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Administered by the Texas Association of School Boards, Inc.

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

**TASB RISK MANAGEMENT FUND**  
**EQUIPMENT BREAKDOWN 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)

**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