

CHECK THE APPROPRIATE SUBMISSION:

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Exception: SORM Sponsored Policy (Submit 30 days prior to inception, complete A, B, C, D, E, Fii)

Non-Sponsored Policy (Submit 30 days prior to inception, complete A, B, C, D, E, Fi)

Α.	GENERAL INFORMATION: Provide proposal for review.			
Date: Agency #: Agency:				
	Phone #:	Fax #:	E-mail Address:	
	Type of Policy/Bond:		Eff. Date:	Exp. Date:
	Reason for purchase (if regulatory, required by statute, or required by contract provide			
	<u>documentation</u>):			

В.	PURPOSE OR INTENT:
	What exposures do you need covered?
	What perils are exposures subject to?
	What is the likelihood of loss occurring? Almost Nil Slight Moderate Definite
	What is the maximum probable loss? Maximum possible loss?
	How will this policy protect these exposures?

С.	PREVIOUS COVERAGE:		
	Was coverage previously purchased? Yes No	Expiration date:	
	How long has the agency purchased this coverage?	Current premium:	
	Submit copy of policy with all applicable endorsement and schedules.		
	Losses – <u>submit company loss runs or, if not insured, internal loss data</u> (last 5 years)		
	If not previously insured, why the desire/need now?		

What has changed about your exposures/hazards?

D. LOSS PREVENTION/CONTROL

What risk control programs are in place to prevent or reduce losses? Submit a brief description
of the program and provide a copy of supporting policies or procedures.

Risk control programs are monitored:	Quarterly	Semi-annually	Annually
When was the last time the risk control	programs were r	reviewed and update	ed?

E. PROCUREMENT:

What procurement process will be used?			
Invitation for Bid (IFB) Direct Purchase Request for Proposal (RFP) Renewal			
What is your procurement timeframe?			

F. MISCELLANEOUS (answer if applicable)

i.	If current policy is claims-	made, retr	oactive date:	
	Any known incidents?	🗌 Yes	🗌 No	If yes, then add a short description:

ii. Reason(s) for not participating in the SORM sponsored policy:

Chapter 1803 of the Texas Insurance Code requires insurance companies, or other entities authorized by the Texas Department of Insurance to sell insurance contracts or bonds to state agencies, to report intended insurance sales to the State Office of Risk Management, not later than 30 days prior to the intended sale of the insurance. Please remind your carrier to submit a SORM 202.

SORM use only

Approved Denied Reason:

Signature: _____Date: ____Date: _____Date: _____Date: ______Date: _____Date: _____Date: