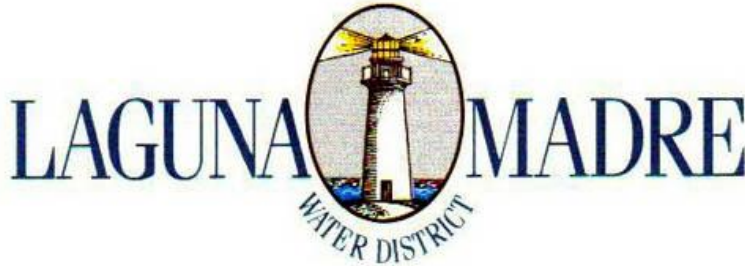


Laguna Madre Water District



Request for Proposal (RFP# 23-07-02)

Workers Compensation Insurance (Fully-Funded)

Effective Date: October 1, 2023

Deadline for Proposals: 2:00 P.M., Wednesday July 26, 2023

Proposal should be clearly marked: RFP# 23-07-02

Submit to:

Enrique Samaniego
Laguna Madre Water District
Purchasing Department
105 Port Rd
Port Isabel, Texas 78578

Prepared by: Roger Garza, Insurance Consultant
Valley Risk Consulting, Inc., 1200 Fresno, Suite C, McAllen, Texas 78501

Laguna Madre Water District (LMWD) is accepting proposals for:

RFP# 23-07-02 Workers Compensation Insurance (Fully-Funded)

Proposals are to be mailed or hand delivered to the attention of Enrique Samaniego, Purchasing Department, Laguna Madre Water District, 105 Port Rd., Port Isabel, TX 78578. Please mark your envelope plainly: **Workers Compensation Insurance (RFP# 23-07-02), Due Date: Wednesday, July 26, 2023 @ 2:00 p.m.**

Proposals will be accepted **until 2:00 p.m. on Wednesday, July 26, 2023** at which time they will be opened. Proposals will be opened not publicly in the Purchasing Office at the above address. Any proposals received late will not be accepted and will be returned unopened. LMWD is not responsible for proposals misplaced or mailed incorrectly.

Please reply using the enclosed forms. **Please submit one original, two copies and two USB/CD of your proposal response.** Questions on this Request for Proposals should be submitted via email to Enrique Samaniego esamaniego@lmwd.org or Valley Risk Consulting roger@vrctx.com, no later than 10:00 a.m. Friday, July 14, 2023.

The awarding of the proposal will take place at a Laguna Madre Water District Board of Directors meeting. The Board of Directors reserves the right to accept, reject any and /or all proposals, waive minor technicalities, or to award the proposal to the most responsible offeror which best serves the interest of the LMWD.

Please fill out, sign, and submit with your proposal response the enclosed IRS Form W-9, Conflict of Interest Questionnaire.

We look forward to hearing from you.

Sincerely,

Enrique Samaniego
Purchasing Department

Enclosures

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General Information

General Conditions

- A. Laguna Madre Water District (**hereafter referred to as the LMWD**) is requesting proposals for Workers' Compensation Insurance (Fully-Funded).
- B. Proposers may quote several plan options as long as each option is fully explained. All relationships between your company and any company offering coverage must be revealed, as well as any commission payments or fees that will be paid to the Proposer as a result of this bid award.
- C. Proposers are expected to examine the complete RFP document. Failure to do so will be at the proposer's risk. Any questions on this Request for Proposal should be submitted to Enrique Samaniego esamaniego@lmwd.org and Valley Risk Consulting roger@vrctx.com, **no later than 10:00 am Friday July 14, 2023**. The LMWD will not respond to verbal inquiries.
- D. Proposers must submit **one (1) original, two (2) copies and (2) USB/CD** of the proposal.
- E. Proposals will be received until **2:00 p.m. on Wednesday, July 26, 2023**, at the LMWD Purchasing Office. The mailing address of this office is 105 Port Rd, Port Isabel, TX 78578.
- F. Proposals must be plainly marked on the outside of the envelope:
"SEALED PROPOSAL FOR WORKERS' COMPENSATION INSURANCE (Fully-Funded)"
- G. The LMWD reserves the right to accept or reject any or all proposals, waive any formalities and/or technicalities in the proposal and award the contract to best serve the interests of the LMWD. The LMWD may negotiate with proposers as deemed advisable or necessary.
- H. All Proposals must be submitted on the **Proposal Forms** attached hereto, in accordance with all specified conditions. Coverage shall be for one year beginning **October 1, 2023** and the rates quoted shall be guaranteed for that period. Multiple year proposals may be offered as an additional option and must be fully explained.
- I. Any restrictions, deviations or other modifications which either restrict or broaden coverage must be shown separately and explained in writing. Failure to attach any modifications or deviations to the specifications of this proposal will indicate your acceptance of the specifications as written.
- J. Proposers are required to submit specimen agreements/contracts the LMWD will be required to sign in order to participate in your program.
- K. Due care and diligence have been used in the preparation of these specifications and the information contained herein is believed to be substantially correct. However, the responsibility for determining the full extent of the exposure and the verification of all information presented herein shall rest solely on the proposer. The LMWD and its representatives will not be responsible for any errors and omissions in the specifications nor for the failure on the part of the proposer to determine the full extent of the exposures.
- L. Quotations shall be based on the underwriting information furnished by the LMWD. Loss data is believed to be correct but is not warranted.

Minimum Qualifications

- A. Proposers responding to this RFP must be licensed and/or authorized to do business in Texas and have at least 5 years' experience in writing Texas workers' compensation coverages. Proposer qualifications must be included as an exhibit to the proposal.
- B. Proposers must attach a brief biography describing the experience of the person assigned to handle this account.
- C. Submit a summary of all workers' compensation services that are available to the LMWD. Indicate charges for services that are not included in your quoted contributions/premiums.
- D. Proposers must have an Errors and Omissions policy with a minimum limit of \$1,000,000 per occurrence. Attach proof of coverage to your proposal.

Section

2

Underwriting Information

Claim & Payroll History

Information provided on website

Coverage to Quote

- A. Workers Compensation Insurance Cost

Proposal Questionnaire

General

1. Please describe the governing structure of the program.

2. How many years has the proposing company been in the business of workers' compensation administration? Please note the number of years providing workers' compensation benefits in Texas.

3. How many political subdivisions programs do you serve in Texas?

4. Does the program have legal counsel available to the participant for general legal questions regarding workers' compensation? If yes, what is the charge for this service? (i.e., per call, per hour, other...)

5. List the address and phone number of the claims office that will provide the administration of claims for the LMWD.

6. Does the company have an "800" telephone number that can be used to answer general questions concerning workers' compensation claims?

7. Describe the method(s) utilized in educating the LMWD personnel regarding changes and/or interpretation of the worker's compensation law?

8. Are you aware of any complaints filed with State Insurance Board of other agencies regarding claims that you have paid or denied?

☐ Yes ☐ No

If “yes”, give full details.

9. How many adjusters will be assigned to the LMWD?

- a) Years of adjusting experience: _____
- b) Length of adjusting service with your firm: _____
- c) Length of public entity adjusting experience: _____
- d) Languages spoken: _____
- e) Attach adjusters’ resume.

10. Please indicate any time limitations associated with the contributions, premiums, rates or fees quoted in this proposal. Can the contributions, premiums, rates or fees change mid-year or mid-contract? Are any assessment fees associated with your proposal?

11. Please indicate how the LMWD will be billed?

Proposal Response Forms

Company Information

Name of your company: _____

Address: _____

Primary business: _____

Type of company:
(corp., partnership, etc.): _____

Year started in business: _____

Number of years administering
Workers' Compensation in Texas: _____

Proposers must include in the proposal a notice as to whether the person submitting the bid or an owner or operator of the business entity has been convicted of a felony and the description of the conduct resulting in the conviction. The contract may be terminated if it is determined that the person or business entity failed to give notice or misrepresented the conduct resulting in the conviction.

The proposer, in compliance with the invitation for proposal on workers' compensation coverage, having examined the specifications and being familiar with all conditions in the specifications, hereby proposes to provide the services in accordance with the proposal documents on the attached response sheets.

"The undersigned affirms that they are duly authorized to execute this contract, that this company, corporation, firm, partnership or individual has not prepared this proposal in collusion with any other Proposer, and that the contents of this proposal as to prices, terms or conditions of said proposal have not been communicated by the undersigned nor by any employee or agent to any other person engaged in this type of business prior to the official opening of this proposal."

Having reviewed the specifications, we have complied with all requirements and conditions except as noted on the attachment labeled "Deviations."

Implementation of House Bill 1295 Certificate of Interested Parties (Form 1295):

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 a 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 (Form 1295) on October 5, 2015. The commission also adopted new rules (Chapter 46) on November 30, 2015, to implement the law. The commission does not have any additional authority to enforce or interpret [House Bill 1295](#).

Filing Process:

By January 1, 2016, the commission will make 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. The completed Form 1295 with the certification of filing must be filed with the governmental body or state agency with which the business entity is entering into the contract.

The governmental entity or state agency must notify the commission, using the commission's filing application, of the receipt of the filed Form 1295 with the certification of filing not later than the 30th day after the date the contract binds all parties to the contract. The commission will post the completed Form 1295 to its website within seven business days after receiving notice from the governmental entity or state agency.

Information regarding how to use the filing application will be available on this site by January 1, 2016.

A sample Form 1295 is included in this procurement document to make prospective vendors aware of this requirement. Vendors are NOT required to complete the enclosed form and include it in their response. Complete instructions and important information can be located from the following link:

https://www.ethics.state.tx.us/whatsnew/elf_info_form1295.htm

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.

OFFICE USE ONLY

1 Name of business entity filing form, and the LMWD, 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 goods or services to be provided under the contract.

4 Name of Interested Party	LMWD, 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

CONFLICT OF INTEREST QUESTIONNAIRE -
For vendor or other person 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 government 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.

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 in this section is being disclosed.**

Name of Officer

This section, (item 3 including subparts A, B, C & D), must be completed for each officer with whom the vendor has an employment or other business relationship as defined by Section 176.001(1-a), Local Government Code. Attach additional pages to this Form CIQ as necessary.

A. Is the local government officer named in this section 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 named in this section AND the taxable income is not received from the local governmental entity?

☐ Yes ☐ No

C. Is the filer of this questionnaire employed by a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership of one percent or more?

☐ Yes ☐ No

D. Describe each employment or business and family relationship with the local government officer named in this section.

4 ☐ **I have no Conflict of Interest to disclose.**

5

Signature of vendor doing business with the governmental entity

Date

Form W-9 (Rev. August 2013) Department of the Treasury Internal Revenue Service	Request for Taxpayer Identification Number and Certification	Give Form to the requester. Do not send to the IRS.
Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	Exemptions (see instructions): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
	List account number(s) here (optional)	
Part I Taxpayer Identification Number (TIN) Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> on page 3. Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.		
Part II Certification Under penalties of perjury, I certify that: <ol style="list-style-type: none"> The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and I am a U.S. citizen or other U.S. person (defined below), and The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.		
Sign Here	Signature of U.S. person ▶ _____	Date ▶ _____
General Instructions Section references are to the Internal Revenue Code unless otherwise noted. Future developments. The IRS has created a page on www.irs.gov/w9 for information about Form W-9, at www.irs.gov/w9 . Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page. Purpose of Form A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to: 1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued), 2. Certify that you are not subject to backup withholding, or 3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and		
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9. Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are: • An individual who is a U.S. citizen or U.S. resident alien, • A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, • An estate (other than a foreign estate), or • A domestic trust (as defined in Regulations section 301.7701-7). Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.		

SEE ATTACHED EXHIBITS

Claims as of: 06/28/2023

Policy Number: 0001242446

Policy Period: 10/01/2021 to 10/01/2022

Claim Number: 1421001280701 **Accident Date:** 11/01/2021
Claim Status: CLOSED **Reported Date:** 11/02/2021
Class: 7520 **Closed Date:** 11/04/2021

COMPENSABLE

Part of Body: Eye(s)

Injury Description

The employee employee got something in his lefteye and his eye started to swell.

Injury Classification

Miscellaneous - other

	Paid to Date	Outstanding Reserves	Recoveries	Total Incurred
Indemnity	\$0.00	\$0.00	\$0.00	\$0.00
Medical	\$0.00	\$0.00	\$0.00	\$0.00
Expenses	\$5.34	\$0.00	\$0.00	\$5.34
Other	\$0.00	\$0.00	\$0.00	\$0.00
Employer Liability	\$0.00	\$0.00	\$0.00	\$0.00
Totals	\$5.34	\$0.00	\$0.00	\$5.34

Claim Number: 1424001295383 **Accident Date:** 03/04/2022
Claim Status: CLOSED **Reported Date:** 03/08/2022
Class: 7520 **Closed Date:** 04/06/2022

COMPENSABLE

Part of Body: Chest

Injury Description

EMPLOYEE WAS LOWERING A 16" C905 PVC PIPE WHEN HE FELT SOMETHING POP ON HIS LEFT SIDE OF THE RIBS

Injury Classification

Strain or injury by pushing or pulling

	Paid to Date	Outstanding Reserves	Recoveries	Total Incurred
Indemnity	\$0.00	\$0.00	\$0.00	\$0.00
Medical	\$161.43	\$0.00	\$0.00	\$161.43
Expenses	\$9.45	\$0.00	\$0.00	\$9.45
Other	\$0.00	\$0.00	\$0.00	\$0.00
Employer Liability	\$0.00	\$0.00	\$0.00	\$0.00
Totals	\$170.88	\$0.00	\$0.00	\$170.88

Outstanding Reserves = Best estimate of total dollars, including ALAE, remaining to be paid of claims as the Data As of Date.

Recoveries = Year to date sum of Subrogation Cash, Subrogation Future Credit and Other Recovery.

Total Incurred = Represents the total dollars paid or reserved on claims associated with the policy (includes both Loss and ALAE payments - Net of Subrogation).

Employer Liability = Coverage provided by Part B of the workers' compensation policy that provides coverage to the insured (employer) for damages arising out of liability to employees for work-related injury or disease as permitted by law and not covered under Part A of the policy.

LAGUNA MADRE WATER DISTRICT

Claims as of: 06/28/2023

Policy Number: 0001242446
Policy Period: 10/01/2021 to 10/01/2022

Claim Number: 1420001296774 **Accident Date:** 03/07/2022
Claim Status: CLOSED **Reported Date:** 03/16/2022
Class: 7580 **Closed Date:** 03/29/2022

COMPENSABLE

Part of Body: Ear(s)

Injury Description

Laceration. Left Ear. Other Cause of Strike By Thrown, Projected or Falling Object. "Pt reports th

Injury Classification

Struck or injured by falling or flying object

Indemnity

Medical

Expenses

Other

Employer Liability

Totals

Paid to Date	Outstanding Reserves	Recoveries	Total Incurred
\$0.00	\$0.00	\$0.00	\$0.00
\$701.78	\$0.00	\$0.00	\$701.78
\$3.90	\$0.00	\$0.00	\$3.90
\$0.00	\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00	\$0.00
\$705.68	\$0.00	\$0.00	\$705.68

Claim Number: 1422001298720 **Accident Date:** 03/31/2022
Claim Status: CLOSED **Reported Date:** 04/01/2022
Class: 7520 **Closed Date:** 04/11/2022

COMPENSABLE

Part of Body: Soft tissue (head)

Injury Description

WHILE WORKING ON A WATER LEAK ON SOUTH PADRE ISLAND WELL POINS WERE INSTALLED THOROUGH THE SAND. O

Injury Classification

Struck or injured by falling or flying object

Indemnity

Medical

Expenses

Other

Employer Liability

Totals

Paid to Date	Outstanding Reserves	Recoveries	Total Incurred
\$0.00	\$0.00	\$0.00	\$0.00
\$183.29	\$0.00	\$0.00	\$183.29
\$2.46	\$0.00	\$0.00	\$2.46
\$0.00	\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00	\$0.00
\$185.75	\$0.00	\$0.00	\$185.75

Claim Number: 1420001315431 **Accident Date:** 07/27/2022
Claim Status: CLOSED **Reported Date:** 07/28/2022
Class: 7580 **Closed Date:** 09/19/2022

COMPENSABLE

Part of Body: Multiple body parts

Injury Description

Juan was leaning towards the pipe with his backaway and at that point the sidewalk gave out "brok

Injury Classification

Strain or injury by miscellaneous

Indemnity

Medical

Expenses

Other

Employer Liability

Totals

Paid to Date	Outstanding Reserves	Recoveries	Total Incurred
\$0.00	\$0.00	\$0.00	\$0.00
\$3,393.42	\$0.00	\$0.00	\$3,393.42
\$161.38	\$0.00	\$0.00	\$161.38
\$0.00	\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00	\$0.00
\$3,554.80	\$0.00	\$0.00	\$3,554.80

LAGUNA MADRE WATER DISTRICT

Claims as of: 06/28/2023

Policy Number: 0001242446
Policy Period: 10/01/2021 to 10/01/2022

Claim Number: 1421001318735 **Accident Date:** 08/23/2022
Claim Status: CLOSED **Reported Date:** 08/24/2022
Class: 7520 **Closed Date:** 08/25/2022

COMPENSABLE

Part of Body: Eye(s)

Injury Description

MARTIN WAS CLEANING THE PVC PIPE AND CHEMICAL
 SPLASHED ON HIS EYE

Injury Classification

Miscellaneous - other

	Paid to Date	Outstanding Reserves	Recoveries	Total Incurred
Indemnity	\$0.00	\$0.00	\$0.00	\$0.00
Medical	\$118.50	\$0.00	\$0.00	\$118.50
Expenses	\$1.44	\$0.00	\$0.00	\$1.44
Other	\$0.00	\$0.00	\$0.00	\$0.00
Employer Liability	\$0.00	\$0.00	\$0.00	\$0.00
Totals	\$119.94	\$0.00	\$0.00	\$119.94

LAGUNA MADRE WATER DISTRICT

Claims as of: 06/28/2023

Policy Number: 0001242446
Policy Period: 10/01/2021 to 10/01/2022

Total Open Claims for Period: 0

	Paid to Date	Outstanding Reserves	Recoveries	Total Incurred
Indemnity	\$0.00	\$0.00	\$0.00	\$0.00
Medical	\$0.00	\$0.00	\$0.00	\$0.00
Expenses	\$0.00	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00	\$0.00
Employer Liability	\$0.00	\$0.00	\$0.00	\$0.00
Totals	\$0.00	\$0.00	\$0.00	\$0.00

Total Closed Claims for Period: 6

	Paid to Date	Outstanding Reserves	Recoveries	Total Incurred
Indemnity	\$0.00	\$0.00	\$0.00	\$0.00
Medical	\$4,558.42	\$0.00	\$0.00	\$4,558.42
Expenses	\$183.97	\$0.00	\$0.00	\$183.97
Other	\$0.00	\$0.00	\$0.00	\$0.00
Employer Liability	\$0.00	\$0.00	\$0.00	\$0.00
Totals	\$4,742.39	\$0.00	\$0.00	\$4,742.39

Total Claims for Period: 6

	Paid to Date	Outstanding Reserves	Recoveries	Total Incurred
Indemnity	\$0.00	\$0.00	\$0.00	\$0.00
Medical	\$4,558.42	\$0.00	\$0.00	\$4,558.42
Expenses	\$183.97	\$0.00	\$0.00	\$183.97
Other	\$0.00	\$0.00	\$0.00	\$0.00
Employer Liability	\$0.00	\$0.00	\$0.00	\$0.00
Totals	\$4,742.39	\$0.00	\$0.00	\$4,742.39

LAGUNA MADRE WATER DISTRICT

Claims as of: 06/28/2023

Policy Number: 0001242446
Policy Period: 10/01/2022 to 10/01/2023

Claim Number: 1424001327135 Accident Date: 10/25/2022
 Claim Status: CLOSED Reported Date: 10/25/2022
 Class: 7520 Closed Date: 10/28/2022

COMPENSABLE

Part of Body: Ankle

Injury Description

He was organizing the shop which entailed cutting up, removing and discarding old suction line whi

Injury Classification

Cut, puncture, scrape, injured by hand tool, ute

Indemnity

Medical

Expenses

Other

Employer Liability

Totals

Paid to Date

Outstanding
Reserves

Recoveries

Total Incurred

\$0.00

\$0.00

\$0.00

\$0.00

\$434.16

\$0.00

\$0.00

\$434.16

\$2.88

\$0.00

\$0.00

\$2.88

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$437.04

\$0.00

\$0.00

\$437.04

Claim Number: 1420001331343 Accident Date: 11/28/2022
 Claim Status: CLOSED Reported Date: 11/30/2022
 Class: 7580 Closed Date: 11/30/2022

COMPENSABLE

Part of Body: Lower arm

Injury Description

EMPLOYEE WA USING A DRYBAR AND HAMMER WHEN A PIECE OF DRYBAR JUMPED INTO HIS ARM BY CUTTING HIM

Injury Classification

Cut, puncture, scrape, injured by miscellaneous

Indemnity

Medical

Expenses

Other

Employer Liability

Totals

Paid to Date

Outstanding
Reserves

Recoveries

Total Incurred

\$0.00

\$0.00

\$0.00

\$0.00

\$170.57

\$0.00

\$0.00

\$170.57

\$1.23

\$0.00

\$0.00

\$1.23

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$171.80

\$0.00

\$0.00

\$171.80

Claim Number: 1420001332999 Accident Date: 12/12/2022
 Claim Status: CLOSED Reported Date: 12/12/2022
 Class: 7580 Closed Date: 12/20/2022

COMPENSABLE

Part of Body: Foot

Injury Description

When ladder slipped on wet floor, worker fell 20feet"; "Worker was sprayed with chlorine when gas

Injury Classification

Miscellaneous - other

Indemnity

Medical

Expenses

Other

Employer Liability

Totals

Paid to Date

Outstanding
Reserves

Recoveries

Total Incurred

\$0.00

\$0.00

\$0.00

\$0.00

\$324.16

\$0.00

\$0.00

\$324.16

\$5.13

\$0.00

\$0.00

\$5.13

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$329.29

\$0.00

\$0.00

\$329.29

LAGUNA MADRE WATER DISTRICT

Claims as of: 06/28/2023

Policy Number: 0001242446
Policy Period: 10/01/2022 to 10/01/2023

Claim Number: 1426001333437 Accident Date: 12/16/2022
 Claim Status: CLOSED Reported Date: 12/16/2022
 Class: 7580 Closed Date: 12/19/2022

COMPENSABLE

Part of Body: Nose

Injury Description

FRANK WAS CHANGING OUT HE CHLORINE FOR THE
 WEEKEND. HE FALLOW PROCEDURES BY HAVING PUT ON HIS
 REQ

Injury Classification

Contact with chemicals

Indemnity

Medical

Expenses

Other

Employer Liability

Totals

Paid to Date

Outstanding
Reserves

Recoveries

Total Incurred

\$0.00

\$0.00

\$0.00

\$0.00

\$118.50

\$0.00

\$0.00

\$118.50

\$1.23

\$0.00

\$0.00

\$1.23

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$119.73

\$0.00

\$0.00

\$119.73

Claim Number: 1428001335068 Accident Date: 01/02/2023
 Claim Status: CLOSED Reported Date: 01/03/2023
 Class: 7520 Closed Date: 02/01/2023

COMPENSABLE

Part of Body: Lower back area

Injury Description

Employee got on Tommy lift and raised himself even to tanks and
 picked up a can and in the process

Injury Classification

Strain or injury by pushing or pulling

Indemnity

Medical

Expenses

Other

Employer Liability

Totals

Paid to Date

Outstanding
Reserves

Recoveries

Total Incurred

\$0.00

\$0.00

\$0.00

\$0.00

\$503.10

\$0.00

\$0.00

\$503.10

\$18.39

\$0.00

\$0.00

\$18.39

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$521.49

\$0.00

\$0.00

\$521.49

Claim Number: 1421001339345 Accident Date: 02/08/2023
 Claim Status: CLOSED Reported Date: 02/08/2023
 Class: 7580 Closed Date: 02/28/2023

COMPENSABLE

Part of Body: Foot

Injury Description

EMPLOYEE WAS CUTTING METAL GRADING AS IT FINISHED
 CUTTING IT FELL IN HIS FOOT.

Injury Classification

Striking against or stepping on object being lif

Indemnity

Medical

Expenses

Other

Employer Liability

Totals

Paid to Date

Outstanding
Reserves

Recoveries

Total Incurred

\$795.46

\$0.00

\$0.00

\$795.46

\$2,001.71

\$0.00

\$0.00

\$2,001.71

\$65.93

\$0.00

\$0.00

\$65.93

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$2,863.10

\$0.00

\$0.00

\$2,863.10

LAGUNA MADRE WATER DISTRICT

Claims as of: 06/28/2023

Policy Number: 0001242446
Policy Period: 10/01/2022 to 10/01/2023

Claim Number: 1425001344587 **Accident Date:** 03/20/2023
Claim Status: CLOSED **Reported Date:** 03/21/2023
Class: 7580 **Closed Date:** 05/12/2023

COMPENSABLE

Part of Body: Knee

Injury Description

Employee was walking down the stairs, when he lost his footing and fell and hit his right knee

Injury Classification

Striking against or stepping on stationary objec

Indemnity

Medical

Expenses

Other

Employer Liability

Totals

Paid to Date	Outstanding Reserves	Recoveries	Total Incurred
\$754.32	\$0.00	\$0.00	\$754.32
\$3,064.94	\$0.00	\$0.00	\$3,064.94
\$34.71	\$0.00	\$0.00	\$34.71
\$0.00	\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00	\$0.00
\$3,853.97	\$0.00	\$0.00	\$3,853.97

Claim Number: 1427001347145 **Accident Date:** 04/10/2023
Claim Status: CLOSED **Reported Date:** 04/10/2023
Class: 7580 **Closed Date:** 04/21/2023

COMPENSABLE

Part of Body: Knee

Injury Description

The employee was moving an SO2 tank to the scaleand when putting the scale down it seemed to be f

Injury Classification

Strain or injury by pushing or pulling

Indemnity

Medical

Expenses

Other

Employer Liability

Totals

Paid to Date	Outstanding Reserves	Recoveries	Total Incurred
\$0.00	\$0.00	\$0.00	\$0.00
\$241.24	\$0.00	\$0.00	\$241.24
\$2.46	\$0.00	\$0.00	\$2.46
\$0.00	\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00	\$0.00
\$243.70	\$0.00	\$0.00	\$243.70

Claim Number: 1427001349413 **Accident Date:** 04/26/2023
Claim Status: CLOSED **Reported Date:** 04/26/2023
Class: 7580 **Closed Date:** 05/23/2023

NOT COMPENSABLE

Part of Body: Lower back area

Injury Description

Mr. Ochoa claims he got injured in the beginningof April lifting buckets of sand. Does not remem

Injury Classification

Strain or injury by lifting

Indemnity

Medical

Expenses

Other

Employer Liability

Totals

Paid to Date	Outstanding Reserves	Recoveries	Total Incurred
\$0.00	\$0.00	\$0.00	\$0.00
\$285.95	\$0.00	\$0.00	\$285.95
\$1.23	\$0.00	\$0.00	\$1.23
\$0.00	\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00	\$0.00
\$287.18	\$0.00	\$0.00	\$287.18

LAGUNA MADRE WATER DISTRICT

Claims as of: 06/28/2023

Policy Number: 0001242446
Policy Period: 10/01/2022 to 10/01/2023

Claim Number: 1421001350928 **Accident Date:** 05/09/2023
Claim Status: OPEN **Reported Date:** 05/09/2023
Class: 7580 **Closed Date:**

COMPENSABLE

Part of Body: Foot

Injury Description

Mr. Sanchez was retrieving his rain coat from the back seat of his truck when an electrical transf

Injury Classification

Struck or injured by falling or flying object

	Paid to Date	Outstanding Reserves	Recoveries	Total Incurred
Indemnity	\$1,827.20	\$2,852.80	\$0.00	\$4,680.00
Medical	\$539.85	\$4,660.15	\$0.00	\$5,200.00
Expenses	\$10.69	\$329.31	\$0.00	\$340.00
Other	\$0.00	\$0.00	\$0.00	\$0.00
Employer Liability	\$0.00	\$0.00	\$0.00	\$0.00
Totals	\$2,377.74	\$7,842.26	\$0.00	\$10,220.00

Claim Number: 1420001351881 **Accident Date:** 05/16/2023
Claim Status: CLOSED **Reported Date:** 05/16/2023
Class: 7520 **Closed Date:** 05/17/2023

COMPENSABLE

Part of Body: Foot

Injury Description

Employee was pulling brush from on top of a meter and when stepping back he stepped onto a piece o

Injury Classification

Cut, puncture, scrape, injured by miscellaneous

	Paid to Date	Outstanding Reserves	Recoveries	Total Incurred
Indemnity	\$0.00	\$0.00	\$0.00	\$0.00
Medical	\$0.00	\$0.00	\$0.00	\$0.00
Expenses	\$0.00	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00	\$0.00
Employer Liability	\$0.00	\$0.00	\$0.00	\$0.00
Totals	\$0.00	\$0.00	\$0.00	\$0.00

LAGUNA MADRE WATER DISTRICT

Claims as of: 06/28/2023

Policy Number: 0001242446
Policy Period: 10/01/2022 to 10/01/2023

Total Open Claims for Period: 1

	Paid to Date	Outstanding Reserves	Recoveries	Total Incurred
Indemnity	\$1,827.20	\$2,852.80	\$0.00	\$4,680.00
Medical	\$539.85	\$4,660.15	\$0.00	\$5,200.00
Expenses	\$10.69	\$329.31	\$0.00	\$340.00
Other	\$0.00	\$0.00	\$0.00	\$0.00
Employer Liability	\$0.00	\$0.00	\$0.00	\$0.00
Totals	\$2,377.74	\$7,842.26	\$0.00	\$10,220.00

Total Closed Claims for Period: 10

	Paid to Date	Outstanding Reserves	Recoveries	Total Incurred
Indemnity	\$1,549.78	\$0.00	\$0.00	\$1,549.78
Medical	\$7,144.33	\$0.00	\$0.00	\$7,144.33
Expenses	\$133.19	\$0.00	\$0.00	\$133.19
Other	\$0.00	\$0.00	\$0.00	\$0.00
Employer Liability	\$0.00	\$0.00	\$0.00	\$0.00
Totals	\$8,827.30	\$0.00	\$0.00	\$8,827.30

Total Claims for Period: 11

	Paid to Date	Outstanding Reserves	Recoveries	Total Incurred
Indemnity	\$3,376.98	\$2,852.80	\$0.00	\$6,229.78
Medical	\$7,684.18	\$4,660.15	\$0.00	\$12,344.33
Expenses	\$143.88	\$329.31	\$0.00	\$473.19
Other	\$0.00	\$0.00	\$0.00	\$0.00
Employer Liability	\$0.00	\$0.00	\$0.00	\$0.00
Totals	\$11,205.04	\$7,842.26	\$0.00	\$19,047.30

LAGUNA MADRE WATER DISTRICT

Claims as of: 06/28/2023

Summary for policies

0001242446 10/01/2021 to 10/01/2022

0001242446 10/01/2022 to 10/01/2023

Total Open Claims: 1

	Paid to Date	Outstanding Reserves	Recoveries	Total Incurred
Indemnity	\$1,827.20	\$2,852.80	\$0.00	\$4,680.00
Medical	\$539.85	\$4,660.15	\$0.00	\$5,200.00
Expenses	\$10.69	\$329.31	\$0.00	\$340.00
Other	\$0.00	\$0.00	\$0.00	\$0.00
Employer Liability	\$0.00	\$0.00	\$0.00	\$0.00
Totals	\$2,377.74	\$7,842.26	\$0.00	\$10,220.00

Total Closed Claims: 16

	Paid to Date	Outstanding Reserves	Recoveries	Total Incurred
Indemnity	\$1,549.78	\$0.00	\$0.00	\$1,549.78
Medical	\$11,702.75	\$0.00	\$0.00	\$11,702.75
Expenses	\$317.16	\$0.00	\$0.00	\$317.16
Other	\$0.00	\$0.00	\$0.00	\$0.00
Employer Liability	\$0.00	\$0.00	\$0.00	\$0.00
Totals	\$13,569.69	\$0.00	\$0.00	\$13,569.69

Loss Summary for All Policy Periods

Effective Date	# Claims	Indemnity Paid	Medical Paid	Other Paid	Total Paid	Recovery	Outstanding Reserves	Total Incurred
10/01/2021	6	\$0.00	\$4,558.42	\$183.97	\$4,742.39	\$0.00	\$0.00	\$4,742.39
10/01/2022	11	\$3,376.98	\$7,684.18	\$143.88	\$11,205.04	\$0.00	\$7,842.26	\$19,047.30
Totals	17	\$3,376.98	\$12,242.60	\$327.85	\$15,947.43	\$0.00	\$7,842.26	\$23,789.69

*This report provides loss information only and does not confirm or imply coverage for these dates.