Generated: 06/08/2021

Total Manual Contribution	99,639
Experience Modifier	1.03
Total Standard Contribution	102,628
Fund Discount (20.00%)	0.80
Discounted Standard Contribution	82,102
Deductible Credit	0
Net Contribution	82,102
Waiver of Subrogation	0
Total Contribution	82,102



Schedule of Applicable Documents

Member Name: Breckenridge
Member ID: 1477
Coverage Period: 10/01/2021 to 10/01/2022 Shown As of 06/08/2021

ID	Document Name	Revision Date
W101	WC Declarations Page	8/20/2010
W102	WC Payroll Classification Schedule	9/24/2010
X150	Schedule of Applicable Documents	6/1/2008
W133	Volunteer Endorsement to Interlocal Agreement	8/30/2010
E116	Exclusion of Juvenile Community Service Workers	5/20/2002
W134	WC Payroll Adjustment Form	10/1/2014

VOLUNTEER ENDORSEMENT TO INTERLOCAL AGREEMENT

This endorsement forms a part of the **Declarations** to which attached, effective on the inception date of the coverage unless otherwise stated herein, and modifies such coverage as is afforded by the provisions of the coverage shown below:

WORKERS' COMPENSATION COVERAGE

Member Name: Breckenridge
Member ID: 1477
Effective Date: 10/01/2021

In consideration of the Employer Pool Member's request for payment of additional benefits and in further consideration of the Fund's agreement to pay such benefits, the Interlocal Agreement is amended by adding thereto the applicable coverages indicated below.

The Fund will pay on behalf of the Employer Pool Member if a volunteer employee in a classification for which coverage was accepted shall sustain injury, including death resulting therefrom, under circumstances which would have rendered the Employer Pool Member liable for compensation if the injured volunteer employee and the Employer Pool Member had been subject to the Texas Workers' Compensation Law with respect to such voluntary employment, an amount equal to the compensation and other benefits which would have been payable under such law had the injured volunteer and the Employer Pool Member been subject to such law with respect to such voluntary employment. The parties of this agreement do not by its use intend to make applicable to themselves any provision of the Texas Workers' Compensation Law not already in force and effect as to them. The reference to the Texas Workers' Compensation Law is intended as a measure and extent of benefits and the liability therefore and not an adoption of the law.

The Employer Pool Member agrees to pay the contribution for the volunteer employee classifications shown on the Payroll Schedule (W102). The information regarding coverages accepted or rejected has been derived from documentation on file including the signed acceptance executed by a representative of this entity duly authorized to accept or reject Workers' Compensation coverage for volunteers.

This agreement shall be subject to all the terms, provisions and conditions of the Interlocal Agreement, and nothing herein contained shall vary, alter or extend any term, provision or condition of the Interlocal Agreement except as herein specifically stated.

EXCLUSION OF JUVENILE COMMUNITY SERVICE WORKERS

This endorsement forms a part of the **Declarations** to which attached, effective on the inception date of the coverage unless otherwise stated herein, and modifies such coverage as is afforded by the provisions of the coverage shown below:

WORKERS' COMPENSATION

Member Name : Breckenridge
Member ID : 1477
Effective Date : 10/01/2021

Pursuant to the Pool Member's request, Workers' Compensation coverage does not apply to juveniles performing community service work in accordance with the Texas Family Code Section 54.044(a).

On file with the Pool is a signed copy of the Member's rejection of Workers' Compensation coverage for the above individuals.



Workers' Compensation Payroll Adjustment Form

Member Name: Breckenridge
 Member ID: 1477
 Effective Date: 10/01/2021
 Anniversary Date: 10/01/2022

The payrolls shown below by classification reflect the estimated values from the Payroll Schedule for the coverage period shown above. If adjustments are needed, please make changes in the blank spaces provided and return to the Pool. If volunteer classifications are being added or deleted, refer to page 2 for instructions and signature. If you have additional operations for classifications not shown below or questions regarding volunteer classifications, please contact your Member Services Manager or Underwriter at (800) 537-6655.

Location: 105 N Rose Ave, Breckenridge, Texas 76424-0000

Non-Volunteer:

Class code	Classification Description	Estimated Payroll	Req. Adjusted Payroll	Number of Employees
5506	Street & Road Repair	\$195,204	117,914.64	13
7380	Drivers, Chauffeurs and their Helpers, NOC	\$10,940	8,750.30	1
7520	Waterworks Operation, Flood Control System Maintenance, Irrigation Control	\$423,434	370,808.89	14
7580	Sewage Treatment & Collection	\$29,265	59,310.19	2
7704	Firefighters – Paid	\$418,632	405,610.44	16
7720	Police Officers – Paid (excluding Motorcycle Officers)	\$504,542	449,490.39	13
8810	Clerical – Office	\$542,086	579,569.15	21
8831	Animal Shelters	\$81,111	56,672.96	6
9015	Building Operations	\$6,033	5,801.04	1
9019	Toll Gates	\$25,717	15,636.00	1
9079	Restaurants, Not Otherwise Classified	\$51,408	30,455.83	2
9101C	School Crossing Guards	\$14,462	11,775.12	5
9102	Parks & Recreation	\$120,989	89,070.85	4
9220	Cemetery Operations	\$58,246	52,445.84	2
Subtotals		\$2,482,069		

Volunteers and Elected Officials:

Class code	Classification Description	Estimated Payroll	Req. Adjusted Payroll	Number of Volunteers
3724O	Outside Volunteers	\$110		
7704V	Volunteer Firefighters	\$3,480		
7720E	Volunteer Ambulance/EMS	Not Covered		

Texas Municipal League Intergovernmental Risk Pool
 1821 Rutherford Lane, First Floor, Austin, Texas 78754
 (512) 491-2300 | (800) 537-6655



**Workers' Compensation
Payroll Adjustment Form**

Member Name: Breckenridge
 Member ID: 1477
 Effective Date: 10/01/2021
 Anniversary Date: 10/01/2022

Class code	Classification Description	Estimated Payroll	Req. Adjusted Payroll	Number of Volunteers
7720V	Police Reserves	Not Covered		
8742E	Elected/Apptd Officials-Governing Board	\$3,000	405.00	5
8742F	Elected/Apptd Officials-All Boards/Commissions	Not Covered		
8742I	Inside Volunteers	\$110		
8888V	Police Reserves-Motorcycle	Not Covered		

Subtotals \$6,700

Total Estimated Payroll: \$2,488,769 2,253,737



**Workers' Compensation
Payroll Adjustment Form**

Member Name: Breckenridge
 Member ID: 1477
 Effective Date: 10/01/2021
 Anniversary Date: 10/01/2022

Please note that a payroll amount must be shown on the previous page for all volunteer classifications for which coverage is desired. Payroll is estimated using hourly rates as follows (except for Elected & Appointed Officials):

Class code	Class Description	Hourly Rate
3724O	Outside Volunteers	\$7.25
7704V	Volunteer Firefighters	\$15.00
7720E	Volunteer Ambulance/EMS	\$9.25
7720V	Police Reserves	\$9.90
8742I	Inside Volunteers	\$7.25
8888V	Police Reserves-Motorcycle	\$9.90
If hourly records are not kept, a payroll of \$110 per week or \$5,720 annually per volunteer will be used.		

Amount applies per year per official or actual payroll, whichever is greater.

8742E	Elected/Apptd Officials - Governing Board Only	\$600
8742F	Elected/Apptd Officials - All Boards/Comms	\$600

Directions: Coverage is not provided for volunteers unless it is expressly accepted. It is important to evaluate these classifications on an annual basis to be certain the desired coverage is in place. Your Declarations Page assures the continuation of the volunteer coverage elected in the previous coverage period. If you wish to add or remove volunteer coverage, please indicate this change by adjusting the applicable classifications and signing below.

I, the undersigned, a duly authorized representative of this entity, do hereby ACCEPT Workers' Compensation coverage for Volunteers of this local government for which a value is shown on the previous page, and REJECT Workers' Compensation coverage for those that are shown as "Not Covered".

Name: _____

Title: _____

Signature: _____

Date: _____

It is only necessary to sign and return this form if you are making changes to payroll or classifications.