



Certificate of Coverage

TMLIRP Contract Number: 4127 Member: Saginaw Mr. Dolph Johnson Asst City Mgr/Fin Dir PO Box 79070 Saginaw, Texas 76179-9070	Company Affording Coverage: Texas Municipal League Intergovernmental Risk Pool (TMLIRP) PO Box 149194 Austin, TX 78714-9194 (512) 491-2300 or (800) 537-6655 Fax: (512) 491-2404
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Certificate Holder:
 Union Pacific Railroad Company, a Delaware Corporation
 1400 Douglas St, Stop 1690
 Omaha, NE 68179-1690

This is to certify that the coverages listed below have been provided to the member and are in effect at this time. Notwithstanding any requirements, terms, or conditions of any other contract or agreement with respect to which this certificate may be issued or may pertain, the coverage afforded by TMLIRP described herein is subject only to the terms, exclusions and additions of TMLIRP's coverage contracts between TMLIRP and its member(s).

Coverage is continuous until canceled.

General Liability Effective Date: 10/1/2020 Anniversary Date: 10/1/2021 Limits of Liability (Each Occurrence): \$1,000,000 Sudden Events Involving Pollution (Each Occurrence): \$1,000,000 Annual Aggregate: \$2,000,000 Deductible per Occurrence: \$0 Law Enforcement Liability Effective Date: _____ Anniversary Date: _____ Limits of Liability (Each Occurrence): _____ Annual Aggregate: _____ Deductible per Occurrence: _____ Errors and Omissions Liability Effective Date: _____ Anniversary Date: _____ Limits of Liability (Each Wrongful Act): _____ Annual Aggregate: _____ Deductible per Occurrence: _____ Auto Liability Effective Date: 10/1/2020 Anniversary Date: 10/1/2021 Limits of Liability (Each Occurrence): \$500,000 Deductible per Occurrence: \$0 Auto Physical Damage Effective Date: _____ Anniversary Date: _____ Limits of Liability: _____ Collision Deductible: _____ Comprehensive Deductible: _____ Loss Payee: Yes No	Real & Personal Property Effective Date: _____ Anniversary Date: _____ Limits of Coverage: _____ Deductible per Occurrence: _____ Mobile Equipment Effective Date: _____ Anniversary Date: _____ Limits of Coverage: _____ Deductible per Occurrence: _____ Boiler & Machinery - Broad Form Effective Date: _____ Anniversary Date: _____ Per Accident Limit: _____ Deductible per Occurrence: _____ <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="width: 100px;">Yes</th> <th style="width: 100px;">No</th> </tr> </thead> <tbody> <tr> <td>Mortgagee</td> <td></td> <td></td> </tr> <tr> <td>Loss Payee</td> <td></td> <td></td> </tr> <tr> <td>Loan Number:</td> <td colspan="2"></td> </tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">Year/Make/Model</th> <th style="width: 20%;">VIN</th> <th style="width: 40%;">Value</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> Loan Number:		Yes	No	Mortgagee			Loss Payee			Loan Number:			Year/Make/Model	VIN	Value																														
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DESCRIPTION:
 Evidence of coverage for One (1) Overhead Fiber Optic Wireline Crossing at Mile Post 602.64 on the Duncan Subdivision at or near Saginaw, Tarrant County, Texas. Union Pacific Railroad Company Property. Folder: 03279-26. Wireline Crossing: 051918. Waiver of Subrogation applies as required by contract. Pollution Liability included.

Cancellation: Should any of the above described coverages be canceled before the anniversary date thereof, TMLIRP will endeavor to mail 30 days written notice to the above named certificate holder, but failure to mail such notice shall impose no obligation or liability of any kind upon TMLIRP.

Authorized Representative: Dee Angela Davis

Date Issued:

7/9/2021



Certificate of Coverage

TMLIRP Contract Number:	4127
Member: Saginaw Ms. Melanie McManus HR Manager PO Box 79070 Saginaw, Texas 76179-9070	Company Affording Coverage: Texas Municipal League Intergovernmental Risk Pool (TMLIRP) PO Box 149194 Austin, TX 78714-9194 (512) 491-2300 or (800) 537-6655 Fax: (512) 491-2404
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Workers' Compensation Effective Date: <u>10/1/2020</u> Anniversary Date: <u>10/1/2021</u> Limits of Liability: <u>Statutory</u>	
DESCRIPTION: Evidence of Coverage	

Cancellation: Should any of the above described coverages be canceled before the anniversary date thereof, TMLIRP will endeavor to mail 30 days written notice to the above named certificate holder, but failure to mail such notice shall impose no obligation or liability of any kind upon TMLIRP.

Authorized Representative: Dee Angela Davis

A handwritten signature in black ink, appearing to read "Dee Davis", enclosed within a rectangular box.

Date Issued:

7/9/2021

EMPLOYERS' LIABILITY

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 : Saginaw
Member ID : 4127
Effective Date : 10/01/2020

While the Fund does not believe that governmental entities can be held liable for exemplary or punitive damages in a work-related death case and by this endorsement does not waive any defense of governmental immunity to be so asserted; the Fund does agree to defend the Member against such claims and should the highest Court in this state decide that governmental entities such as the employer-member are liable for exemplary or punitive damages in a work-related death case, the Fund will pay all monetary damages the Member shall become legally obligated to pay, but not to exceed :

\$ 1,000,000