



## Application for Coverage from TASB Risk Management Fund

Entity Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Coverage Requested:     Auto    Liability    Property    Workers' Compensation

Coverage Effective Date: \_\_\_\_\_ Date Proposal Needed : \_\_\_\_\_

Average Daily Attendance: \_\_\_\_\_ Annual Budget: \_\_\_\_\_

Estimated Total Annual Payroll: \_\_\_\_\_ Estimated # Full Time Employees (FTE's): \_\_\_\_\_

If your ADA or budget is expected to change by more than 5% 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:

\_\_\_\_\_

### In order to provide a proposal for coverage, please complete the following information:

- Current Coverage Declarations Page
- Five Year Loss Reports - *Identify, in a separate document, 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.*

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.

**Please e-mail completed application, including attachments, to**  
[RFPUnderwriting@tasb.org](mailto:RFPUnderwriting@tasb.org)

**at least 30 days prior to effective date**

**Questions?**

**Please contact your TASB Risk Management Consultant**