



**TASB<sup>TM</sup>  
RISK  
FUND**

**TASB Risk Management Fund**  
P.O. Box 301 • Austin, Texas 78767-0301 • 800.482.7276  
12007 Research Blvd. • Austin, Texas 78759-2439 • [tasbrmf.org](http://tasbrmf.org)

*Administered by the Texas Association of School Boards*

# Program Coordinator Change Form

Select the lines of coverage to change:

- Auto                       Liability                       Property  
 Unemployment Compensation                       Workers' Compensation

Member Organization: \_\_\_\_\_

New Program Coordinator: \_\_\_\_\_

New Program Coordinator Title: \_\_\_\_\_

New Coordinator Phone Number: \_\_\_\_\_

New Coordinator Email Address: \_\_\_\_\_

Is this person new to your organization?                       Yes    No

If yes, name of previous organization: \_\_\_\_\_

Is this person replacing an employee in your organization?                       Yes    No

Name of person being replaced: \_\_\_\_\_

Is the person being replaced still employed with your organization?    Yes    No

Fund Member's Program Coordinator shall have express authority to represent and to bind Fund Member, and the Fund will not be required to contact any other individual regarding matters arising from or related to this Agreement. Fund Member reserves the right to change its Program Coordinator as needed, by giving written notice to the Fund; such notice is not effective until received by the Fund.

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title of Authorized Representative

If you need assistance or have questions about this form, please email or call John Taaffe at 800.482.7276, x2818. The completed form should be emailed or mailed to:

Attn: John Taaffe  
Underwriting and Program Administration  
Risk Management Services  
P.O. Box 301  
Austin, TX 78767-0301  
[tasbrmf@tasbrmf.org](mailto:tasbrmf@tasbrmf.org)