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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

CRIME APPLICATION

GENERAL INFORMATION:

Public Entity: _____ County: _____
Mailing Address: _____ City/Zip: _____
Street Address: _____ City/Zip: _____
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)

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.**

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