

**TEXAS POLITICAL SUBDIVISIONS  
PROPERTY/CASUALTY JOINT SELF-INSURANCE FUND  
AUTOMOBILE LIABILITY AND PHYSICAL DAMAGE DECLARATION  
PART 1**

**ITEM ONE**

Name of Member: **County of El Paso**

Interlocal Agreement Number: **13-F0574**

Agreement Period: From **October 1, 2013** to **October 1, 2014**

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

<b>ITEM TWO - SCHEDULE OF COVERAGES AND COVERED AUTOS</b>		<p>This Coverage document provides only those coverages where a limit is shown below. Each of these coverages will apply only to those autos shown as covered autos. autos are shown as covered autos for a particular coverage by the entry of one or more of the symbols from the COVERED AUTOS Section of the Texas Political Subdivisions Joint Self Insurance Fund Automobile Liability and Physical Damage Coverage Document.</p>	
COVERAGES	COVERED AUTOS <small>(Entry of one or more of the symbols from the COVERED AUTOS Section of the Texas Political Subdivisions Joint Self-Insurance Fund Automobile Liability and Physical Damage Coverage Document shows which autos are covered autos.)</small>	LIMIT THE MOST THE FUND WILL PAY FOR ANY ONE ACCIDENT OR LOSS	
LIABILITY	<b>I</b>	Bodily Injury	\$            each person / \$    each accident
Property Damage		\$            each accident	
Combined Liability		\$ <b>400,000</b> each accident	
Deductible		\$ <b>50,000</b> each accident	
PERSONAL INJURY PROTECTION		\$	
AUTO MEDICAL PAYMENTS	\$		
UNINSURED/UNDERINSURED MOTORISTS		Bodily Injury	\$            each person / \$    each accident
Property Damage	\$            each accident		
Combined Liability	\$            each accident		
PHYSICAL DAMAGE Comprehensive Coverage		Stated Amount \$            , Actual Cash Value or Cost of Repair, whichever is less, minus \$ Ded. for each covered auto, but no deductible applies to loss caused by fire or lightning.	
PHYSICAL DAMAGE Specified Causes of Loss Coverage		Stated Amount \$            , Actual Cash Value or Cost of Repair, whichever is less, minus \$ Ded. for each covered auto for loss caused by mischief or vandalism.	
PHYSICAL DAMAGE Collision Coverage		Stated Amount \$            . Actual Cash Value or Cost of Repair, whichever is less, minus \$ Ded. for each covered auto.	
PHYSICAL DAMAGE Towing and Labor		\$            for each disablement of a private passenger auto.	
<b>ITEM THREE – SCHEDULE OF COVERED AUTOS THE MEMBER OWNS</b>			
Covered Auto No.	DESCRIPTION	Except for Towing all physical damage loss is payable to the Member and the loss payee named below as interest may appear at the time of the loss.	
	<small>Year; Model; Trade Name; Body Type; Serial Number (S); Vehicle Identification Number (VIN)</small>		
	<b>SEE SCHEDULE</b>		
<b>ADDENDA TO THE COVERAGE DOCUMENT</b>			
216A, 222, 223, 232			

**AUTOMOBILE LIABILITY AND PHYSICAL DAMAGE DECLARATION**  
**(CONTINUED)**  
**PART 2**

Name of Member: **County of El Paso**

Interlocal Agreement Number: **13-F0574**

**ITEM THREE (Cont'd)**

<b>COVERAGES-LIMITS AND DEDUCTIBLES</b> <small>(Absence of a deductible or limit entry to any column below means that the limit or deductible entry in the corresponding ITEM TWO column of the Declarations applies instead)</small>						
Cov Auto No.	LIABILITY	AUTO. MED PAY	COMPREHENSIVE	SPEC. CAUSES OF LOSS	COLLISION	TOWING & LABOR
	<small>Limit (in Thousands)</small>	<small>Limit (in Thousands)</small>	<small>Limit* minus deductible shown below</small>	<small>Limit*</small>	<small>Limit* minus deductible shown below</small>	<small>Limit per Disablement</small>
	<b>SEE SCHEDULE</b>					

\*Limit stated in ITEM TWO.

**ITEM FOUR-SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE LIABILITY COVERAGE-RATING BASIS, COST OF HIRE**

STATE	ESTIMATED COST OF HIRE FOR EACH STATE	RATE PER EACH \$100 COST OF HIRE	CONTRIBUTION
TX	If any		See Schedule

Cost of hire means the total amount the **Member** incurs for the hire of autos the **Member** doesn't own (not including autos the **Member** borrows or rents for the **Member's** employees or persons in their family). Cost of hire does not include charges for services performed by motor carriers of property or passengers.

**PHYSICAL DAMAGE COVERAGE**

Coverages	LIMIT OF SELF-INSURANCE THE MOST THE FUND WILL PAY, DEDUCTIBLE
COMPREHENSIVE	ACTUAL CASH VALUE, COST OF REPAIRS OR \$ _____, WHICHEVER IS LESS, MINUS \$ _____ DEDUCTIBLE FOR EACH COVERED AUTO, BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING.
SPECIFIED CAUSES OF LOSS	ACTUAL CASH VALUE, COST OF REPAIRS OR \$ _____, WHICHEVER IS LESS, MINUS \$25 DEDUCTIBLE FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM FOR EACH COVERED AUTO.
COLLISION	ACTUAL CASH VALUE, COST OF REPAIRS OR \$ _____, WHICHEVER IS LESS, MINUS \$ _____ DEDUCTIBLE FOR EACH COVERED AUTO.

PHYSICAL DAMAGE COVERAGE for covered autos the **Member** hires or borrows is excess unless indicated below by "x".  
 If this box is checked, PHYSICAL DAMAGE COVERAGE applies on a direct primary basis and for purposes of the condition entitled OTHER INSURANCE, any covered auto the **Member** hires or borrows is deemed to be a covered auto the **Member** owns.

**ITEM FIVE-SCHEDULE FOR NON-OWNERSHIP LIABILITY**

THE MEMBER'S BUSINESS	RATING BASIS	NUMBER	CONTRIBUTION
OTHER THAN A SOCIAL SERVICE AGENCY	Number of Employees	0-25	See Schedule
	Number of Partners		
SOCIAL SERVICE AGENCY	Number of Employees		
	Number of Partners		