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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**  
**GENERAL LIABILITY 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)

**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: \_\_\_\_\_  
Number of other employees: \_\_\_\_\_
11. Number of nurses employed: \_\_\_\_\_  
Number of physicians or dentists employed: \_\_\_\_\_
12. 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 \_\_\_
13. 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**

14. 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. \_\_\_\_\_

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