CITY OF ROMA, TEXAS

REQUEST FOR PROPOSALS

WORKERS' COMPENSATION INSURANCE

Issue Date	August 12, 2026
Proposal Deadline	4:00 p.m., Thursday, August 27, 2026
Delivery Address	Roma City Hall, 201 W. Convent Blvd., Roma, Texas 78584
Mailing Address	P.O. Box 947, Roma, Texas 78584
Attention	Alejandro Barrera, City Manager
Anticipated Coverage Date	October 1, 2026

IMPORTANT SUBMISSION LABEL

The outside of the sealed envelope or package must be clearly labeled in large, bold letters:

“WORKERS' COMP RFP”

NOTICE OF REQUEST FOR PROPOSALS

Workers' Compensation Insurance

The City of Roma is accepting sealed proposals from qualified firms to provide Workers' Compensation Insurance Coverage and related services for the City of Roma.

Proposal documents may be obtained by visiting the City's website at www.cityofroma.net or by emailing lsandoval@cityofroma.net.

Sealed proposals will be received until **4:00 p.m. on Thursday, August 27, 2026**, at Roma City Hall, 201 W. Convent Blvd., Roma, Texas 78584, or mailed to P.O. Box 947, Roma, Texas 78584. Proposals must be addressed to Alejandro Barrera, City Manager.

The outside of the sealed envelope or package must be clearly labeled in large, bold letters: WORKERS' COMP RFP.

Late proposals will not be accepted or considered. Proposals will be publicly opened following the submission deadline at Roma City Hall. No award will be made at the opening.

Questions regarding this RFP may be directed to Alejandro Barrera, City Manager, at (956) 849-1411 or abarrera@cityofroma.net. Questions should be submitted in writing sufficiently in advance of the proposal deadline to allow the city time to respond.

The City of Roma reserves the right to reject any or all proposals, waive informalities or irregularities, request clarification or additional information, negotiate with one or more proposers, and award a contract to the proposer whose proposal is determined to provide the best value and be in the best interest of the City. The City is not required to select the proposal with the lowest premium.

1. PURPOSE AND BACKGROUND

The City of Roma, Texas (the "City"), invites proposals from qualified insurance carriers, intergovernmental risk pools, brokers acting with disclosed authority, or other authorized providers to furnish workers' compensation insurance coverage and related claims, safety, and risk-management services.

The City's current workers' compensation coverage expires September 30, 2026. The City anticipates selecting coverage effective October 1, 2026, subject to approval by the Roma City Council and completion of all required documents.

This solicitation is intended to obtain the most advantageous combination of coverage, service, financial stability, claims administration, loss-control support, municipal experience, and overall cost. This is a request for proposals and not a low-bid construction procurement.

2. PROCUREMENT SCHEDULE

Event	Date/Time
RFP issued	August 12, 2026
Deadline for written questions	August 20, 2026, at 4:00 p.m.
Proposal deadline	August 27, 2026, at 4:00 p.m.
Evaluation and possible interviews/clarifications	As determined by the City
Anticipated City Council consideration	September 9, 2026
Anticipated coverage effective date	October 1, 2026

The City may revise this schedule by written addendum posted on the City's website. Proposers are responsible for checking for addenda before submitting a proposal.

3. INSTRUCTIONS TO PROPOSERS

3.1 Submission

- Submit one original and three copies of the proposal, plus one electronic copy on a USB drive, in a sealed envelope or package.
- Clearly label the outside of the envelope or package in large, bold letters: WORKERS' COMP RFP.
- Address the proposal to: Alejandro Barrera, City Manager, City of Roma.
- Deliver to Roma City Hall, 201 W. Convent Blvd., Roma, Texas 78584, or mail to P.O. Box 947, Roma, Texas 78584.
- The proposal must be received by the city no later than **4:00 p.m. on Thursday, August 27, 2026**. The risk of delay in delivery or mail is solely the proposer's responsibility.
- Email or facsimile submissions will not be accepted.

3.2 Questions and Addenda

All questions concerning this solicitation should be submitted in writing to Alejandro Barrera, City Manager, at abarrera@cityofroma.net, or delivered through City Hall at (956) 849-1411. Proposers shall not rely on oral explanations or instructions. Any material clarification or change will be issued by written addendum and posted on the City's website.

3.3 Communications and Non-Collusion

From issuance of this RFP until award, proposers should direct communications regarding this solicitation only to the City's designated contact. Proposers shall not attempt to influence City Council members or other City personnel regarding the evaluation or award. Each proposal must be independently prepared without collusion, consultation, communication, or agreement with another proposer regarding prices or terms.

3.4 Proposal Costs and Public Information

All costs of preparing and submitting a proposal are the proposer's responsibility. Proposals become the property of the City. Information submitted may be subject to disclosure under the Texas Public Information Act. A proposer claiming that specific information is confidential must clearly identify the information and state the legal basis for the claim; the City does not guarantee that any information will be withheld.

4. SCOPE OF COVERAGE AND SERVICES

The successful proposer shall provide workers' compensation coverage and related services that meet all applicable requirements of the State of Texas and the terms stated in its proposal and final agreement. The proposal should clearly identify all included services, optional services, exclusions, limitations, and additional charges.

- Statutory workers' compensation benefits applicable to the City's covered employees and accepted volunteer classifications.
- Employer's liability coverage, with proposed limits clearly stated.
- Claims intake, investigation, adjustment, reserving, payment, litigation management, and closure.
- Medical bill review, utilization review, pharmacy management, case management, and return-to-work support, as applicable.
- Loss-control, safety, training, and risk-management services appropriate for municipal operations.
- Online or electronic claim reporting and access to current loss information.
- Periodic claims reports and claim-review meetings at intervals proposed by the proposer.
- A designated account representative and designated claims contact.

- Assistance with annual payroll audits, classification review, experience-modification questions, and renewal planning.
- Prompt notice of material policy, program, service, or pricing changes during the contract term.

5. CITY UNDERWRITING INFORMATION

The following information is provided for proposal preparation and is based on the City's current available records. Proposers are responsible for reviewing all attachments and identifying any additional information needed to prepare a complete proposal.

Item	Current Information
Current coverage period	October 1, 2025 through September 30, 2026
Current provider	Texas Municipal League Intergovernmental Risk Pool
Estimated payroll	Approximately $4,771,309
Employees/covered persons shown on current schedule	Approximately 227, including covered volunteers and elected officials
Current net estimated contribution	Approximately $135,735
Current experience modifier	0.96

Detailed payroll classifications, volunteer classifications, current declarations, and related underwriting schedules are included in the attachments. Proposers should use the most current information provided and clearly state all assumptions used in pricing.

6. LOSS INFORMATION

Available loss information is included with this RFP. The City's claim snapshot dated July 7, 2026, reflects nine open claims, approximately $544,940 in open-claim incurred losses, approximately $380,730 paid, and approximately $164,210 in outstanding reserves. Detailed claim data is provided separately.

Proposers shall treat claim information as confidential and use it solely for evaluating and preparing a response to this solicitation. The City makes no representation that loss information will remain unchanged after the date provided.

7. REQUIRED PROPOSAL CONTENTS

To promote fair comparison while allowing each insurance provider to use its own established forms, the City is not requiring a City-created premium worksheet. Each proposal must be organized in the order below and include, at a minimum, the following:

1. Transmittal letter signed by an authorized representative, identifying the legal name of the proposer and the person authorized to negotiate and bind the proposer.
2. Executive summary describing the proposed coverage, services, and principal advantages to the City.
3. Complete annual premium or contribution for the proposed 12-month coverage period, clearly identifying taxes, fees, assessments, commissions, broker compensation, administrative charges, and any other amounts payable by the City.
4. All rating assumptions, payroll assumptions, classifications, experience modification, discounts, schedule credits/debits, dividend or retrospective-rating provisions, deductibles, self-insured retentions, and audit provisions.
5. Proposed employer's liability limits and any optional limits with corresponding prices.

6. Detailed description of coverage, endorsements, exclusions, limitations, and material differences from the City's current coverage.
7. Description of claims-administration services, claim-reporting methods, adjuster assignment, claim-review procedures, litigation management, medical management, return-to-work support, and reporting capabilities.
8. Description of safety, training, loss-control, and risk-management services included in the quoted price and any services available at additional cost.
9. Evidence of authority to provide the proposed coverage in Texas and, if applicable, evidence of financial strength, A.M. Best rating, or other relevant financial information.
10. Description of experience serving Texas municipalities or comparable governmental entities.
11. At least three references from Texas governmental entities, including contact names, telephone numbers, email addresses, and the type and duration of services provided.
12. Sample policy, coverage document, interlocal agreement, service agreement, or other controlling contract documents proposed for use.
13. A list of all exceptions, deviations, qualifications, or requested changes to this RFP. If none, state 'No Exceptions.'
14. Completed Proposal Certification and Acknowledgment of Addenda form included in this packet.
15. All required disclosure and contracting forms identified in Section 11.

8. PRICING AND PROPOSAL VALIDITY

The proposal must state one complete annual premium or contribution for the base 12-month term and separately identify any optional pricing. The stated price must include all services represented as included. Any item not included in the annual price must be separately listed with its cost or pricing method.

Proposals shall remain valid and may not be withdrawn for at least ninety (90) calendar days after the proposal deadline, unless the City agrees otherwise in writing. Final pricing is subject to verification of payroll, classifications, loss information, and other underwriting data, but all assumptions and conditions must be clearly disclosed in the proposal.

9. EVALUATION AND AWARD

The City may evaluate proposals using the factors below. The City may consider the proposal as a whole and is not required to apply a mathematical formula or award to the lowest-priced proposer unless the City expressly adopts a scoring method before evaluation.

Evaluation Factor	Considerations
Overall cost and pricing transparency	The annual premium/contribution, additional charges, assumptions, audit provisions, and long-term value.
Coverage and contract terms	Breadth of coverage, limits, exclusions, endorsements, deductibles, and material differences from current coverage.
Claims administration and service	Claims handling, medical management, reporting, account support, responsiveness, and technology.
Financial stability and authority	Financial strength, legal authority, and ability to perform throughout the contract term.
Municipal experience and references	Relevant experience with Texas municipalities or comparable public entities and quality of references.
Loss control and risk management	Safety training, loss prevention, return-to-work support, and other value-added services.

Overall best value	The proposal determined to be most advantageous and in the best interest of the City.

The City may verify information, contact references, request written clarification, request best-and-final terms, conduct interviews, negotiate with one or more proposers, or reject any or all proposals. The City may award without discussions; therefore, each proposer should submit its best terms initially. Any award is subject to approval by the Roma City Council and execution of a final agreement acceptable to the City.

10. GENERAL TERMS AND CONDITIONS

No guarantee of award: Issuance of this RFP does not obligate the City to award a contract or reimburse proposal expenses.

Right to reject and waive: The City may reject any or all proposals and waive informalities, irregularities, or minor defects when in the City's best interest and when permitted by law.

Clarifications and negotiations: The City may request clarification or additional information and may negotiate terms with one or more proposers.

No assignment: The successful proposer may not assign or transfer the resulting agreement without the City's prior written consent.

Compliance with law: The successful proposer shall comply with all applicable federal, state, and local laws, regulations, licensing requirements, and ethical standards.

Independent contractor: The successful proposer will act as an independent contractor and not as an employee, agent, or partner of the City, except as expressly provided in the final agreement.

Indemnity and insurance: Any indemnity, insurance, or risk-allocation terms will be subject to negotiation and approval in the final agreement and applicable Texas law.

Governing law and venue: The resulting agreement shall be governed by Texas law. Venue shall lie in Starr County, Texas, to the extent permitted by law.

Funding and authorization: The City's obligations are subject to lawful appropriation, budget approval, and continued authority to expend public funds.

Records and audit: The successful proposer shall maintain records supporting charges and services and make them available to the City as provided in the final agreement and applicable law.

Conflicts and disclosures: Proposers must disclose actual or potential conflicts of interest and complete all forms required by Texas law and City policy.

Contract controls: The final written agreement, including negotiated terms and incorporated proposal documents, will control. The City is not bound by a proposal until the City Council approves an award and an authorized City representative executes the agreement.

11. REQUIRED FORMS AND DISCLOSURES

The proposer shall submit the following, as applicable. The City may request updated or additional forms before award or contract execution:

- Proposal Certification and Acknowledgment of Addenda (included in this packet).
- IRS Form W-9.
- Conflict of Interest Questionnaire (Form CIQ), if required by Chapter 176 of the Texas Local Government Code.
- Certificate of Interested Parties (Form 1295), if required by Texas Government Code Section 2252.908 and the rules of the Texas Ethics Commission.
- Felony Conviction Notice or equivalent certification, if requested by the City.

- Debarment, boycott, foreign-terrorist-organization, energy-company, firearm-entity, and other statutory verifications applicable to the contract, if required by law.
- Evidence of authority, licensing, registration, or eligibility to provide the proposed coverage and services.

The applicability of particular statutory forms depends on the proposer, contract value, and final contract structure. The City may provide or request the appropriate forms during evaluation or before award.

12. CONTRACT TERM

The anticipated initial term is twelve (12) months beginning October 1, 2026. Any renewal, extension, or additional term will be subject to mutual written agreement, satisfactory performance, available funding, and approval by the City as required. Nothing in this RFP guarantees renewal.

PROPOSAL CERTIFICATION AND ACKNOWLEDGMENT OF ADDENDA

This page must be completed, signed, and included with the proposal. It is not a City-created insurance pricing worksheet. The proposer must provide its complete premium and coverage proposal in its own formal proposal documents.

Legal Name of Proposer	
Assumed Name, if any	
Mailing Address	
City, State, ZIP	
Primary Contact	
Telephone	
Email	
Authorized Representative	
Title	

Addenda acknowledged: No. _____ No. _____ No. _____

By signing below, the proposer certifies that it has examined the RFP and all acknowledged addenda; that the proposal is genuine and independently prepared; that the signer is authorized to submit and bind the proposer; that all information provided is true and complete to the best of the signer's knowledge; and that the proposal will remain valid for at least ninety (90) calendar days after the submission deadline.

Authorized Signature: _____

Printed Name: _____

Title: _____

Date: _____

ATTACHMENTS AND ISSUANCE CHECKLIST

The following documents should be issued with this RFP packet as separate attachments or appendices:

- Appendix A - Current TMLIRP declarations, payroll classifications, employee counts, volunteer coverage, and current contribution information
- Appendix B - Divider explaining that the detailed loss runs are provided separately in Excel format
- Appendix C - Claim Snapshot dated July 7, 2026.
- Attachment D - Any addenda issued by the City.

Before issuing the packet, the City should confirm that each listed attachment is included, that the website copy matches the printed packet, and that all addenda are posted in the same location as the RFP. To protect personal and confidential information, the City should review all claim documents before publication and redact names, medical information, Social Security numbers, dates of birth, home addresses, and any other protected information not necessary for underwriting.

City issuance checklist:

- [ ] RFP packet posted on www.cityofroma.net
- [ ] Current declarations and payroll schedule attached
- [ ] Loss runs and claim data reviewed for confidential information
- [ ] Claim snapshot attached
- [ ] Addenda, if any, posted and distributed consistently
- [ ] Proposal receipt log prepared for the submission deadline

Appendix A:

Current TMLIRP declarations, payroll classifications, employee counts, volunteer coverage, and current contribution information


INTEGRITY • PUBLIC SERVICE • FISCAL RESPONSIBILITY • OPERATIONAL EXCELLENCE •
PARTNERSHIP
TML
RISK POOL

Workers' Compensation Declarations Page

Member Name:	Roma
Member ID:	9784
Fed ID No:	74-6002010
Effective Date:	10/01/2025
Anniversary Date:	10/01/2026

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: $135,735

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

Schedule of Applicable Documents

Member Name: Roma
Member ID: 9784
Coverage Period: 10/01/2025 to 10/01/2026 Shown As of 07/02/2025
Transaction Number: 0012538004

ID	Document Name	Revision Date
W101	WC Declarations Page	08/20/2010
X150	Schedule of Applicable Documents	06/01/2008
W102	WC Payroll Classification Schedule	08/01/2023
W133	Volunteer Endorsement to Interlocal Agreement	08/30/2010
W134	WC Payroll Adjustment Form	04/01/2022

TML
INTERGOVERNMENTAL RISK POOL

Workers' Compensation
Payroll Schedule

Member Name:	Roma
Member ID:	9784
Effective Date:	10/01/2025
Anniversary Date:	10/01/2026
Date Generated:	07/02/2025

Location 1: PO Box 947, Roma, TX

Classification	Description	Estimated Payroll	Rate	# of Emp.	Estimated Contribution
4511	Building Inspectors, County Appraisal District, Analytical Chemists	146,791	0.87	5	1,277
5506	Street & Road Repair	153,925	6.52	7	10,036
7502	Gas Distribution	81,308	2.74	4	2,228
7520	Waterworks Operation, Flood Control System Maintenance, Irrigation Control	535,171	4.50	29	24,083
7580	Sewage Treatment & Collection	275,262	4.50	17	12,387
7590	Refuse Reduction	158,842	8.24	9	13,089
7704	Firefighters - Paid	247,962	4.77	8	11,828
7720	Police Officers - Paid (excluding Motorcycle Officers)	1,517,367	4.69	29	71,165
8391	Automobile Garage	112,505	4.18	4	4,703
8742	Messengers and Social Workers	30,791	0.83	2	256
8810	Clerical - Office	1,065,184	0.41	39	4,367
9015	Building Operations	9,539	5.52	2	527
9102	Parks & Recreation	287,444	3.42	20	9,831
9403	Refuse Collection & Disposal - Conventional	124,579	7.31	6	9,107
	Subtotals	4,746,670		181	174,884

Volunteers and Elected Officials:

3724O	Outside Volunteers	No Exposure		0	Not Covered
7704V	Volunteer Firefighters	15,030	10.27	32	1,544
7720E	Volunteer Ambulance/EMS	No Exposure		0	Not Covered
7720V	Police Reserves	6,009	4.92	8	296
8742E	Elected/Apptd Officials-Governing Board	3,600	0.43	6	15
8742F	Elected/Apptd Officials-All Boards/Commissions	No Exposure		0	Not Covered
8742I	Inside Volunteers	No Exposure		0	Not Covered
8888V	Police Reserves-Motorcycle	No Exposure		0	Not Covered
	Subtotals	24,639		46	1,855
	Totals	4,771,309		227	176,739

Workers' Compensation
Payroll Schedule

Member Name:	Roma
Member ID:	9784
Effective Date:	10/01/2025
Anniversary Date:	10/01/2026
Date Generated:	07/02/2025

Total Manual Contribution	176,739
Experience Modifier	0.96
Total Standard Contribution	169,669
Fund Discount (20.00%)	0.80
Discounted Standard Contribution	135,735
Deductible Credit	0
Net Contribution	135,735
Waiver of Subrogation	0
Total Contribution	135,735

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: Roma
Member ID: 9784
Effective Date: 10/01/2025

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.

Workers' Compensation
Payroll Adjustment Form

Member Name: Roma
Member ID: 9784
Effective Date: 10/01/2025
Anniversary Date: 10/01/2026

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: PO Box 947, Roma, Texas 78584-0947

Non-Volunteer:

Class code	Classification Description	Estimated Payroll	Req. Adjusted Payroll	Number of Employees
4511	Building Inspectors, County Appraisal District, Analytical Chemists	$146,791		
5506	Street & Road Repair	$153,925		
7502	Gas Distribution	$81,308		
7520	Waterworks Operation, Flood Control System Maintenance, Irrigation Control	$535,171		
7580	Sewage Treatment & Collection	$275,262		
7590	Refuse Reduction	$158,842		
7704	Firefighters - Paid	$247,962		
7720	Police Officers - Paid (excluding Motorcycle Officers)	$1,517,367		
8391	Automobile Garage	$112,505		
8742	Messengers and Social Workers	$30,791		
8810	Clerical - Office	$1,065,184		
9015	Building Operations	$9,539		
9102	Parks & Recreation	$287,444		
9403	Refuse Collection & Disposal - Conventional	$124,579		
	Subtotals	$4,746,670		

Volunteers and Elected Officials:

TML INTERGOVERNMENTAL RISK POOL

Workers' Compensation
Payroll Adjustment Form

Member Name: Roma
Member ID: 9784
Effective Date: 10/01/2025
Anniversary Date: 10/01/2026

Class code	Classification Description	Estimated Payroll	Req. Adjusted Payroll	Number of Volunteers
3724O	Outside Volunteers	Not Covered		
7704V	Volunteer Firefighters	$15,030		
7720E	Volunteer Ambulance/EMS	Not Covered		
7720V	Police Reserves	$6,009		
8742E	Elected/Apptd Officials-Governing Board	$3,600		
8742F	Elected/Apptd Officials-All Boards/Commissions	Not Covered		
8742I	Inside Volunteers	Not Covered		
8888V	Police Reserves-Motorcycle	Not Covered		
	Subtotals	$24,639		

Total Estimated Payroll: $4,771,309

TML
INTERGOVERNMENTAL RISK POOL

Workers' Compensation
Payroll Adjustment Form

Member Name: Roma
Member ID: 9784
Effective Date: 10/01/2025
Anniversary Date: 10/01/2026

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.

Appendix B:

Divider explaining that the detailed loss runs are provided separately in Excel format

Appendix C:

Claim Snapshot dated July 7, 2026

Select Filters

City of Roma

As of: 7/7/2026

Line of Business
Workers' Comp Line

Claim Snapshot | **Workers' Comp** | Property | Liability | Auto | Cyber

9	$380.73K	$164.21K	$544.94K
Open Claims	Open Claims Paid	Open Claims Outstanding Reserves	Open Claims Incurred