



**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**

**VEHICLE 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)

**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.

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