



Application for Coverage

Entity Name: _____

Contact Name: _____ Email: _____

Coverage Requested: [] Auto [] Liability [] Property
[] Workers' Compensation [] Unemployment Compensation

Coverage Effective Date: _____ Date Proposal Needed: _____

Average Daily Attendance (ADA): _____ Annual Budget: _____

Estimated Total Annual Payroll: _____ Estimated Number Full Time Employees: _____

If your ADA or budget is expected to change by more than 5 percent next fiscal year, please provide details:

If your district is engaged in any non-traditional school business activities, including but not limited to airstrips, recreational facilities, daycare, police or security forces, please provide details:

To receive a proposal for coverage, please provide the following information:

- Current Coverage Declarations Page
• Five year loss reports: in a separate document, identify any claims asserted or unasserted, reported or unreported not included in the five year loss runs provided by the district. If coastal property requesting Named Windstorm Coverage, 10 years of loss runs are required.
• For Property coverage, please provide a current appraisal or building schedule.
• For Auto coverage, provide a current vehicle schedule.
• For Workers' Compensation coverage, please provide current year estimated payroll, categorized by classification code, along with the current workers' compensation coverage/declarations page.
• For Unemployment Compensation coverage, please provide five years' claim and wage data, including number of employees, wages, benefits paid, number of claims paid, and contribution/premium. This information can be obtained from the Texas Workforce Commission.

By submitting this application, the applicant declares that the information submitted is true and accurate to the best of their knowledge. 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 coverage be extended. This application will be made a part of the coverage agreement. Contact your marketing consultant with any questions.

Please email the completed application, including attachments, to RFPUnderwriting@tasb.org at least 30 days prior to effective date.