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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 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)

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.

● _____
Signature Date

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