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Administered by the Texas Association of School Boards, Inc.

**Return completed Application to:
Trina Herbst – trina.herbst@tasb.org
or mail to the address listed above.**

**TASB RISK MANAGEMENT FUND
PROPERTY / LIABILITY APPLICATION**

GENERAL INFORMATION:

Public Entity: _____ County: _____
Mailing Address: _____ City/Zip: _____
Street Address: _____
Phone Number: _____ Fax No.: _____
Date Quote Needed: _____ Board Approval Date: _____
Proposed Effective Date: _____
Contact Person: _____ Title: _____
Does the district have a risk manager on staff or someone in that capacity? Yes ___ No ___
If Yes, name and title: _____

Does the district have any formal safety or loss prevention programs in place? Yes ___ No ___

Property:

Current Carrier: _____ Expiration Date: _____ Deductible: _____

General Liability:

Current Carrier: _____ Expiration Date: _____ Deductible: _____

School Professional Legal Liability:

Current Carrier: _____ Expiration Date: _____ Deductible: _____

Automobile Liability:

Current Carrier: _____ Expiration Date: _____ Deductible: _____

Have any coverages been declined, cancelled, or non-renewed? If so, please indicate:

Property: _____ General Liability: _____ School Professional Legal Liability: _____ Auto: _____

Reason for declination/cancellation or non-renewal: _____

Total Average Daily Attendance: _____ (School Districts and Community Colleges)

Total budget: \$ _____ (ESC, CAD, CO-OP)

PROPERTY APPLICATION
 Through the TASB RISK MANAGEMENT FUND
 PLEASE ATTACH OR SEND A COPY OF A FIVE-YEAR LOSS REPORT

I. PROPERTY COVERAGE/BUILDING VALUES

1. Perils to be covered: All Risk _____ Named Perils _____
2. Basis of loss recovery: Replacement Cost _____ Actual Cash Value _____
3. Deductible options (per occurrence):
 \$1,000 _____ \$2,500 _____ \$5,000 _____
 \$10,000 _____ \$20,000 _____ \$25,000 _____ \$50,000 _____
 \$75,000 _____ \$100,000 _____
4. If an up-to-date professional appraisal is available, please attach/send a copy. If one is unavailable, please attach/send a sworn statement of values that includes a list of building addresses, building values, contents value, age, number of stories, construction type, square footage, and occupancy.
5. Total amount of coverage: \$ _____ This value represents (check one):
 100% actual cash value _____ 100% replacement cost _____
 90% actual cash value _____ 90% replacement cost _____
 80% actual cash value _____ 80% replacement cost _____
Please note: We can quote on any value, but public entities must come into our program at 100% replacement cost or actual cash value. A Professional appraisal must be completed within 60 days of joining the TASB Risk Management Fund plan.
6. If applicant is located within 50 miles of coast, please state exact mileage: _____ miles

II. BUILDING MAINTENANCE/OCCUPANCY

1. Does the applicant have any buildings 30 years or older? Yes ___ No ___
 a. If Yes, percentage of buildings: _____ %
 b. Has wiring been updated to meet code specifications? Yes ___ No ___
 c. Percentage of buildings with updated wiring: _____ %
2. Any owned or leased buildings being used for purposes other than their educational intent? Yes ___ No ___
 a. Which building? _____
 b. Use/occupancy? _____
3. Any owned or leased buildings controlled by the applicant currently vacant or unoccupied? Yes ___ No ___
 Which building? _____
4. Any owned or leased buildings controlled by the applicant being leased out to a third party? Yes ___ No ___
 a. Which building? _____
 b. Use/occupancy? _____

III. FIRE PROTECTION

1. If the applicant is located in a town with a population of less than 15,000, is the applicant within five miles of a town with a population of more than 15,000? Yes ___ No ___
 If Yes, would that city's fire department respond to a fire at your location? Yes ___ No ___
2. What type of fire protection does the applicant have in place?
 a. Sprinkler systems _____
 b. Fire Alarms _____
 c. Other (describe): _____
3. Is the fire department: Voluntary _____ Paid _____

III. FIRE PROTECTION, continued

4. Does the applicant have a hooded ventilating system in the kitchen? Yes ___ No ___
If yes, does the hood have an extinguishing system? Yes ___ No ___
5. Does the applicant have a hood cleaning contract? Yes ___ No ___
If yes, how often? _____

IV. BURGLARY/THEFT

1. Do security personnel patrol facilities? Yes ___ No ___
2. Other security measures:
- a. Burglar Alarms _____
 - b. Security Lighting _____
 - c. Other (describe): _____

V. RISK MANAGEMENT / LOSS INFORMATION

1. Attach copies of specific property loss prevention procedures you have implemented.
2. Have there been any property losses in the past five years? Yes ___ No ___
If yes, please attach or send loss data from prior carriers.

VI. "FLOATER" COVERAGE - To provide a lower deductible on a certain class of contents (such as band instruments, computers, audiovisual equipment, valuable papers, etc.)

Contents are automatically covered under the Fund plan, subject to the standard deductible for all other property. However, you may want a lower deductible on certain classes of contents. If so, please indicate below:

1. Deductible options (per occurrence): \$250 ___ \$500 ___ \$1,000 ___
2. Please list the class of contents you would like covered at the lower deductible requested and the amount of coverage for each class.

Class of Contents	Total Value of Items Within Class of Contents

EDP Coverage (for mechanical breakdown of computers)

Deductible: \$250 ___ \$500 ___ \$1,000 ___ \$2,500 ___
Limit: _____

EDP Extra Expense Coverage (for extra expenses associated with mechanical breakdown of computers)

Limit: _____

Data & Media Coverage (for damage to data & media damaged by mechanical breakdown)

Limit: _____

Note: EDP Extra Expense and Data and Media Coverage may be purchased only in conjunction with EDP coverage. The EDP deductible will apply to these coverages as well.

VII. FLOOD COVERAGE (Optional)

Flood Coverage may be purchased only in conjunction with Property coverage.

- 1. Has the applicant experienced flooding in the past? Yes ___ No ___
If Yes, please attach or send property loss information.
- 2. Is school eligible for National Flood Insurance? Yes ___ No ___
- 3. Indicate flood zone for each building or indicate cross streets for main buildings.

- 4. Do you presently have flood insurance? Yes ___ No ___
- 5. Is flood insurance coverage under National Flood Insurance Program? Yes ___ No ___
If Yes, our coverage is in excess of the National Flood Insurance coverage.
Please attach elevation certificate.
- 6. Name of current insurance company: _____
Limits: _____

The undersigned authorized office of the applicant and/or board declares that to the best of their knowledge, the statements set forth herein are true. **This application does not bind the applicant** or the TASB Risk Management Fund, but it is agreed that this form shall be the basis of the contract should a coverage document be issued. This form will be attached to and made a part of the coverage document.

● _____ Date _____
Signature

- Coverage cannot be bound without signature.
- 48 hours notice to bind coverage

GENERAL LIABILITY/PERSONAL INJURY LIABILITY/EMPLOYEE BENEFITS

Through the TASB RISK MANAGEMENT FUND

PLEASE ATTACH OR SEND A COPY OF A FIVE-YEAR LOSS REPORT

GENERAL LIABILITY - Covers suits arising from bodily injury and property damage (premises liability).

PERSONAL INJURY LIABILITY - Covers suits for libel, slander, and defamation of character

EMPLOYEE BENEFITS LIABILITY - Covers suits arising from the administration of benefit plans and programs.

I. Deductible options (per occurrence): \$1,000 _____ \$2,500 _____ \$5,000 _____

II. USE/ACTIVITIES

1. Is there a swimming pool at any location? Yes ___ No ___
2. Do you operate a day care for children of employees, students of general public? Yes ___ No ___
If Yes, is it operated by: Paid Employees ___ Volunteers ___ Students ___
3. If the applicant receives monies from concessions, indicate the average annual receipts (this excludes monies received by PTA, booster club, etc.): \$ _____
4. Does the applicant own or lease any watercraft? Yes ___ No ___
If Yes, how many outboard motorboats of **less** than 26 feet? _____
If Yes, how many outboard motorboats of **more** than 26 feet? _____
5. Does the applicant loan or lease property to others for activities other than school activities? Yes ___ No ___
If Yes, are certificates of insurance required from lessee? Yes ___ No ___
6. Does the applicant own any aircraft? Yes ___ No ___
7. Does the applicant charter aircraft in excess of four seats? Yes ___ No ___
8. Enter the total expenditures for the current fiscal year for all construction work, services (cleaning, lawn, etc.), and other work to be performed by private contractors on behalf of the applicant.
\$ _____
9. Does the applicant lease computers, mechanical equipment, or buildings in which the lease agreement requires the applicant to carry liability coverage? Yes ___ No ___
If Yes:

Type of Property	Value of Property	Cost of Lease

10. Number of teachers employed: _____
11. Number of other employees: _____
12. Number of nurses employed: _____
13. Number of physicians or dentists employed: _____
14. Do you have a team physician? Yes ___ No ___
(This includes any physicians who volunteer their time.)
If Yes, how many? _____
Do the physicians volunteer their time on a rotating basis? Yes ___ No ___
Is he or she paid and on what basis? _____
Do you have a written contract? Yes ___ No ___
15. Is the applicant engaged in any joint venture with another entity? (A joint venture is defined in our coverage document as "a relationship by which the account member and one or more other persons, organizations, or legal entities combine their labor, property, or resources for mutual benefit in a single undertaking for either a definite period or on a continuing basis.") Yes ___ No ___
If Yes, nature of joint venture: _____
Is applicant a member of a co-op? Yes ___ No ___
If Yes, please attach or send a copy of the current co-op agreement.

III. USE/ACTIVITIES, continued

16. Mobile Equipment

	Total Number	Total Value
Mowers or tractors		
Forklifts		
Others (specify)		

IV. RISK MANAGEMENT/LOSS INFORMATION

- Are security personnel employed/used by district? Yes ___ No ___
 # of personnel with arrest powers: _____
 # of personnel carrying firearms: _____
- Have you had any general liability and/or personal injury losses during the past five years? Yes ___ No ___
 If Yes, please attach or send loss data from prior carrier.
- Attach copies of any loss prevention policies/procedures that relate to general liability that have been implemented.

V. EMPLOYEE BENEFITS

- Check the employee benefit programs administered by your district:
 _____ Disability benefits insurance _____ Workers' Compensation
 _____ Group medical insurance _____ Unemployment Compensation
 _____ Group life insurance program _____ Self insured insurance
 _____ Retirement plans (TRS, annuities, etc.)
 _____ Other (describe)
- What are the names and titles of the district employees handling the administration of the above programs? _____
- Are these employees bonded? Yes ___ No ___
- Name of insurance company: _____
- Are there any incidents in the past five years that could have resulted in a claim had this coverage been in force? Yes ___ No ___
 If Yes, please explain. _____
- Does the applicant have any knowledge of any occurrences that might result in a claim in the future? Yes ___ No ___
 If Yes, please explain. _____

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SCHOOL PROFESSIONAL LEGAL LIABILITY
Errors and omissions coverage for the district and school board members
Through the TASB RISK MANAGEMENT FUND

PLEASE ATTACH OR SEND A COPY OF A FIVE-YEAR LOSS REPORT

DEDUCTIBLE OPTIONS (PER OCCURRENCE) ARE BASED UPON THE NUMBER OF STUDENTS IN THE DISTRICT.

I. SCHOOL BOARD/BUDGET INFORMATION

1. Number of members on board _____
Members are: Elected _____ Appointed _____ Both _____
If appointed, by whom? _____
2. Term of office is _____ months

II. POLICIES / ACCREDITATION

1. Do you have localized policy service from TASB? Yes ___ No ___
If No, does attorney review your policies Yes ___ No ___
If Yes, how often? _____
2. Please provide your district's accreditation status for the past 5 years

III. RISK MANAGEMENT/LOSS INFORMATION

1. Has your district ever been involved in any dispute, suit, or had a claim filed against the applicant regarding the following?
Please attach or send complete liability loss information.
 - a. Integration or desegregation? Yes ___ No ___
 - b. School busing? Yes ___ No ___
 - c. Student or teacher strikes? Yes ___ No ___
 - d. Claims of discrimination, violation of civil rights, harassment, or retaliation? Yes ___ No ___
 - e. Unfair or improper treatment regarding employee hiring, remuneration, advancement or termination? Yes ___ No ___
2. How are board members elected? Single Member Districts _____ At Large _____
3. Is the signatory party aware of any act, error, or omission that he or she has reason to suppose might afford grounds for any future claim such as would fall within the scope of the proposed coverage? Yes ___ No ___
If Yes, please attach or send an explanation. _____
4. Is the district, its board, and/or its employees involved in or aware of any federal or state action or proceedings against the school district, its board members, or employees? Yes ___ No ___
If Yes, please attach or send an explanation. _____
5. Are security personnel employed/used by district? Yes ___ No ___
of personnel with arrest powers: _____
of personnel carrying firearms: _____

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Signature Date

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VEHICLE APPLICATION
Through the TASB RISK MANAGEMENT FUND
PLEASE ATTACH OR SEND A COPY OF A FIVE-YEAR LOSS REPORT
Schedule of vehicles with values must be attached or sent

I. AUTOMOBILE LIABILITY & PHYSICAL DAMAGE

1. Liability deductible options (per occurrence): \$250 _____ \$500 _____ \$1,000 _____
2. Liability Limits: \$100/300/100 _____ \$1,000,000 Combined Single Limit _____
3. Physical damage deductible options (per vehicle): \$250 _____ \$500 _____ \$1,000 _____

II. VEHICLE INFORMATION – attach schedule of vehicles, including mobile equipment

III. RISK MANAGEMENT/LOSS INFORMATION

1. Has the applicant had any automobile liability or physical damage losses in the past five years? Yes ___ No ___
Please attach or send automobile loss information or loss data from prior carrier.
2. Are any transportation operations contracted to another?
Name of Contractor: _____
3. Are owned vehicles used by security personnel? Yes ___ No ___
Number of vehicles: _____
4. How often do you run Motor Vehicle Reports on district drivers? _____
5. Attach or send copies of specific auto loss prevention procedures/policies that have been implemented.

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Signature Date

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- 48 hours notice to bind coverage

CRIME APPLICATION
Through the TASB RISK MANAGEMENT FUND
PLEASE ATTACH OR SEND A COPY OF A FIVE-YEAR LOSS REPORT

CRIME COVERAGE - Includes Coverage for employee dishonesty, faithful performance, money, and securities.

I. COVERAGE OPTIONS AND LOCATIONS

1. Limit options: \$25,000 _____ \$50,000 _____ \$100,000 _____ \$175,000 _____
2. Deductible options: _____ \$250 _____ \$1,000 _____
3. Total number of locations occupied by the school district: _____
4. Total number of locations at which money or securities are handled: _____
5. Please list:

Location	Average Amount of Money on Hand

II. SECURITY

1. How frequently are audits made? _____
 By independent CPA or auditor? _____
 Are countersignatures required? Yes _____ No _____
 If No, who signs? _____
 Are securities subject to joint control of two or more responsible employees? Yes _____ No _____
2. Please number your employees into the three groups below. The sum of these three groups should equal the total number of employees.
 - a. Number of employees and board members who handle money or securities, sign checks, authorize drafts, or audit accounts on a regular basis (exclude the textbook custodian and tax assessor-collector) _____
 - b. Number of clerical personnel not listed in 2(a) _____
 - c. All Other Employees _____
 - d. Total Number of Employees _____

III. RISK MANAGEMENT/LOSS INFORMATION

1. Have there been any losses in the past five years? Yes _____ No _____
 If Yes, please attach or send loss data from previous carrier. _____
2. Does your district currently carry this coverage? Yes _____ No _____
 Name of insurance company: _____
3. Attach copies of specific policies regarding crime coverage.

Note: Certain officers and their subordinates are automatically excluded from coverage by the terms of the crime portion of this coverage document for dishonesty or faithful performance. These are:

- a. **Treasurers and tax collectors by whatever title known.**
- b. **Personnel required by law to furnish an individual bond to qualify for office.**
- c. **Personnel required by law to give bond or faithful performance of their duties.**

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 Signature Date

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- 48 hours notice to bind coverage

EQUIPMENT BREAKDOWN APPLICATION
Through the TASB RISK MANAGEMENT FUND
PLEASE ATTACH OR SEND A COPY OF A FIVE- YEAR LOSS REPORT

I. COVERAGE INFORMATION

Comprehensive equipment breakdown coverage is provided under the TASB Risk Management Fund plan with a limit equal to the property value, not to exceed \$100 million. This includes air conditioning and refrigeration units.

Deductible (per accident) is \$1,000

How many boilers does the district have? _____

II. RISK MANAGEMENT/LOSS INFORMATION

1. Has the district had any losses in the past five years? Yes _____ No _____
If Yes, please attach or send loss data from previous carrier. _____
2. Does your district currently carry this coverage Yes _____ No _____
Name of insurance company: _____
3. Attach copies of equipment breakdown loss prevention procedures the district has implemented.

The undersigned authorized office of the applicant and/or board declares that to the best of their knowledge, the statements set forth herein are true. **This application does not bind the applicant** or the TASB Risk Management Fund, but it is agreed that this form shall be the basis of the contract should a coverage document be issued. This form will be attached to and made a part of the coverage document.

● _____
Signature Date

- Coverage cannot be bound without signature.
- 48 hours notice to bind coverage