

Dear Prospective Vendors:

Sealed proposals will be received by the South Texas Independent School District for:

**ITEM: Property & Liability Insurance**

**BID NUMBER: RFP 21-002**

**EFFECTIVE DATES: 2020-2021 SCHOOL YEAR**

Sealed proposals will be received no later than **2:00 PM, Thursday, February 4, 2021.** Bids must be plainly marked on the outside of envelope **SEALED Proposal: RFP 21-002, Property & Liability Insurance.** STISD, Business Office, 100 Med High Drive, Mercedes, Texas, 78570 or delivered to the STISD, Business Office, at the same address. **Bids must be made on the enclosed bid document. Faxed or emailed bids will not be accepted.**

Only proposals received by the date and time specified will be considered. Bidders are invited to be present at the opening of the bids at the above address, on the above date and time; however, bids will not be read aloud.

The STISD reserves the right to accept or reject any or all proposals, to award contracts for individual items as they may appear advantageous to the District, and waive any or all formalities.

All contracts will be made through STISD Purchase Orders.

Proposals received without proper signature will not be accepted.

Your proposal will be appreciated.

Sincerely,



Marla R. Knaub,  
Assistant Superintendent for Finance & Operations

**SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT  
RFP 21-002 PROPERTY AND LIABILITY INSURANCE**

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**SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT  
RFP 21-002 PROPERTY AND LIABILITY INSURANCE**

**ACKNOWLEDGEMENT OF RECEIPT**

**THIS FORM MUST BE COMPLETED AND EMAILED  
UPON RECEIVING THE REQUEST FOR QUALIFICATIONS**

Please fill in the requested information below as acknowledgement that you have received the Request for Proposal noted above. If your firm is interested in participating, it is highly recommended that this sheet be completed and returned or e-mailed to:

[Marla.knaub@stisd.net](mailto:Marla.knaub@stisd.net)

SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT

BUSINESS OFFICE

100 MED HIGH DRIVE, MERCEDES, TX 78570

PHONE (956) 565-2454

By doing this, we will be able to provide notification of any addenda to the R.F.P.

Name of Firm: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

E-Mail: \_\_\_\_\_

Name: (Print) \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Yes, our company does have an interest in responding.

\_\_\_\_\_ No, our company does not have an interest in responding.

**SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT  
RFP 21-002 PROPERTY AND LIABILITY INSURANCE**

**GENERAL REQUIREMENTS AND INSTRUCTIONS**

**A. INFORMATION**

1. The information contained in these specifications is confidential and is to be used only in connection with preparing a proposal for the following insurance services or insurance coverages:

**Commercial Property – Fire & Extended Coverage  
Commercial General Liability including Cyber Security  
School Professional Liability  
Auto Liability & Physical Damage  
Commercial Umbrella Liability  
Crime  
Accident Coverage**

2. South Texas ISD reserves the right to accept or reject all or any part of the proposals, waive minor technicalities, and award the proposal to best serve the interest of the District. The District also reserves the right to waive or dispense with any of the formalities contained herein.
3. Proposals are to be submitted on the basis of the specifications contained herein. Alternate proposals will also be considered, provided the alternatives are clearly explained. All deviations from the specifications must be clearly identified and explained.
4. The information contained in these specifications is to be basis for proposal responses. After receipt of proposal, additional information needed may be requested via e-mail at: [marla.knaub@stisd.net](mailto:marla.knaub@stisd.net).
5. The information contained herein is believed to be accurate and up-to-date, but is not intended to be an express or implied warranty.
6. No telephone, email, or fax proposals will be accepted. Proposals may only be accepted if delivered by U.S. Postal Services, Federal Express, UPS, other courier services or personally delivered by proposer. The District will not be responsible for missing, lost, or late mail. Any proposals received after the time set for opening will be returned to the proposer unopened.
7. Vendors are cordially invited to the proposal opening, but are not required to attend.

**B. LEGAL**

1. All parties submitting proposals are expected to comply with federal, state and local insurance laws and regulations relative to the preparation and submissions of insurance proposals. Specifically, the services to be provided are expected to be in compliance with the Americans with Disabilities Act (ADA), insurance laws and insurance regulations. All proposals that are submitted will be presumed to be in compliance with all applicable laws.

**C. COMMUNICATION**

1. Proposals are to be sealed in an envelope clearly labeled ***“RFP 21-002 – Property & Liability Insurance”***. Proposer is required to provide one (1) original and (1) copy of proposal (clearly marked), and (1) digital copy on a USB drive sealed and submitted to:

Ms. Marla R. Knaub  
Assistant Superintendent for Finance  
South Texas Independent School District  
100 Med High Drive  
Mercedes, TX 78570

**SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT  
RFP 21-002 PROPERTY AND LIABILITY INSURANCE**

2. Requests for information, must be in writing and must be e-mailed to:

[Marla.knaub@stisd.net](mailto:Marla.knaub@stisd.net)

Marla Knaub  
Assistant Superintendent for Finance  
South Texas Independent School District  
100 Med High Drive  
Mercedes, TX 78570  
TEL: 956-565-2454

**D. COMMUNICATION WITH DISTRICT MEMBERS**

1. Company submitting proposals shall not discuss this RFP with employees of STISD or members of the Board of Trustees. If discussion is necessary, your company will be notified in writing. **Failure to abide by this requirement may result in automatic disqualification.**

**E. TIME FRAME**

1. The Request For Proposal package will be available for download from our website at <https://www.stisd.net/community/public>
2. Vendors **WILL NOT** be notified of additional information/addenda postings. It is the vendor's responsibility to view the web page regularly, or prior to submitting a proposal response, to ensure that no addenda or additional information have been issued for the solicitation.
3. Proposals **one (1) original and one (1) copy and (1) digital copy on a USD drive** must be delivered to South Texas ISD, Business Office, 100 Med High Drive, Mercedes, TX 78570, no later than 2:00 PM, Thursday, February 4, 2021 in a sealed envelope, clearly marked:

**RFP 21-002 – Property & Liability Insurance**

4. The proposals will be opened in public at 2:00 PM, Thursday, February 4, 2021. The proposals shall be opened in a manner to avoid disclosure of contents to competing vendors and the contents shall be kept secret during the process of proposal negotiations.
5. The parties submitting the selected proposals will be notified on or about March 1, 2021 of the District's decision.
6. The contract effective date is April 1, 2021 to March 31, 2022.
7. Insurance Binders are to be delivered no later than March 31, 2021.
8. Policies or coverage documents are to be provided to the District by April 1, 2021.
9. The District reserves the right to not pay any premium until valid policies or coverage documents are received by District.

**F. PROPOSALS**

1. Proposals must be clearly explained and identified. All costs, including optional programs, must be clearly stated and summarized. Exceptions to or deviations from the specifications **must** be explicitly identified.
2. Each party submitting a proposal is asked to screen their designated proposals for correctness and compliance with the specifications.
3. The contents of the proposals shall be kept confidential during the process of negotiations.

**SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT  
RFP 21-002 PROPERTY AND LIABILITY INSURANCE**

After the insurance agreement is awarded, all proposals will be available for public inspection.

**G. DISQUALIFICATION AND REJECTION OF PROPOSALS**

1. Failure to comply with the requirements or the procedures set forth herein, or to satisfy the insurance and servicing criteria as set forth in the specifications, may result in disqualification. It is not intended that exceptions to the specifications will, in and of themselves, result in disqualification.

**H. SELECTION OF VENDOR**

1. South Texas ISD reserves the right to reject any or all of the proposals, in whole or in part; to waive any informality in any proposal, and to accept the proposal which, in its discretion, is in the best interest of the District. A District insurance consultant may review Proposals for completeness and for compliance with bid specifications. Proposals will be carefully evaluated for cost effectiveness, for coverage provisions, and for compliance with the coverage and servicing criteria contained in the specifications and in accordance with Texas Education Code 44.031.

The contract will be awarded to the responsible vendor who submits a superior but economical proposal based on the relative importance of the following selection criteria:

<u>Selection Criteria</u>	<u>Maximum Points</u>
Coverage	35
Cost	30
Service	20
Professional/ Financial Qualifications	<u>15</u>
Total	100

The South Texas ISD Board of Trustees will make the final decision of agreement award.

**I. TERMS OF AGREEMENTS**

1. South Texas ISD desires to receive proposals for a period of one year:

**For the term April 1, 2021 to March 31, 2022**

2. South Texas ISD reserves the right to terminate the agreement at the expiration of the budget period, during the term of the agreement or at the end of the anniversary date on a thirty (30) day notice. The agreement will be for current revenues only in accordance with Local Government Code Section 271.903 to terminate the agreement.
3. The agreement is to contain a cancellation provision that provides for thirty (30) days notice of cancellation (except for non-payment) and thirty (30) days notice for non-renewal or material change.

**J. QUALIFICATION OF INSURERS**

1. Insurance companies must have a general policyholder's rating of A- or better as published by A.M. Best Company in the latest edition of its Key Rating Guide. Insurers shall be duly

**SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT  
RFP 21-002 PROPERTY AND LIABILITY INSURANCE**

licensed and comply with all applicable insurance laws and requirements of the Texas State Board of Insurance.

2. Proposals will be accepted for intergovernmental risk sharing pools organized in accordance with article 4413(32c), Texas Interlocal Cooperation Act. Self-insured pools must include a current audited **financial statement** (Balance Sheet and Statement of Operations, including the auditor's opinion, and Reinsurance Provisions.)

**K. AGENT MINIMUM QUALIFICATIONS**

All agents submitting proposals for this insurance must meet the following minimum qualifications:

1. The agency must be licensed in Texas.
2. The agency must have insurance for agent's errors and omissions liability with a limit of at least \$1 million per occurrence. A certificate of the agent's E & O insurance must be included with the proposal.
3. The agency must have been in business for at least five (5) years.
4. The agency must assign a minimum of one qualified account representative to service the District. This representative must have a minimum of five (5) years experience in commercial property and liability insurance lines, or hold the C.P.C.U. or A.R.M. designation.
5. The agency must provide a description of your agency and resumes on the personnel who would be assigned to service South Texas ISD.

**L. COPIES OF POLICIES**

1. It is required that a complete specimen policy (including all forms, endorsements, exclusions and policy jackets) and appropriate contractual documents be furnished with proposal.

**M. AUTHORIZED SIGNATURE**

1. All proposal forms must be signed by persons who have legal authority to bind the insurer and administrator to the services that are proposed.

**SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT  
RFP 21-002 PROPERTY AND LIABILITY INSURANCE**

**QUESTIONNAIRE**

1. Who will have primary responsibility for the District's account? \_\_\_\_\_
    - a. Number of years in the insurance business: \_\_\_\_\_
    - b. Insurance background: \_\_\_\_\_
    - c. Educational background: \_\_\_\_\_
    - d. Number of school districts serviced: \_\_\_\_\_
  2. Who will be the back-up person for the District's account? \_\_\_\_\_
    - a. Number of years in the insurance business: \_\_\_\_\_
    - b. Insurance background: \_\_\_\_\_
    - c. Educational background: \_\_\_\_\_
    - d. Number of school districts serviced: \_\_\_\_\_
  3. How many Texas school districts does your agency (this office, if a national broker) provide coverage on behalf of:  
\_\_\_\_\_
  4. What is your (this office, if a national broker) estimated premium volume with Texas school districts?  
\_\_\_\_\_
- Other public entities? \_\_\_\_\_
5. The District will expect the following annual reports from its agents:
    - a) Summary of premiums and losses by coverage.
    - b) Forecast of insurance market status prior to renewal.
    - c) Insurance policy abstracts (summaries).
    - d) Prior to future renewals, report containing suggested coverage or rating enhancements for the upcoming year.
    - e) Following future renewals, a report detailing all material policy changes.
  6. Please attach a copy of the following documents:
    - a) A copy of the current license.
    - b) A certificate for agent's error and omission coverage insured for at least \$1 million limit.
6. Has your agency produced a minimum annual gross fire/casualty premiums income of at least \$1 million average for each of the past five years?

By: \_\_\_\_\_ Address: \_\_\_\_\_

Agent: \_\_\_\_\_ Email: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_



**SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT  
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## AGENT'S STATEMENT

I certify that all specified coverage will be provided except as indicated on the attached explanation. If needed, please add separate sheet(s) to explain reasons why your proposal differs from criteria outlined in the specifications. Also, specifically state which of the optional coverage provisions are not included.

The coverages quoted and insurance companies providing coverage are the following:

## COVERAGE/SERVICES

**INSURANCE COMPANY**

[illegible]

Type Agent's Name

Agent's Telephone

Agent's Signature

Date \_\_\_\_\_

**SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT  
RFP 21-002 PROPERTY AND LIABILITY INSURANCE**

**PROPERTY INSURANCE, FIRE AND EXTENDED EQUIPMENT COVERAGE**

**A. BACKGROUND INFORMATION**

1. Copy of claims experience is attached
2. Copy of current policy declaration schedule is attached.
3. Current list of Building and Contents is attached.
4. Summarized property schedule on replacement cost basis with valuation date of September 1, 2019 is attached. Total replacement cost value is the following:

Building Physical Property	\$ 139,950,744
Building Personal Property	\$ 23,151,241
	<b>\$ 163,101,985</b>

Property Values have been adjusted to reflect current estimated replacement cost.

5. Insurance coverage is to include the following:
  1. Blanket coverage on buildings, contents and auxiliary structures at all locations including on-site improvements such as fences, light poles, bleachers at all locations.
  2. Basis of Recovery is to be full replacement cost.
  3. Automatic coverage on newly acquired property is to be included.
  4. Coverage is to include extra expense and loss of revenue related to loss.
  5. Coverage is to be all risk including theft of contents.
  6. If coinsurance is quoted, maximum coinsurance is to be 90%.

**B. INSURANCE COMPANY/RISK POOL INFORMATION**

Name of Company: \_\_\_\_\_

Address of Company: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Insurance Company: ☐Yes ☐No

A. M. Best

Rating/Size: \_\_\_\_\_

Risk Pool: ☐Yes ☐No

Financial Information: ☐Yes ☐No

**SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT  
RFP 21-002 PROPERTY AND LIABILITY INSURANCE**

**C. COVERAGE PROVISIONS**

1. Policy Limits
  - a) Overall Limits \$ \_\_\_\_\_
  - b) Coinsurance Limit \_\_\_\_\_ %
  - c) Extra Expense \$ \_\_\_\_\_
  - d) Loss of Revenue \$ \_\_\_\_\_
  - e) Theft \$ \_\_\_\_\_
2. Is automatic coverage for newly acquired property provided: ☐ Yes ☐ No  
If yes, please attach description.
3. Does coverage include equipment breakdown? ☐ Yes ☐ No  
If yes, please attach description.
4. Is there additional deductible or exclusion for "named storms"? ☐ Yes ☐ No  
If yes, please attach description. Also, please provide additional proposal to cover this risk.

**D. QUOTATION – ASSUME CONSTANT PROPERTY VALUE FOR CURRENT YEAR**

Description

Premium

1. Building and Personal Property
  - a. Duplicate Current Coverage  
(Attach complete coverage information)  
First Year Premium \$ \_\_\_\_\_  
Period 04/01/2021 to 03/31/2022  
Second Year Premium \$ \_\_\_\_\_  
Period 04/01/2022 to 03/31/2023  
Third Year Premium \$ \_\_\_\_\_  
Period 04/01/2023 to 03/31/2024
  - b. Alternate Coverage  
(Attach complete coverage information)  
First Year Premium \$ \_\_\_\_\_  
Period 04/01/2021 to 03/31/2022  
Second Year Premium \$ \_\_\_\_\_  
Period 04/01/2022 to 03/31/2023  
Third Year Premium \$ \_\_\_\_\_  
Period 04/01/2023 to 03/31/2024

**Options:**

2. Flood Insurance List premium with flood insurance as well as without flood insurance
3. Buy Down deductible
  - \$25,000
  - \$50,000

**SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT  
RFP 21-002 PROPERTY AND LIABILITY INSURANCE**

**E. LIST ANY DEVIATIONS OR ADDITIONAL INFORMATION:**

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\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Type Signatory's Name and Title

\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Fax Number

**SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT  
RFP 21-002 PROPERTY AND LIABILITY INSURANCE**

**GENERAL LIABILITY INSURANCE**

**A. BACKGROUND INFORMATION**

1. Claim experience Information is attached.
2. Copy of current policy declaration schedule is attached.
3. Current budget information is attached.
4. Minimum Liability Limits & Coverage Desired:
  - a) General Liability \$1,000,000
  - b) Personal & Advertising Injury \$1,000,000
  - c) Employee Benefits \$1,000,000
  - d) Each Occurrence \$1,000,000
  - e) Incidental medical malpractice coverage.
  - f) Coverage for the negligent act, error or omission of the District and/or its employees relative to the administration of employee benefit programs.
  - g) Coverage is to include premises liability.
  - h) Persons to be covered are to include the District, school board members, District employees, student teacher and school volunteer.

**B. INSURANCE COMPANY/RISK POOL INFORMATION**

Name of Company: \_\_\_\_\_

Address of Company: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Insurance Company: ☐Yes ☐No

A. M. Best

Rating/Size: \_\_\_\_\_

Risk Pool: ☐Yes ☐No

Financial Information: ☐Yes ☐No

**SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT  
RFP 21-002 PROPERTY AND LIABILITY INSURANCE**

**C. COVERAGE PROVISIONS**

- |                                  |                |           |
|----------------------------------|----------------|-----------|
| 1. Policy Limits                 | Per Occurrence | Aggregate |
| a) Overall Policy Limits         | \$ _____       | \$ _____  |
| b) General Liability             | \$ _____       | \$ _____  |
| c) Personal & Advertising Injury | \$ _____       | \$ _____  |
| d) Employee Benefits             | \$ _____       | \$ _____  |
2. Is Corporal Punishment covered? ☐ Yes ☐ No  
If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_
3. Does coverage include libel, slander and defamation of character? ☐ Yes ☐ No  
If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_
4. Describe basis for payment of judgment & defense costs: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**D. QUOTATION**

<u>Description</u>	<u>Premium</u>
1. Duplicate Current Coverage	
a. Duplicate Current Coverage (Attach complete coverage information)	
First Year Premium	\$ _____
Period 04/01/2021 to 03/31/2022	
Second Year Premium	\$ _____
Period 04/01/2022 to 03/31/2023	
Third Year Premium	\$ _____
Period 04/01/2023 to 03/31/2024	
b. Alternate Coverage (Attach complete coverage information)	
First Year Premium	\$ _____
Period 04/01/2021 to 03/31/2022	
Second Year Premium	\$ _____
Period 04/01/2022 to 03/31/2023	
Third Year Premium	\$ _____
Period 04/01/2023 to 03/31/2024	

**SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT  
RFP 21-002 PROPERTY AND LIABILITY INSURANCE**

**E. LIST ANY VARIATIONS TO RFP SPECIFICATIONS:**

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\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Type Signatory's Name and Title

\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Fax Number

**SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT  
RFP 21-002 PROPERTY AND LIABILITY INSURANCE**

**EDUCATORS & SCHOOL LEADERS LIABILITY INSURANCE**

**A. BACK GROUND INFORMATION**

1. Copy of claim experience is attached.
2. Copy of current policy declarations schedule & applications is attached.
3. Copy of renewal application is attached.
4. Insurance coverage is to include the following:
  - a. Minimum limit of liability is to be \$1,000,000 per occurrence and \$1,000,000 aggregate.
  - b. Protection for elected officials, appointed board members, administrators, teachers, substitute teachers, student teachers, and all other District employee.
  - c. Insurance company will pay all sums which the insured shall become legally obligated to pay on any claim first made against them during the policy period on a "Claims Made Basis".
  - d. Insurance company shall defend civil suits against the insured alleging a Wrongful Act, including but not limited to civil rights, discrimination, and sexual abuse, sexual harassment and sexual molestation claims. With regards to the selection of legal representation, the district reserves the right to select their own counsel.
  - e. Claim expenses shall include lawyers' fees and all other fees, costs and expense arising from defense of any claims.

**B. INSURANCE COMPANY/RISK POOL INFORMATION**

Name of Company: \_\_\_\_\_

Address of Company: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Insurance Company: ☐Yes ☐No

A. M. Best

Rating/Size: \_\_\_\_\_

Risk Pool: ☐Yes ☐No

Financial Information: ☐Yes ☐No



**SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT  
RFP 21-002 PROPERTY AND LIABILITY INSURANCE**

**C. COVERAGE PROVISIONS**

	Per Occurrence	Aggregate
1. Policy Limits		
a. Overall Policy	\$ _____	\$ _____
b. Sexual Abuse or Molestation	\$ _____	\$ _____
c. Sexual Harassment	\$ _____	\$ _____
d. Corporal Punishment	\$ _____	\$ _____
e. Other limits Describe	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
 2. Is Corporal Punishment Covered? <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span>		
If yes, please describe: _____		
_____		
 3. Are claims alleging discrimination covered? <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span>		
If yes, please describe: _____		
_____		
 4. Is sexual harassment, sexual abuse and molestation <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span>		
If yes, please describe: _____		
_____		
 5. Describe extended discovery period: _____		
_____		
 6. Describe prior acts coverage: _____		
_____		

**SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT  
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**D. QUOTATION**

<u>Description</u>	<u>Premium</u>
1. Duplicate Current Coverage (Attach complete coverage information)	
First Year Premium	\$ _____
Period 04/01/2021 to 03/31/2022	
Second Year Premium	\$ _____
Period 04/01/2022 to 03/31/2023	
Third Year Premium	\$ _____
Period 04/01/2023 to 03/31/2024	
2. Alternate Coverage (Attach complete coverage information)	
First Year Premium	\$ _____
Period 04/01/2021 to 03/31/2022	
Second Year Premium	\$ _____
Period 04/01/2022 to 03/31/2023	
Third Year Premium	\$ _____
Period 04/01/2023 to 03/31/2024	

**E. LIST ANY VARIATIONS TO RFP SPECIFICATIONS:**

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---

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Type Signatory's Name and Title

\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Fax Number

**SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT  
RFP 21-002 PROPERTY AND LIABILITY INSURANCE**

**AUTOMOBILE LIABILITY & PHYSICAL DAMAGE**

**A. BACKGROUND INFORMATION**

1. Claim experience information is attached.
2. Copy of current policy declaration schedule is attached.
3. List of vehicles to be insured is attached.
4. The District has a full-time safety person that conducts formal safety meeting. All transportation workers attend annual Defensive Driving Course.
5. Insurance coverage is to include the following:
  - a. Minimum Liability Limits & Coverage Desired
    1. Bodily Injury \$100,000 per person  
\$300,000 per occurrence
    2. Property Damage \$100,000 per occurrence  
Uninsured/underinsured motorists – same limits as liability.
  - b. Physical Damage – Mischief or vandalism loss for actual cash value or cost of repair, whichever is less.
  - c. Physical Damage – Collision loss for cash value or cost or repair, whichever is less.
  - d. Automobile coverage is to be provided for substitute and newly acquired vehicles (cars, truck, trailers, and buses) for the same coverage provided for similar type of vehicles, subject to audit.
  - e. Coverage is to include hired an non-owned vehicles with physical damage limit of \$55,000.
  - f. Coverage is to include uninsured motorist, underinsured motorist and auto medical payments.

**B. INSURANCE COMPANY/RISK POOL INFORMATION**

Name of Company: \_\_\_\_\_

Address of Company: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Insurance Company: ☐Yes ☐No

A. M. Best

Rating/Size: \_\_\_\_\_

Risk Pool: ☐Yes ☐No

Financial Information: ☐Yes ☐No

**C. COVERAGE PROVISIONS**

1. Policy Limits	Per Occurrence	Aggregate
------------------	----------------	-----------

\$

**SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT  
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- a. Bodily Injury & Property Damage      \$ \_\_\_\_\_
- b. Physical Damage                              \$ \_\_\_\_\_ \$ \_\_\_\_\_
- c. Auto Medical Payments                      \$ \_\_\_\_\_ \$ \_\_\_\_\_
- d. Uninsured & Underinsured Motorist      \$ \_\_\_\_\_ \$ \_\_\_\_\_

2. Does coverage include automatic coverage for substitute or newly acquired vehicles?

Yes ☐      No ☐

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

Does coverage include employees as covered parties for rental vehicles?

Yes ☐      No ☐

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

**D. QUOTATION – ASSUME CONSTANT PROPERTY VALUES FOR 3 YEARS**

<u>Description</u>	<u>Premium</u>
1. Duplicate Current Coverage (Attach complete coverage information)	
First Year Premium	\$ _____
Period 04/01/2021 to 03/31/2022	
Second Year Premium	\$ _____
Period 04/01/2022 to 03/31/2023	
Third Year Premium	\$ _____
Period 04/01/2023 to 03/31/2024	
2. Alternate Coverage (Attach complete coverage information)	
First Year Premium	\$ _____
Period 04/01/2021 to 03/31/2022	
Second Year Premium	\$ _____
Period 04/01/2022 to 03/31/2023	
Third Year Premium	\$ _____
Period 04/01/2023 to 03/31/2024	

**SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT  
RFP 21-002 PROPERTY AND LIABILITY INSURANCE**

**E. LIST ANY VARIATIONS TO RFP SPECIFICATIONS:**

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\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Type Signatory's Name and Title

\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Fax Number

**SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT  
RFP 21-002 PROPERTY AND LIABILITY INSURANCE**

**UMBRELLA LIABILITY INSURANCE**

**A. BACKGROUND INFORMATION**

1. Copy of current policy declarations schedule is attached.
2. Coverage is to be excess of \$1,000,000 General Liability policy.
3. Minimum Excess Liability Limits & Coverage Desired:
  - a. General Liability – Aggregate \$5,000,000
  - b. General Liability – Per Occurrence \$5,000,000

**B. INSURANCE COMPANY/RISK POOL INFORMATION**

Name of Company: \_\_\_\_\_

Address of Company: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Insurance Company: ☐Yes ☐No A. M. Best Rating/Size: \_\_\_\_\_

Risk Pool: ☐Yes ☐No

Financial Information: ☐Yes ☐No

**C. COVERAGE PROVISIONS**

1. Policy Limits	Per Occurrence	Aggregate
a) General Liability	\$ _____	\$ _____
b) Personal & Advertising Injury	\$ _____	\$ _____
c) Auto Liability	\$ _____	\$ _____
d) Employers' Liability	\$ _____	\$ _____

**D. QUOTATION**

<u>Description</u>	<u>Premium</u>
1. Duplicate Current Coverage (Attach complete coverage information)	
First Year Premium	\$ _____
Period 04/01/2021 to 03/31/2022	
Second Year Premium	\$ _____
Period 04/01/2022 to 03/31/2023	
Third Year Premium	\$ _____

**SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT  
RFP 21-002 PROPERTY AND LIABILITY INSURANCE**

Period 04/01/2023 to 03/31/2024

**2. Alternate Coverage**

(Attach complete coverage information)

First Year Premium \$ \_\_\_\_\_

Period 04/01/2021 to 03/31/2022

Second Year Premium \$ \_\_\_\_\_

Period 04/01/2022 to 03/31/2023

Third Year Premium \$ \_\_\_\_\_

Period 04/01/2023 to 03/31/2024

**E. LIST ANY VARIATIONS TO RFP SPECIFICATIONS:**

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\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Type Signatory's Name and Title

\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Fax Number

**SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT  
RFP 21-002 PROPERTY AND LIABILITY INSURANCE**

**CRIME INSURANCE**

**A. BACKGROUND INFORMATION**

1. No claims incurred within the last five years.
2. Copy of current policy declarations page is attached.
3. Minimum Liability Limits & Coverage Desired:
  - a. Employee Dishonesty \$100,000
  - b. Forgery / Alterations \$ 25,000
  - c. Theft, Disappearance & Destruction \$ 25,000
  - d. Deductible \$ 1,000

**B. INSURANCE COMPANY/RISK POOL INFORMATION**

Name of Company: \_\_\_\_\_

Address of Company: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Insurance Company: ☐Yes ☐No

A. M. Best

Rating/Size: \_\_\_\_\_

Risk Pool: ☐Yes ☐No

Financial Information: ☐Yes ☐No

**C. COVERAGE PROVISIONS**

1. Policy Limits	Per Occurrence	Aggregate	Deductible
a) Employee Dishonesty	\$ _____	\$ _____	\$ _____
b) Forgery / Alteration	\$ _____	\$ _____	\$ _____
c) Theft, Disappearance & Destruction	\$ _____	\$ _____	\$ _____



**SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT  
RFP 21-002 PROPERTY AND LIABILITY INSURANCE**

**D. QUOTATION**

<u>Description</u>	<u>Premium</u>
1. Duplicate Current Coverage (Attach complete coverage information)	
First Year Premium	\$ _____
Period 04/01/2021 to 03/31/2022	
Second Year Premium	\$ _____
Period 04/01/2022 to 03/31/2023	
Third Year Premium	\$ _____
Period 04/01/2023 to 03/31/2024	
2. Alternate Coverage (Attach complete coverage information)	
First Year Premium	\$ _____
Period 04/01/2021 to 03/31/2022	
Second Year Premium	\$ _____
Period 04/01/2022 to 03/31/2023	
Third Year Premium	\$ _____
Period 04/01/2023 to 03/31/2024	

**E. LIST ANY VARIATIONS TO RFP SPECIFICATIONS:**

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\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Type Signatory's Name and Title

\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone Number  
South Texas ISD  
RFP 21-002 Property & Liability Insurance

\_\_\_\_\_  
Fax Number

**SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT  
RFP 21-002 PROPERTY AND LIABILITY INSURANCE**

**ACCIDENT COVERAGE**

**A. BACKGROUND INFORMATION**

4. No claims incurred within the last five years.
5. Estimated number of students participating in internships/games attached. Exhibit E
6. Minimum Liability Limits & Coverage Desired:
  - a. Student Accident Coverage \$ 250,000

**B. INSURANCE COMPANY/RISK POOL INFORMATION**

Name of Company: \_\_\_\_\_

Address of Company: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Insurance Company: ☐ Yes ☐ No

A. M. Best

Rating/Size: \_\_\_\_\_

Risk Pool: ☐ Yes ☐ No

Financial Information: ☐ Yes ☐ No

**C. COVERAGE PROVISIONS**

3. Policy Limits	Per Occurrence	Aggregate	Deductible
a) Accident Coverage	\$ _____	\$ _____	\$ _____

**D. QUOTATION**

<u>Description</u>	<u>Premium</u>
1. Duplicate Current Coverage (Attach complete coverage information)	
First Year Premium	\$ _____
Period 04/01/2021 to 03/31/2022	
Second Year Premium	\$ _____
Period 04/01/2022 to 03/31/2023	
Third Year Premium	\$ _____
Period 04/01/2023 to 03/31/2024	
2. Alternate Coverage	

**SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT  
RFP 21-002 PROPERTY AND LIABILITY INSURANCE**

(Attach complete coverage information)

First Year Premium \$ \_\_\_\_\_

Period 04/01/2021 to 03/31/2022

Second Year Premium \$ \_\_\_\_\_

Period 04/01/2022 to 03/31/2023

Third Year Premium \$ \_\_\_\_\_

Period 04/01/2023 to 03/31/2024

**E. LIST ANY VARIATIONS TO RFP SPECIFICATIONS:**

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\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Type Signatory's Name and Title

\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Fax Number

**SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT  
RFP 21-002 PROPERTY AND LIABILITY INSURANCE**

**PROPOSAL SUBMITTAL FORMAT**

Description of Plan **must** be in the labeled format below and include the following:

- Section 1 - Questionnaire
- Section 2 - Agent's Statement
- Section 3 - Property Insurance, Fire and Extended Equipment Coverage Quotation Forms
- Section 4 - General Liability Quotation Form
- Section 5 - Educators & School Leaders Liability Insurance Quote Form
- Section 6 - Automobile Liability & Physical Damage Quote Form
- Section 7 - Umbrella Liability Insurance Quote Form
- Section 8 - Crime Insurance Quote Form
- Section 9 - Accident Coverage Quote Form
- Section 10 - Agent's Current License  
Copy of Agents E & O Insurance Certificate  
References (Minimum 3 ISD's currently insured by proposed carrier(s))
- Section 11 - Complete Specimen Policy(ies)
- Section 12 - Completed and signed Felony Conviction Form, Non- Collusion Statement, Certificate of Interested Parties (Form 1295), W-9 Form, Conflict of Interest Questionnaire, HB 89 Verification Form

**SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT  
RFP 21-002 PROPERTY AND LIABILITY INSURANCE**

**SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT  
THIS FORM MUST BE COMPLETED, SIGNED, AND RETURNED WITH BID**

**FELONY CONVICTION NOTICE**

State of Texas Legislative Senate Bill No. 1, Section 44.034, Notification of Criminal History, Subsection (a), states "a person or business entity that enters into a contract with a school district must give advance notice to the district if the person or an owner or operator of the business entity has been convicted of a felony. The notice must include a general description of the conduct resulting in the conviction of a felony."

Subsection (b) states "a school district may terminate a contract with a person or business entity if the district determines that the person or business entity failed to give notice as required by Subsection (a) or misrepresented the conduct resulting in the conviction. The district must compensate the person or business entity for services performed before the termination of the contract."

THIS NOTICE IS NOT REQUIRED OF A PUBLICLY-HELD CORPORATION

**Please check off one box and sign the form in the appropriate space(s)**

***I, the undersigned agent for the firm named below, certify that I have diligently reviewed the information concerning the notification of felony convictions and the information furnished below is true to the best of my knowledge and due diligence.***

- ☐ A. My firm is a publicly-held corporation, therefore, this reporting requirement is not applicable.
- ☐ B. My firm is not owned or operated by anyone who has been convicted of a felony.
- ☐ C. My firm is owned and operated by the following individual(s) who has/have been convicted of a felony.

Name of Felon(s): \_\_\_\_\_

Detail of Conviction(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Vendor's Name: \_\_\_\_\_

Authorized Company Official's Name (PRINTED): \_\_\_\_\_

Signature of Company Official: \_\_\_\_\_

**SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT  
RFP 21-002 PROPERTY AND LIABILITY INSURANCE**

**SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT  
NON-COLLUSION STATEMENT**

The undersigned Proposer, by signing and executing this proposal, certifies and represents to the South Texas Independent School District that Proposer has not offered, conferred or agreed to confer any pecuniary benefit, as defined by Section 1.07 (a)(6) of the Texas Penal Code, or any other thing of value, as consideration for the receipt of information or any special treatment or advantage relating to this proposal;

the Proposer also certifies and represents that Proposer has not offered, conferred or agreed to confer any pecuniary benefit or other things of value as consideration for the recipient's decision, opinion, recommendation, vote or other exercise of discretion concerning this proposal;

the Proposer certifies and represents that Proposer has neither coerced nor attempted to influence the exercise of discretion by any officer, trustee, agent or employee of the South Texas School District concerning this proposal on the basis of any consideration not authorized by law;

the Proposer also certifies and represents that Proposer has not received any information not available to other proposers so as to give the undersigned an advantage with respect to this proposal;

the Proposer further certifies and represents that Proposer has not violated any state, federal or local law, regulation or ordinance relating to bribery, improper influence, collusion or the like and that Proposer will not in the future, offer, confer, or agree to confer any pecuniary benefit or other thing of value of any officer, trustee, agent or employee of the South Texas Independent School District in return for the person having exercised the person's official discretion, power or duty with respect to this proposal;

the Proposer certifies and represents that it has not now and will not in the future offer, confer, or agree to confer a pecuniary benefit or other thing of value to any office, trustee, agent or employee of the South Texas Independent School District in connection with information regarding this proposal, the submission of this proposal, the award of this proposal or the performance, delivery or sale pursuant to this proposal;

the Proposer certifies that the Proposer has not prepared this proposal and will not prepare any future proposals arising from this Request for Proposal (RFP) in collusion with any other respondent, and that the content of any future proposals arising out of this RFP will not be communicated by the undersigned nor by any employee or agent to any other person engaged in this type of business prior to the District's selection of a contractor for this RFP.

\_\_\_\_\_  
FIRM NAME

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY/STATE/ZIP

\_\_\_\_\_  
TYPED NAME OF REPRESENTATIVE(S)

\_\_\_\_\_  
SIGNATURE OF REPRESENTATIVE(S)

\_\_\_\_\_  
DATE

# SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT RFP 21-002 PROPERTY AND LIABILITY INSURANCE

## CERTIFICATE OF INTERESTED PARTIES – FORM 1295

### Definitions and Instructions for Completing Form 1295

South Texas ISD is required to comply with House Bill 1295, which amended the Texas Government Code by adding Section 2252.908, Disclosure of Interested Parties. Section 2252.908 prohibits South Texas ISD from entering into a contract resulting from this RFP with a business entity unless the business entity submits a Disclosure of Interested Parties – Form 1295 to South Texas ISD at the time the business entity submits the signed contract. The Texas Ethics Commission has adopted rules requiring the business entity to file Form 1295 electronically with the Texas Ethics Commission.

***As a “business entity,” all vendors must electronically complete, print, sign, notarize and submit Form 1295 with their proposals or contracts even if no interested parties exist.***

Proposers must file Certificate of Interested Parties – Form 1295 with the Texas Ethics Commission using the following online application: [https://www.ethics.state.tx.us/whatsnew/elf\\_info\\_form1295.htm](https://www.ethics.state.tx.us/whatsnew/elf_info_form1295.htm)

- Proposers must use the filing application on the Texas Ethics Commission's website (see link above) to enter the required information on Form 1295.
- Proposers must print a copy of the completed form, which will include a certification of filing containing a unique certification number.
- The Form 1295 must be printed and then signed by an authorized agent of the business entity
- The completed Form 1295 with the certification of filing must be filed with South Texas ISD by including a copy of the completed form with the proposal response.
- South Texas ISD must acknowledge the receipt of the filed Form 1295 by notifying the Texas Ethics Commission of the receipt of the filed Form 1295 no later than the 30<sup>th</sup> day after the date the contract binds all parties to the contract.
- After South Texas ISD acknowledges the Form 1295, the Texas Ethics Commission will post the completed Form 1295 to its website within seven (7) business days after receiving notice from South Texas ISD.

### Instructions to Vendors:

1. Read these instructions,
2. Go to the Ethics Commission Website [https://www.ethics.state.tx.us/whatsnew/elf\\_info\\_form1295.htm](https://www.ethics.state.tx.us/whatsnew/elf_info_form1295.htm)
3. Register and complete Form 1295 online -include the proposal number and the contract/RFP name,
4. Print a copy of the submitted Form 1295
5. Include a copy of the completed, signed Form 1295 with the proposal response

### Definitions:

- **Contract** means a contract between South Texas ISD and/or its cooperative members and a business entity at the time it is voted on by the South Texas ISD Board of Directors or at the time it binds South Texas ISD, whichever is earlier, and includes an amended, extended, or renewed contract.
- **Business Entity** includes an entity through which business is conducted with South Texas ISD and/or its cooperative members, regardless of whether the entity is a for-profit or nonprofit entity. The term does not include a governmental entity or State agency.
- **Controlling Interest** means:
  - 1) an ownership interest or participating interest in a business entity by virtue of units, percentage, shares, stock, or otherwise that exceeds ten percent (10%);
  - 2) membership on the board of directors or other governing body of a business entity of which the board or other governing body is composed of not more than ten (10) members; or
  - 3) service as an officer of a business entity that has four (4) or fewer officers, or service as one of the four (4) officers most highly compensated by a business entity that has more than four (4) officers. This section does not apply to an officer of a publicly held business entity or its wholly owned subsidiaries.
- **Interested Party:** a person who:
  - 1) has controlling interest in a business entity with whom South Texas ISD and/or its cooperative members contracts; or
  - 2) actively participates in facilitating the contract or negotiating the terms of the contract, including a broker, intermediary, adviser, or attorney for the business entity.
- **Intermediary:** a person who actively participates in the facilitation of the contract or negotiation the contract, including a broker, advisor, attorney, or representative of or agent for the business entity who:
  - 1) receives compensation from the business entity for the person's participation;
  - 2) communicates directly with the governmental entity or state agency on behalf of the business entity regarding the contract; and
  - 3) is not an employee of the business entity.
- **Signed** includes any symbol executed or adopted by a person with present intention to authenticate a writing, including an electronic signature.
- **Value** of a contract is based on the amount of consideration received or to be received by the business entity from the South Texas ISD and/or its cooperative members under the contract.

### Resources:

#### Form 1295 Frequently Asked Questions:

- [https://www.ethics.state.tx.us/whatsnew/FAQ\\_Form1295.html](https://www.ethics.state.tx.us/whatsnew/FAQ_Form1295.html)

# Request for Taxpayer Identification Number and Certification

Give Form to the  
requester. Do not  
send to the IRS.

► Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.  <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ► _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from FATCA reporting code (if any) _____  <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
				-				-	
or									
Employer identification number									
				-					

## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ►	Date ►
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## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*



# CONFLICT OF INTEREST QUESTIONNAIRE

FORM CIQ

For vendor doing business with local governmental entity

**This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.**

This questionnaire is being filed in accordance with Chapter 176, Local Government Code, by a vendor who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the vendor meets requirements under Section 176.006(a).

By law this questionnaire must be filed with the records administrator of the local governmental entity not later than the 7th business day after the date the vendor becomes aware of facts that require the statement to be filed. See Section 176.006(a-1), Local Government Code.

A vendor commits an offense if the vendor knowingly violates Section 176.006, Local Government Code. An offense under this section is a misdemeanor.

## OFFICE USE ONLY

Date Received

**1 Name of vendor who has a business relationship with local governmental entity.**

**2** ☐ **Check this box if you are filing an update to a previously filed questionnaire.** (The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than the 7th business day after the date on which you became aware that the originally filed questionnaire was incomplete or inaccurate.)

**3 Name of local government officer about whom the information is being disclosed.**

\_\_\_\_\_  
Name of Officer

**4 Describe each employment or other business relationship with the local government officer, or a family member of the officer, as described by Section 176.003(a)(2)(A). Also describe any family relationship with the local government officer. Complete subparts A and B for each employment or business relationship described. Attach additional pages to this Form CIQ as necessary.**

A. Is the local government officer or a family member of the officer receiving or likely to receive taxable income, other than investment income, from the vendor?

☐ Yes ☐ No

B. Is the vendor receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer or a family member of the officer AND the taxable income is not received from the local governmental entity?

☐ Yes ☐ No

**5 Describe each employment or business relationship that the vendor named in Section 1 maintains with a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership interest of one percent or more.**

**6** ☐ Check this box if the vendor has given the local government officer or a family member of the officer one or more gifts as described in Section 176.003(a)(2)(B), excluding gifts described in Section 176.003(a-1).

**7**

\_\_\_\_\_  
Signature of vendor doing business with the governmental entity

\_\_\_\_\_  
Date

## South Texas Independent School District Vendor Certifications

### 1. Felony Conviction Notification

Texas Education Agency Code, Section 44.034, Notification of Criminal History, Subsection (a), states "a person or business entity that enters into a contract with a school district must give advance notice to the district if the person or an owner or operator of the business entity has been convicted of a felony. The notice must include a general description of the conduct resulting in the conviction of a felony." Subsection (b) states "a school district may terminate a contract with a person or business entity if the district determines that the person or business entity failed to give notice as required by Subsection (a) or misrepresented the conduct resulting in the conviction. The district must compensate the person or business entity for services performed before the termination of the contract." This notice is not required of a publicly-held corporation, but the company representative must check off a selection below (A, B, or C).

**Initial where applicable.**

- ☐ A. My company is a publicly-held corporation; therefore, this reporting requirement is not applicable
- ☐ B. My company is not owned nor operated by anyone who has been convicted of a felony
- ☐ C. My company is owned and operated by the following individual(s) who has/have been convicted of a felony:  
Name of Felon(s): \_\_\_\_\_  
Details of Conviction(s): \_\_\_\_\_

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### 2. Criminal History Record Information Review of Certain Contract Employees

By signing below, the Bidder agrees to comply with Section 22.0834, Criminal History Record Information Review of Certain Contract Employees, Texas Education Code if awarded a contract through this solicitation. The undersigned Bidder, if awarded a contract, shall obtain criminal history record information through the criminal history clearinghouse as provided by Section 411.0845, Government Code relating to an employee or applicant who has or will have continuing duties related to the contracted services; and the employee or applicant has or will have direct contact with students. The Bidder agrees to certify of the receipt of criminal history record information before or immediately after employing or securing the services of the employee or applicant that has or will have continuing duties related to the contracted services if the employee or applicant has or will have direct contact with students. The Bidder further agrees that if awarded a contract, shall assume all expenses associated with the criminal background check and shall immediately remove any employee or agent who was convicted of a felony or misdemeanor involving moral turpitude, as defined by Texas law, from District property or the location where students are present.

- ☐ None of my employees and any of my subcontractors has or will have continuing duties related to the contracted services; and has or will have direct contact with students. I further certify that my company has taken precautions or imposed conditions to ensure that my employees and any subcontractor will not have continuing duties related to the contracted services; and will not have direct contact with students throughout the term of the Contract.

**OR**

- ☐ Some or all of my employees and/or my subcontractors will have continuing duties related to the contracted services; and will have direct contact with students. I further certify that:

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### 3. Debarment and Suspension

By signing below Contractor certifies that neither it nor its principals are currently listed on the government-wide exclusions in SAM as debarred, suspended, or otherwise excluded by agencies or declared ineligible under statutory or regulatory authority other than Executive Order 12549. Contractor further agrees to immediately notify the District if he/she is later listed on the government-wide exclusions in SAM, or is debarred, suspended, or otherwise excluded by agencies or declared ineligible under statutory or regulatory authority other than Executive Order 12549.

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### 4. Confidential/Copyrighted Information

By signing below, the Contractor agrees, if a bid is, or parts of bid is confidential, the Contractor has specified by stamping in bold letters the term "**CONFIDENTIAL**" on all or the confidential part of the bid. The bid may be considered public information even though all or parts are marked confidential. Furthermore, Contractor agrees a copyrighted bid is unacceptable and will be disqualified as unresponsive.

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### 5. Declaration of Business Location- TEC 44.031(b)(8)

By signing below, Bidder certifies the Bidder's or the Bidder's ultimate parent company or majority owner:

- ☐ A. Has its principal place of business in the State of Texas; **OR**
- ☐ B. Employs at least 500 persons in the State of Texas; **OR**
- ☐ C. Principal place of business is not in the State of Texas: \_\_\_\_\_  
(City, State)

**South Texas Independent School District  
Vendor Certifications**

**6. Owner(s) Name of Business**

By signing below, Bidder certifies the owner(s) name of the business submitting bid is/are: (Please print name(s) below. If not applicable, please indicate N/A)


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**7. Delinquent Taxpayers**

In accordance with law, the District shall not enter a contract or other transaction with a person indebted to the District, nor shall the District award a contract to or enter into a transaction with an apparent low bidder or successful proposer indebted to the District.

☐ I am not a delinquent taxpayer to South Texas ISD

☐ I am a delinquent taxpayer to South Texas ISD (Your bid may be disqualified if your debt is not cleared prior to award.)

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**8. Texas Historically Underutilized Businesses (HUB)- TEC 44.031(b)(6) or Small and Minority Firms, Women's Business Enterprises and Labor Surplus Area Firm**

Contractor certifies the Bidder's company is HUB certified with the State of Texas.

☐ I am an active certified HUB vendor. HUB expiration date: \_\_\_\_\_

☐ Small and Minority Firms, Women's Business Enterprises and Labor Surplus Area Firms

☐ I am neither.

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**9. Buy American Provisions**

By signing below, Contractor certifies that Contractor is in compliance with all applicable provisions of the Buy America Act. Purchases made in accordance with the Buy America Act must still follow the applicable procurement rules calling for free and open competition.

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**10. Prohibition on Contracts with Companies Boycotting Israel- HB89**

By signing below, pursuant to Texas Government Code, Chapter 2270, {Vendor} represents and warrants to the District that {Vendor} does not boycott Israel and will not boycott Israel during the term of This Agreement.

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**11. Non Collusion Statement**

By signing below, {Proposer} certifies and represents to South Texas ISD that {Proposer} has not offered, conferred, or agreed to confer any pecuniary benefit, as defined by Section 1.07(a)(6) of the Texas Penal Code, or any other thing of value, as consideration for the receipt of information or any special treatment or advantage relating to this proposal; the {Proposer} also certifies and represents that {Proposer} has not offered, conferred or agreed to confer any pecuniary benefit or other things of value as consideration for the recipient's decision, opinion, recommendation, vote or other exercise of discretion concerning this proposal; the {Proposer} certifies and represents that Proposer has neither coerced nor attempted to influence the exercise of discretion by any officer, trustee, agent or employee of the South Texas School District concerning this proposal on the basis of any consideration not authorized by law; the Proposer also certifies and represents that Proposer has not received any information not available to other proposers so as to give the undersigned an advantage with respect to this proposal; the {Proposer} further certifies and represents that {Proposer} has not violated any state, federal or local law, regulation or ordinance relating to bribery, improper influence, collusion or the like and that Proposer will not in the future, offer, confer, or agree to confer any pecuniary benefit or other thing of value of any officer, trustee, agent or employee of the South Texas Independent School District in return for the person having exercised the person's official discretion, power or duty with respect to this proposal; the Proposer certifies and represents that it has not now and will not in the future offer, confer, or agree to confer a pecuniary benefit or other thing of value to any office, trustee, agent or employee of the South Texas Independent School District in connection with information regarding this proposal, the submission of this proposal, the award of this proposal or the performance, delivery or sale pursuant to this proposal; the {Proposer} certifies that the Proposer has not prepared this proposal and will not prepare any future proposals arising from this Request for Proposal (RFP) in collusion with any other respondent, and that the content of any future proposals arising out of this RFP will not be communicated by the undersigned nor by any employee or agent to any other person engaged in this type of business prior to the District's selection of a contractor for this RFP.

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**12. Prohibition on Contracts with Companies Engaged with Iran, Sudan or Foreign Terrorist Organization- SB252**

**South Texas Independent School District  
Vendor Certifications**

By signing below, {Vendor} hereby certifies that it is not a company identified on the Texas Comptroller's list of companies known to have contracts with, or provide supplies or services to, the government of Iran, the government of Sudan, or a foreign organization designated as a Foreign Terrorist Organization by the U.S. Secretary of State.

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**13. Applicable to Grants, Subgrants, Cooperative Contracts, and Contracts Exceeding \$100,000 in Federal Funds**

Submission of this certification is a prerequisite for making or entering into this transaction and is imposed by section 1352, Title 31, U.S. Code. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Any person who fails to file the required certification shall be subject to civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure. The undersigned certifies, to the best of his/her knowledge and belief, that:

1. No Federal appropriated funds have been paid or will be paid or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of congress, or an employee of a member of Congress in connection with the awarding of a Federal contract, the making of a Federal grant, the making of a Federal loan, the entering into a cooperative Contract, and the extension, continuation, renewal, amendment, or modification of a Federal contract, grant, loan, or cooperative Contract.

2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of congress, or an employee of a member of Congress in connection with this Federal grant or cooperative Contract, the undersigned shall complete and submit Standard Form-LLL, "disclosure Form to Report Lobbying", in accordance with its instructions.

3. The undersigned shall require that the language of this certification be included in the award documents for all covered sub-awards exceeding \$100,000 in Federal funds at all appropriate tiers and that all sub-recipients shall certify and disclose accordingly.

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I, the undersigned agent for the firm named below, certify that the information stated above has been reviewed by me and the information furnished is true to the best of my knowledge.

Vendor Name: \_\_\_\_\_

Address, City, State, Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Printed Name of Authorized Representative: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

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

Date: \_\_\_\_\_

SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT  
Building Contents Statement of Values

EXHIBIT A

Loc.#	Bldg #	Bldg Name -if applicable (mandatory)	Address including street number (mandatory)	City	County	State	ZIP Code	Occupancy Description (mandatory)	ISO Code	Protection Class	SQ FT (mandator y)	Year Built (mandator y)	100% Building Value (mandatory)	100% Contents Value (mandatory)	Total Location Value
1	1	Administration	100-700 Med High Dr	Mercedes	Hidalgo	Texas	78570	Administration	5	6	6,248	1987	834,000	129,000	963,000
1	2	Shipping/Receiving Whee	100-700 Med High Dr	Mercedes	Hidalgo	Texas	78570	Transportation, Warehouse and Service Center	3	6	7,800	1989	632,000	118,000	750,000
1	2a	Building	100-700 Med High Dr	Mercedes	Hidalgo	Texas	78570	New Maintenance Building	5	6	6,650	2006	848,000	161,000	1,009,000
		Portable Maint. Office 1	100-700 Med High Dr	Mercedes	Hidalgo	Texas	78570	Maintenance Office (Portable)	1PC		1,440	1991	118,000	30,000	148,000
1	2b	Portable Maint. Office 2	100-700 Med High Dr	Mercedes	Hidalgo	Texas	78570	Maintenance Office (Portable)	1PC	6	1,440	1991	118,000	30,000	148,000
10	10	Portable TechFood Serv. Bldg.	100-700 Med High Drive	Mercedes	Hidalgo	Texas	78570	Technology Portable	1PC	6	1,440	2012	118,000	30,000	148,000
9	9	Portable So Ed Building	100-700 Med High Drive	Mercedes	Hidalgo	Texas	78570	SPED Portable Building	1PC	6	1,440	2012	118,000	30,000	148,000
		Central Office Re-roofing	100 Med High Drive	Mercedes	Hidalgo	Texas	78570	Central Office Re-roofing				2016	117,434		117,434
1	3	Med High School	700 Med High Dr	Mercedes	Hidalgo	Texas	78570	Medical High School	5	6	91,069	1985	18,810,423	2,148,000	20,958,423
		Med High School addn:	701 Med High Dr	Mercedes	Hidalgo	Texas	78570	Med HS Addn (labs) 10/27/14	5	6	24,097	2014	Incl above		0
1	3b	Med High School	700 Med High Drive	Mercedes	Hidalgo	Texas	78570	Pavilion	4	6	3,660	2007	108,000	0	108,000
1		Portable Classroom 1	100-700 Med High Drive	Mercedes	Hidalgo	Texas	78570	Portable Classroom 1	1PC	6	1,504	1985	131,000	22,000	153,000
1		Portable Classroom 2	100-700 Med High Drive	Mercedes	Hidalgo	Texas	78570	Portable Classroom 2	1PC	6	1,200	1985	98,000	17,000	115,000
1		Electrical Building	700 Med High Drive	Mercedes	Hidalgo	Texas	78570	Electrical Building	6		210	1985	12,000	5,000	17,000
1		Med High Parking Lot/Bus Lane	700 Med High Drive	Mercedes	Hidalgo	Texas	78570	Med High Parking Lot/Bus Lane				2016	266,644		266,644
1		Storage Building	700 Med High Drive	Mercedes	Hidalgo	Texas	78570	Storage Building		6	302	2020	14,000	4,000	18,000
1		Med High School	700 Med High Drive	Mercedes	Hidalgo	Texas	78570	HVAC Upgrade				2018		987,000	987,000
1	4	Science Academy	900 Med High Drive	Mercedes	Hidalgo	Texas	78570	Main Education Building	5	6	73,029	1992	11,071,000	2,067,000	13,138,000
1	4A	Science Academy	900 Med High Drive	Mercedes	Hidalgo	Texas	78570	Cafeteria	5	6	7,980	1992	1,149,000	158,000	1,307,000
1	4B	Science Academy	900 Med High Drive	Mercedes	Hidalgo	Texas	78570	Arts Building	5	6	5,194	2006	780,000	147,000	927,000
1	4D	Science Academy	900 Med High Drive	Mercedes	Hidalgo	Texas	78570	Career & Technology Building	5	6	11,124	2007	1,368,000	303,000	1,671,000
1	4E	Science Academy	900 Med High Drive	Mercedes	Hidalgo	Texas	78570	Zemeno Memorial Gymnasium	5	6	16,160	2008	2,316,000	91,000	2,407,000
1	7	Biblioteca Las Americas	100-700 Med High Dr	Mercedes	Hidalgo	Texas	78570	Library "Las Americas"	5	6	33,706	1998	5,701,000	2,858,000	8,559,000
1		Fire Pump Building	900 Med High Drive	Mercedes	Hidalgo	Texas	78570	Fire Pump Building	6		161	2000	15,000	4,000	19,000
1		Electrical Building	900 Med High Drive	Mercedes	Hidalgo	Texas	78570	Electrical Building	6		161	1992	15,000	4,000	19,000
1		Mechanical Building	900 Med High Drive	Mercedes	Hidalgo	Texas	78570	Mechanical Building	6		78	1992	11,000	1,000	12,000
1		Science Academy	900 Med High Drive	Mercedes	Hidalgo	Texas	78570	Ruben Hinojosa Innovation Lab			30,666	2018	4,345,233	741,609	5,086,842
1		Science Academy- Re-roofing	900 Med High Drive	Mercedes	Hidalgo	Texas	78570	Main High School Building				2018	1,225,500		1,225,500
1		Med High School	700 Med High Drive	Mercedes	Hidalgo	Texas	78570	Mercedes Complex				2018	52,238		52,238
1		Mercedes Marquee	100 Med High Drive	Mercedes	Hidalgo	Texas	78570	Mercedes Complex				2020		162,745	162,745
1		New Vacant Ship Center	7001 West Expressway 83	Mercedes	Hidalgo	Texas	78570	Vacant building to be converted to Admin Offices			40,540	2017	1,683,155		1,683,155
1		Mercedes Vocational Bldg Renovation	900 Med High Drive	Mercedes	Hidalgo	Texas	78570	Mercedes Vocational Bldg Renovation				2021	639,000		
<b>Total for Mercedes Campus:</b>													<b>\$2,714,627</b>	<b>\$0,248,354</b>	<b>\$2,962,980</b>
2	9A	Beta High School	510 S. Sugar Rd.	Edinburg	Hidalgo	Texas	78539	Main High School Building	5	4	72,543	1998	11,283,759	1,807,000	13,090,759
2		BETA Admin Renovation	510 S. Sugar Rd.	Edinburg	Hidalgo	Texas	78539	Administration Renovation	5	4		2016	Incl above		0
2		BETA Admin	510 S. Sugar Rd.	Edinburg	Hidalgo	Texas	78539		5	4		2016	500,906		500,906
2		BETA Campus	510 S. Sugar Rd.	Edinburg	Hidalgo	Texas	78539	BETA Parking Lot Renovations	5	4		2017	590,522		590,522
2	10	Edinburg Campus	510 S. Sugar Rd.	Edinburg	Hidalgo	Texas	78539	Gymnasium	5	4	12,939	1986	2,036,000	91,000	2,127,000
2	10A	Edinburg Campus	510 S. Sugar Rd.	Edinburg	Hidalgo	Texas	78539	Albert Hughes Bldg	5	4	7,483	1980	1,063,000	177,000	1,230,000
2	10B	Edinburg Campus	510 S. Sugar Rd.	Edinburg	Hidalgo	Texas	78539	Cafeteria	5	4	17,452	1997	2,744,000	345,000	3,089,000
2	11	Gateway to the World	510 S. Sugar Rd.	Edinburg	Hidalgo	Texas	78539	Library	5	4	16,670	1998	2,410,000	1,060,000	3,470,000
2		BETA Campus	510 S. Sugar Rd.	Edinburg	Hidalgo	Texas	78539	Chalk Building	5	4	1,332	2012	1,551,000	16,000	1,567,000
2		STPA Restroom Renovation	724 S. Sugar Rd.	Edinburg	Hidalgo	Texas	78539	STPA Restroom Renovation					168,577		168,577
2	12	STPA Jr. High	724 S. Sugar Rd.	Edinburg	Hidalgo	Texas	78539	Main Junior High	5	4	42,635	1975	6,253,000	699,000	6,952,000
2		Administration Building	724 S. Sugar Rd.	Edinburg	Hidalgo	Texas	78539	Administration Building	5	4	6,323	2009	939,000	131,000	1,070,000
2		Romeo M Villareal Bldg	724 S. Sugar Rd.	Edinburg	Hidalgo	Texas	78539	Romeo M. Villareal Building	5	4	16,758	2010	2,390,000	275,000	2,665,000
2	13	Transportation Building	724 S. Sugar Rd.	Edinburg	Hidalgo	Texas	78539	Transportation Building	3	4	4,000	1990	271,000	75,000	346,000
2	13A	Storage Building 1	724 S. Sugar Rd.	Edinburg	Hidalgo	Texas	78539	Storage Building 1	1	4	494	1985	23,000	6,000	29,000
2		Storage Building 2	724 S. Sugar Rd.	Edinburg	Hidalgo	Texas	78539	Storage Building 2	1	4	240	1990	11,000	3,000	14,000
2		Storage Building 3	724 S. Sugar Rd.	Edinburg	Hidalgo	Texas	78539	Storage Building 3	1	4	240	1990	11,000	3,000	14,000
2		STPA Campus	724 S. Sugar Rd.	Edinburg	Hidalgo	Texas	78539	Gymnasium Building	5	4	17,469	2009	2,716,000	123,000	2,839,000
2		STPA Jr. High	724 S. Sugar Rd.	Edinburg	Hidalgo	Texas	78539	Main Junior High				2018	60,288		60,288
2		Beta High School	510 S. Sugar Rd.	Edinburg	Hidalgo	Texas	78539	Main High School Building				2018	88,688		88,688
2		World Scholars	510 S. Sugar Rd.	Edinburg	Hidalgo	Texas	78539	Marquee (Sign)				2019		80,000	80,000
2		Edinburg Bus Barn/Maint Bldg	724 S. Sugar Rd.	Edinburg	Hidalgo	Texas	78539	Edinburg Bus Barn/Maint Building				2021	2,496,000		
2		Preparatory Parking Lot Expansion	724 S. Sugar Rd.	Edinburg	Hidalgo	Texas	78539	Preparatory Parking Lot Expansion				2021	269,577		
2		Edinburg Restroom Facility	724 S. Sugar Rd.	Edinburg	Hidalgo	Texas	78539	Edinburg Restroom Facility				2021	245,000		
<b>Total for Edinburg Campus:</b>													<b>\$8,104,315</b>	<b>4,891,000</b>	<b>42,995,315</b>
3	1	Rising Scholars Academy	151 S. Helen Moore Rd	San Benito	Cameron	Texas	78586	Classrooms	4	5	37,590	1980	5,824,000	887,000	6,711,000
3	2	Gymnasium Buildings	151 S. Helen Moore Rd	San Benito	Cameron	Texas	78586	Gym	4	5	13,586	1998	1,914,000	76,000	1,990,000
3	3	Life Skills Building	151 S. Helen Moore Rd	San Benito	Cameron	Texas	78586	Life Skills Building	4	5	8,952	1986	1,197,000	253,000	1,450,000
3	4	Medical/Technology Bldg	151 S. Helen Moore Rd	San Benito	Cameron	Texas	78586	Medical/Technology Building	4	5	13,936	2004	2,012,000	460,000	2,472,000
3	5	Pavilion	151 S. Helen Moore Rd	San Benito	Cameron	Texas	78586	Pavilion	5		3,111	2006	93,000	0	93,000
3	6	Maint. Shop Bldg 1	151 S. Helen Moore Rd	San Benito	Cameron	Texas	78586	Maintenance Storage Building 1	5		768	1991	54,000	10,000	64,000
3	7	Maint. Shop Bldg 2	151 S. Helen Moore Rd	San Benito	Cameron	Texas	78586	Maintenance Storage Building 2	5		600	1991	26,000	8,000	34,000
3	8	Maintenance Building	151 S. Helen Moore Rd	San Benito	Cameron	Texas	78586	Maintenance Building	5		7,500	1996	369,000	91,000	460,000
3	9	Cafeteria & Dressing Room Protect	151 S. Helen Moore Rd	San Benito	Cameron	Texas	78586	Cafeteria & Dressing Rm Protect	5		15,467	2016	3,824,874	84,610	3,909,484
3	10	Gym re-roofing	151 S. Helen Moore Rd	San Benito	Cameron	Texas	78586	Gym re-roofing				2018	357,595		357,595
3	11	Cafeteria Canopy	151 S. Helen Moore Rd	San Benito	Cameron	Texas	78586	Cafeteria Canopy				2016	72,614		72,614
3	12	Restroom Renovation	151 S. Helen Moore Rd	San Benito	Cameron	Texas	78586	Restroom Renovation				2016	168,577		168,577
3	13	CSA Jr. High	151 S. Helen Moore Rd	San Benito	Cameron	Texas	78586	Main Junior High				2018	47,288		47,288
<b>Total San Benito Campus:</b>													<b>\$15,939,948</b>	<b>1,869,610</b>	<b>17,809,558</b>
4		So Tx Medical Academy	10650 Expressway 77 North	Odinilo	Cameron	Texas	78575	Main High School Building			181,000	2015	31,751,128	2,444,862	34,195,990
		So Tx Medical Academy	10651 Expressway 77 North	Odinilo	Cameron	Texas	78575	Gymnasium				2015	Incl above		Incl above
		So Tx Medical Academy	10652 Expressway 77 North	Odinilo	Cameron	Texas	78575	Bus Barn				2015	1,440,127		1,440,127
		So Tx Medical Academy	10653 Expressway 77 North	Odinilo	Cameron	Texas	78575	Simulation Lab				2016		90,167	90,167
		So Tx Medical Academy	10654 Expressway 77 North	Odinilo	Cameron	Texas	78575	Marapinas				2016		189,929	189,929
		So Tx Medical Academy	10655 Expressway 77 North	Odinilo	Cameron	Texas	78575	Ambulance Simulator				2016		62,300	62,300
		So Tx Medical Academy	10656 Expressway 77 North	Odinilo	Cameron	Texas	78575	Dental Program				2016		227,717	227,717
		So Tx Medical Academy	10657 Expressway 77 North	Odinilo	Cameron	Texas	78575	Canopy Ambulance				2017		28,600	28,600
<b>Total for Odinilo Campus:</b>													<b>33,191,855</b>	<b>3,940,363</b>	<b>37,132,224</b>
<b>Total All Campuses:</b>													<b>\$19,950,744</b>	<b>20,949,333</b>	<b>160,900,077</b>
		Furniture & Equipment Value:													
		Edinburg Campus	510 S. Sugar Rd.	Edinburg	Hidalgo	Texas	78539							436,962	436,962
			724 S. Sugar Rd	Edinburg	Hidalgo	Texas	78539							447,848	447,848
		Odinilo Campus	10650 Expressway 77 North	Odinilo	Cameron	Texas	78575							367,029	367,029
			Frontage Rd												
		Mercedes Campus	700 Med High Drive	Mercedes	Hidalgo	Texas	78570							151,419	151,419
			900 Med High Drive	Mercedes	Hidalgo	Texas	78570							416,283	416,283

South Texas Independent School District Auto Schedule 1/6/2021							
EXHIBIT B							
		TIV:	\$ 9,965,588	* Only indicate original cost new on units requiring auto physical damage			
Unit #	Year	Make	Model (incl. seating capacity on buses)	VIN	County	Class Code	Original Cost New
1	1989	International	71-P Bus	1HVLNZRN3KH640607	Cameron	6184	\$ 29,920
2	1990	International	71-P Bus	1HVBZARN4LH253895	Hidalgo	6184	\$ 32,034
3	1991	International	77-P Bus	1HVBZARN0MH310045	Cameron	6184	\$ 33,200
4	1991	International	77-P Bus	1HVBZARN2MH310046	Cameron	6184	\$ 33,200
5	1992	International	77-P Bus	1HVBZARN9NH422313	Hidalgo	6184	\$ 38,660
6	1992	International	77-P Bus	1HVBZARN0NH422314	Hidalgo	6184	\$ 39,660
7	1994	GMC	Bus	1GDM7T1P0RJ502035	Cameron	6184	\$ 42,793
8	1994	GMC	Bus	1GDM7T1P3RJ501901	Cameron	6184	\$ 42,793
9	1995	GMC	77-P Bus	1GDM7T1P4SJ503145	Hidalgo	6184	\$ 44,292
10	1996	International	77-P Bus	1HVBABN5TH354646	Hidalgo	6184	\$ 41,792
11	1996	International	77-P Bus	1HVBABN9TH354648	Hidalgo	6184	\$ 41,792
12	1996	International	77-P Bus	1HVBABN8VH448698	Cameron	6184	\$ 41,323
13	1996	International	77-P Bus	1HVBABNXVH448699	Cameron	6184	\$ 41,323
14	1996	International	77-P Bus	1HVBABN2VH448700	Cameron	6184	\$ 41,323
15	1997	GMC	34-P Bus	1HVBDAK8VH451598	Cameron	6183	\$ 43,716
16	1998	International	77-P Bus	1HVBABN9WH548116	Cameron	6184	\$ 42,699
17	1998	International	77-P Bus	1HVBABN2WH548118	Cameron	6184	\$ 42,699
18	1998	International	77-P Bus	1HVBABN4WH548119	Cameron	6184	\$ 42,699
19	1998	International	77-P Bus	1HVBABN0WH548117	Hidalgo	6184	\$ 42,699
20	1998	International	77-P Bus	1HVBABM4WH555997	Cameron	6184	\$ 45,275
21	1999	International	65-P Bus	1HVBABN1XH259023	Cameron	6184	\$ 47,135
22	1999	International	65-P Bus	1HVBABN3XH259024	Hidalgo	6184	\$ 47,135
23	1999	International	65-P Bus	1HVBABN7YH262364	Hidalgo	6184	\$ 47,135
24	1999	International	65-P Bus	1HVBABN9YH262365	Cameron	6184	\$ 47,135
25	1999	International	53-P Bus	1HVBABM9XH262369	Cameron	6183	\$ 51,640
26	1999	International	53-P Bus	1HVBABM5XH262370	Hidalgo	6183	\$ 51,640
27	1999	International	53-P Bus	1HVBABM5XH262367	Hidalgo	6183	\$ 51,640
28	1999	International	53-P Bus	1HVBABM7XH262368	Cameron	6183	\$ 51,640
29	2003	International	59-P Bus	4DRBRABL63B952503	Hidalgo	6183	\$ 53,831
30	2003	International	59-P Bus	4DRBRABL83B952504	Hidalgo	6183	\$ 53,831
31	2003	International	59-P Bus	4DRBRABL23B952501	Cameron	6183	\$ 53,831
32	2003	International	59-P Bus	4DRBRABL43B952502	Cameron	6183	\$ 53,831
33	2003	International	59-P Bus	4DRBRABL53B957904	Cameron	6183	\$ 57,670
34	2003	International	59-P Bus	4DRBRABL73B957905	Cameron	6183	\$ 57,670
35	2003	International	59-P Bus	4DRBRABL93B957906	Hidalgo	6183	\$ 57,670
36	2003	International	59-P Bus	4DRBRABL03B957907	Cameron	6183	\$ 57,670
37	2004	International	71-P Bus	4DRBRABNX4B969131	Cameron	6184	\$ 59,892
38	2004	International	71-P Bus	4DRBRABN14B969132	Cameron	6184	\$ 59,892
39	2004	International	71-P Bus	4DRBRABN34B969133	Cameron	6184	\$ 59,892
40	2004	International	71-P Bus	4DRBRABN54B969134	Hidalgo	6184	\$ 59,892
41	2005	International	71-P Bus	4DRBUAFN55B153910	Hidalgo	6184	\$ 63,482
42	2005	International	71-P Bus	4DRBUAFN75B153911	Cameron	6184	\$ 63,482
43	2005	International	71-P Bus	4DRBUAFN95B153912	Cameron	6184	\$ 63,482
44	2005	International	71-P Bus	4DRBUAFN05B153913	Cameron	6184	\$ 63,482
45	2006	International	53-P Bus	4DRBUAFLX6B330967	Cameron	6183	\$ 64,090
46	2006	International	53-P Bus	4DRBUAFL16B330968	Cameron	6183	\$ 64,090
47	2006	International	71-P Bus	4DRBUAFN16B330969	Hidalgo	6184	\$ 67,125
48	2006	International	71-P Bus	4DRBUAFN86B330970	Cameron	6184	\$ 67,125
49	2006	Chevrolet	24-P Bus	1GBJG312761148509	Cameron	6183	\$ 45,386
50	2006	Chevrolet	24-P Bus	1GBJG312461148564	Hidalgo	6183	\$ 45,386
51	2008	International	71-P Bus	4DRBUAFNX8B547634	Cameron	6184	\$ 73,533
52	2008	International	71-P Bus	4DRBUAFN18B547635	Cameron	6184	\$ 73,533
53	2008	International	71-P Bus	4DRBUAFN38B547636	Cameron	6184	\$ 73,533
54	2008	International	71-P Bus	4DRBUAFN58B547637	Cameron	6184	\$ 73,533
55	2007	Chevrolet	24-P Bus	1GBJG312971166236	Cameron	6183	\$ 47,761

South Texas Independent School District Auto Schedule 1/6/2021							
EXHIBIT B							
		TIV:	\$ 9,965,588	* Only indicate original cost new on units requiring auto physical damage			
Unit #	Year	Make	Model (incl. seating capacity on buses)	VIN	County	Class Code	Original Cost New
56	2008	IC	71-P Bus	4DRBUAFNX8B539971	Hidalgo	6184	\$ 76,165
57	2008	IC	71-P Bus	4DRBUAFN38B539973	Cameron	6184	\$ 76,165
58	2008	IC	71-P Bus	4DRBUAFN58B539974	Cameron	6184	\$ 76,165
59	2008	IC	71-P Bus	4DRBUAFN78B539975	Cameron	6184	\$ 76,165
60	2008	Thomas	71-P Bus	1T7YN4E2781101910	Cameron	6184	\$ 92,219
61	2008	IC	71-P Bus	4DRBUAFN88B539970	Cameron	6184	\$ 77,625
62	2008	IC	71-P Bus	4DRBUAFN18B539972	Cameron	6184	\$ 77,625
63	1996	International	77-P Bus	1HVBBABN7TH354647	Hidalgo	6184	\$ 41,792
64	1996	International	77-P Bus	1HVBBABN0TH354649	Hidalgo	6184	\$ 41,323
65	2010	International	72-P Bus	4DRBUSKN7AB178913	Hidalgo	6184	\$ 80,915
66	2010	International	72-P Bus	4DRBUSKN9AB178914	Hidalgo	6184	\$ 80,915
67	2010	International	72-P Bus	4DRBUSKN0AB178915	Hidalgo	6184	\$ 80,915
68	2010	International	72-P Bus	4DRBUSKN2AB178916	Cameron	6184	\$ 80,915
69	2010	International	72-P Bus	4DRBUSKN4AB178917	Cameron	6184	\$ 80,915
70	2010	International	72-P Bus	4DRBUSKN6AB178918	Cameron	6184	\$ 80,915
71	2009	Thomas	18-P Bus	1GBJG316791166273	Cameron	6183	\$ 56,511
72	2010	Freightliner	18-P Bus	1GB6G3AG5A1123411	Cameron	6182	\$ 50,607
73	2010	Freightliner	18-P Bus	1GB6G3AG3A1122824	Cameron	6182	\$ 50,607
74	2010	Freightliner	18-P Bus	1GB6G3AG4A1122850	Cameron	6182	\$ 50,607
75	2010	Freightliner	18-P Bus	1GB6G3AG6A1122851	Hidalgo	6182	\$ 50,607
76	2011	International	71-P Bus	4DRBUSKN6BB318774	Hidalgo	6184	\$ 80,880
77	2011	International	71-P Bus	4DRBUSKN8BB318775	Hidalgo	6184	\$ 80,880
78	2011	Blue Bird	71-P Bus	1BAKGC5A6BF279519	Cameron	6184	\$ 101,774
79	2011	Blue Bird	71-P Bus	1BAKGC5A2BF279520	Cameron	6184	\$ 101,774
80	2011	International	71-P Bus	4DRBUSKNXBB318776	Cameron	6184	\$ 80,880
81	2011	International	71-P Bus	4DRBUSKN1BB318777	Cameron	6184	\$ 80,880
82	2012	Thomas	18-P Bus	1GB3G3BG0B1112156	Cameron	6182	\$ 50,935
83	2012	Thomas	18-P Bus	1GB3G3BG2B1112465	Cameron	6182	\$ 50,935
84	2012	Thomas	18-P Bus	1GB3G3BG5B1112105	Cameron	6182	\$ 50,935
85	2011	Chevrolet	16-P Bus	1GB3G3BG0B1113002	Cameron	6182	\$ 55,335
86	2011	Chevrolet	16-P Bus	1GB3G3BG3B1111938	Cameron	6182	\$ 55,335
87	2011	International	71-P Bus	4DRBUAAN2CB397244	Cameron	6182	\$ 80,880
88	2012	IC Integrated CE	71-P Bus	4DRBUSKN4CB696500	Cameron	6184	\$ 96,492
89	2012	IC Integrated CE	71-P Bus	4DRBUSKN6CB696501	Cameron	6184	\$ 96,492
90	2012	IC Integrated CE	71-P Bus	4DRBUSKN8CB696502	Cameron	6184	\$ 96,492
91	2012	IC Integrated CE	71-P Bus	4DRBUSKNXC696503	Cameron	6184	\$ 96,492
92	2012	IC Integrated CE	71-P Bus	4DRBUSKN1CB696504	Cameron	6184	\$ 96,492
93	1988	Chevrolet	Pickup	1GCFC24H3JZ293726	Hidalgo	1499	\$ 10,997
94	1988	Chevrolet	Pickup	1GCFC24H4JZ294223	Cameron	1499	\$ 10,994
95	1988	Chevrolet	Pickup	1GCFC24H7JZ206040	Hidalgo	1499	\$ 10,899
96	1995	Ford	Pickup	2FTDF15Y5SCA24178	Cameron	1499	\$ 11,797
97	1995	Chevrolet	Pickup	1GCEC14Z7SZ280526	Cameron	1499	\$ 12,765
98	1999	Dodge	Pickup	1B7HC16YXS306652	Hidalgo	1499	\$ 13,887
99	1999	Dodge	Pickup	1B7HC16Y1XS306653	Cameron	1499	\$ 13,887
100	2001	Dodge	Pickup	1B7HC16Z81S738477	Cameron	1499	\$ 14,016
101	2001	Dodge	Pickup	1B7HC16ZX1S738478	Cameron	1499	\$ 14,016
102	2005	Chevrolet	Pickup	1GCHC24U85E235789	Cameron	1499	\$ 17,024
103	2005	Chevy Van	Van	1GCGG25V051174940	Cameron	1499	\$ 15,761
104	2006	Chry-Jeep	SUV	1J4GK48K16W176660	Cameron	1499	\$ 16,867
105	2008	Chevrolet	Van	1GCGG25C481120771	Hidalgo	1499	\$ 19,276
106	2008	Chevrolet	Impala	2G1WB58K681324165	Cameron	3	\$ 47,761
107	2009	Chevrolet	Pickup	1GCEC14X49Z175919	Cameron	1499	\$ 16,983
108	2006	Big Tex	Trailer	16VNX162762C35242	Cameron	69499	\$ 1,650
109	2012	IC	71 Passenger Bus	4DRBUAAN2CB397261	Cameron	6184	\$ 87,332
110	2012	IC	71 Passenger Bus	4DRBUAAN4CB397262	Cameron	6184	\$ 87,322



South Texas Independent School District							
Auto Schedule 1/6/2021							
EXHIBIT B							
		TIV:	\$ 9,965,588	* Only indicate original cost new on units requiring auto physical damage			
Unit #	Year	Make	Model (incl. seating capacity on buses)	VIN	County	Class Code	Original Cost New
111	2012	IC	71 Passenger Bus	4DRBUAAN6CB397294	Cameron	6184	\$ 87,322
112	2013	Chevrolet Equinox	4-Dr SUV	2GNFLDE36D6126377	Cameron	3	\$ 26,600
113	2014	Chevrolet	Impala (Admin)	2G1125S38E9195032	Hidalgo	3	\$ 29,972
114	2014	Chevrolet	Silverado 2 WD PU	1GCNCPEH4EZ195740	Cameron	1499	\$ 22,900
115	2014	IC	71-Passenger Bus #19	4DRBUAAN1EB015322	Hidalgo	6184	\$ 89,614
116	2014	IC	71-Passenger Bus #20	4DRBUAAN3EB015323	Hidalgo	6184	\$ 89,614
117	2014	IC	71-Passenger Bus #21	4DRBUAAN5EB015324	Hidalgo	6184	\$ 89,614
118	2014	IC	71-Passenger Bus #22	4DRBUAAN7EB015325	Hidalgo	6184	\$ 89,614
119	2014	Chevrolet	Express 25 Van (Maintenance)	1GCWGFCA5E1140317	Hidalgo	1499	\$ 25,269
120	2014	International	Integrated CE S Bus	4DRBUAANXEB015352	Cameron	6184	\$ 90,352
121	2014	International	Integrated CE 5 Bus	4DRBUAAN7EB015356	Cameron	6184	\$ 90,352
122	2014	International	Integrated CE 5 Bus	4DRBUAAN2EB015359	Cameron	6184	\$ 90,352
123	2017	International	Integrated CE 5 Bus	4DRBUC8N1HB283499	Hidalgo	6184	\$ 90,540
124	2017	International	Integrated CE 5 Bus	4DRBUC8N4HB283500	Hidalgo	6184	\$ 90,540
125	2018	International	77-P Bus	4DRBUC8N9JB441867	Hidalgo	6184	\$ 89,175
126	2018	International	77-P Bus	4DRBUC8N0JB441868	Hidalgo	6184	\$ 89,175
127	2018	International	77-P Bus	4DRBUC8N2JB441869	Hidalgo	6184	\$ 89,175
128	2018	International	77-P Bus	4DRBUC8N9JB441870	Hidalgo	6184	\$ 89,175
129	2018	International	77-P Bus	4DRBUC8N0JB441871	Cameron	6184	\$ 89,175
130	2018	International	77-P Bus	4DRBUC8N2JB441872	Cameron	6184	\$ 89,175
131	2018	International	77-P Bus	4DRBUC8N4JB441873	Cameron	6184	\$ 89,175
132	2018	International	77-P Bus	4DRBUC8N6JB441874	Cameron	6184	\$ 89,175
133	2018	International	77-P Bus	4DRBUC8N8JB441875	Hidalgo	6184	\$ 89,175
134	2018	International	77-P Bus	4DRBUC8NXJB441876	Hidalgo	6184	\$ 89,175
135	2014	International	71-Passenger Bus	4DRBUAAN2EB482099	Cameron	6184	\$ 88,852
136	2010	Big Tex	Welding Trailer	16VAX1019A2A59821	Hidalgo	68499	\$ 995
137	2009	PJ	Maintenance Trailer	4P5UB1827A1138711	Hidalgo	68499	\$ 1,050
138	2019	International	48-P Bus	4DRBUC8N9KB480654	Cameron	6183	\$ 106,700
139	2019	International	50- P Bus	4DRBUC8N4KB480643	Cameron	6183	\$ 97,153
140	2019	International	50-P Bus	4DRBUC8N6KB480644	Hidalgo	6183	\$ 97,153
141	2019	International	50- P Bus	4DRBUC8N8KB480645	Hidalgo	6183	\$ 97,153
142	2019	International	50-P Bus	4DRBUC8NXKB480646	Hidalgo	6183	\$ 97,153
143	2019	International	50- P Bus	4DRBUC8N1KB480647	Hidalgo	6183	\$ 97,153
144	2017	Big Tex	Maintenance Trailer	16VDX1024H5039097	Hidalgo	68499	\$ 2,164
145	2018	Wells Cargo	Transportation Trailer	571BE1622JM025423	Cameron	68499	\$ 4,429
146	2018	Chevrolet	Silverado 2WD Pickup	1GCRCNEH6JZ183508	Cameron	1499	\$ 22,756
147	2018	Chevrolet	Silverado 2WD Pickup	1GCRCNEHXJZ181440	Hidalgo	1499	\$ 22,756
148	2018	Chevrolet	Express Van	1GCWGAFG2J1165396	Hidalgo	1499	\$ 27,548
161	2009	Chevrolet	Ambulance	1GBJK84619E146620	Cameron	7919	\$ 62,300
162	2018	Lark United	Trailer	571BE1620JM027199	Cameron	68499	\$ 4,329
163	2018	Lark United	Trailer	571BE1625JM028297	Hidalgo	68499	\$ 4,429
164	2020	ICRP	48 Pass Bus	4DRBUC8N6LB076423	Cameron	6183	\$ 105,885
165	2020	ICRP	44 Pass Bus	4DRBUC8N5LB077157	Cameron	6184	\$ 97,145
166	2020	International	44 Pass Bus	4DRBUC8N7LB077158	Cameron	6184	\$ 97,145
167	2020	International	44 Pass Bus	4DRBUC8N9LB077159	Cameron	6184	\$ 97,145
168	2020	International	44 Pass Bus	4DRBUC8N5LB077160	Cameron	6184	\$ 97,145
169	2020	International	44 Pass Bus	4DRBUC8N7LB077161	Cameron	6184	\$ 97,145
170	1988	Chevrolet	Pickup	1GCFC24H2JZ294558	Hidalgo	1499	
171	2016	Shop Made	Trailer	N/A	Hidalgo	68499	
179	2019	Chevrolet	Silverado LD 2WD Pickup	2GCRNCEC1K1141813	Cameron	1499	\$ 24,240
180	2020	Chevrolet	Impala	1G11Z532LU102114	Cameron	3	\$ 24,515
181	2019	JLG	Trailer	5DYAA41L5KC009046	Hidalgo	68499	\$ 9,700
182	2021	IC	Intergrated CE S Bus	4DRBUC8N1MB871655	TBD	6184	\$ 95,433
183	2021	IC	Intergrated CE S Bus	4DRBUC8N3MB871656	TBD	6184	\$ 95,433
184	2021	IC	Intergrated CE S Bus	4DRBUC8N6MB871554	TBD	6184	\$ 101,730



South Texas Independent School District							
Auto Schedule 1/6/2021							
<b>EXHIBIT B</b>							
		TIV: \$ 9,965,588 * Only indicate original cost new on units requiring auto physical damage					
<b>Unit #</b>	<b>Year</b>	<b>Make</b>	<b>Model (incl. seating capacity on buses)</b>	<b>VIN</b>	<b>County</b>	<b>Class Code</b>	<b>Original Cost New</b>
185	2021	IC	Intergrated CE S Bus	4DRBUC8N5MB871657	TBD	6184	\$ 95,433
186	2021	IC	Intergrated CE S Bus	4DRBUC8N4MB871553	TBD	6184	\$ 101,730
187	2021	IC	Intergrated CE S Bus	4DRBUC8N7MB876567	TBD	6184	\$ 106,909
		TIV: \$ 9,965,588					

TPS Property Casualty Loss Experience

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Details by Event and Claim Number

Event Number	Claimant Name	Claim Number	Date of Loss	Coverage	Claim Type / Status	Loss Paid	Loss Reserves	Expenses Paid	Expense Reserves	Total Paid Less Recov.	Outstanding Reserves	Total Incurred Less Recovery
Incident Location					Loss Description							
201600566		20160070000624	11/04/2016	Auto	AUTO LIABILITY PROPERTY DAMAGE /	605.87	0.00	85.00	0.00	690.87	0.00	690.87
					CLOSED							
					IV turned a corner and hit the back end of parked car							
	Totals:	1				605.87	0.00	85.00	0.00	690.87	0.00	690.87

Event Number	Claimant Name	Claim Number	Date of Loss	Coverage	Claim Type / Status	Loss Paid	Loss Reserves	Expenses Paid	Expense Reserves	Total Paid Less Recov.	Outstanding Reserves	Total Incurred Less Recovery
Incident Location					Loss Description							
201700064		20170070000087	02/21/2017	Auto	AUTO LIABILITY PROPERTY DAMAGE /	0.00	0.00	85.00	0.00	85.00	0.00	85.00
					CLOSED							
					IV bus was involved in an accident **No details per email**							
	Totals:	1				0.00	0.00	85.00	0.00	85.00	0.00	85.00

Event Number	Claimant Name	Claim Number	Date of Loss	Coverage	Claim Type / Status	Loss Paid	Loss Reserves	Expenses Paid	Expense Reserves	Total Paid Less Recov.	Outstanding Reserves	Total Incurred Less Recovery
Incident Location					Loss Description							
201700269		20170070000341	08/11/2017	General Liability	GENERAL LIABILITY BI (GB) / CLOSED	0.00	0.00	0.00	0.00	0.00	0.00	0.00
					Claimant leaning on chair, it gave way, causing her to fall.							
	Totals:	1				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Status	Total
Closed	3
Open	0
Sum:	3

Overall Totals:	3				605.87	0.00	170.00	0.00	775.87	0.00	775.87
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TPS Property Casualty Loss Experience

634 - 1 - SOUTH TEXAS ISD - SOUTH TEXAS ISD

Details by Event and Claim Number

Event Number	Claimant Name	Claim Number	Date of Loss	Coverage	Claim Type / Status	Loss Paid	Loss Reserves	Expenses Paid	Expense Reserves	Total Paid Less Recov.	Outstanding Reserves	Total Incurred Less Recovery
Incident Location					Loss Description							
201700433		20170070000566	10/30/2017	Auto	AUTO LIABILITY BODILY INJURY / CLOSED	92,000.00	0.00	26,932.86	0.00	118,932.86	0.00	118,932.86
					Claimant was riding her bike in a crosswalk at the intersection of Joe Ochoa St. and West University Dr, when claimant was struck by a South Texas ISD school bus.							
	Totals:	1				92,000.00	0.00	26,932.86	0.00	118,932.86	0.00	118,932.86

Event Number	Claimant Name	Claim Number	Date of Loss	Coverage	Claim Type / Status	Loss Paid	Loss Reserves	Expenses Paid	Expense Reserves	Total Paid Less Recov.	Outstanding Reserves	Total Incurred Less Recovery
Incident Location					Loss Description							
201800018		20180070000019	01/18/2018	Auto	AUTO LIABILITY BODILY INJURY / CLOSED	0.00	0.00	0.00	0.00	0.00	0.00	0.00
					OV crossed in front of IV causing IV to hit OV. 40 students on bus.							
Totals:		1				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Event Number	Claimant Name	Claim Number	Date of Loss	Coverage	Claim Type / Status	Loss Paid	Loss Reserves	Expenses Paid	Expense Reserves	Total Paid Less Recov.	Outstanding Reserves	Total Incurred Less Recovery
Incident Location					Loss Description							
201800074		20180070000083	01/18/2018	General Liability	GENERAL LIABILITY BI (GB) / CLOSED	0.00	0.00	0.00	0.00	0.00	0.00	0.00
					Student was sitting with legs tucked under her when someone fell on her and she felt a pop and experienced pain in the right foot sustaining unknown injury to the right foot.							
	Totals:	1				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Event Number	Claimant Name	Claim Number	Date of Loss	Coverage	Claim Type / Status	Loss Paid	Loss Reserves	Expenses Paid	Expense Reserves	Total Paid Less Recov.	Outstanding Reserves	Total Incurred Less Recovery
Incident Location					Loss Description							
201800278					AUTO PHYSICAL DAMAGE - COLLISION / CLOSED Unknown MVA							
		20180070000348	05/17/2018	Auto		0.00	0.00	85.00	0.00	85.00	0.00	85.00
	Totals:	1				0.00	0.00	85.00	0.00	85.00	0.00	85.00

Status	Total
Closed	4
Open	0
Sum:	4

Overall Totals:	4				92,000.00	0.00	27,017.86	0.00	119,017.86	0.00	119,017.86
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Details by Event and Claim Number

Event Number	Claimant Name	Claim Number	Date of Loss	Coverage	Claim Type / Status	Loss Paid	Loss Reserves	Expenses Paid	Expense Reserves	Total Paid Less Recov.	Outstanding Reserves	Total Incurred Less Recovery
Incident Location					Loss Description							
201800512		20180070000665	09/24/2018	Auto	AUTO LIABILITY PROPERTY DAMAGE /	1,869.01	0.00	85.00	0.00	1,954.01	0.00	1,954.01
					CLOSED							
					IV struck OV in school parking lot							
	Totals:	1				1,869.01	0.00	85.00	0.00	1,954.01	0.00	1,954.01

Event Number	Claimant Name	Claim Number	Date of Loss	Coverage	Claim Type / Status	Loss Paid	Loss Reserves	Expenses Paid	Expense Reserves	Total Paid Less Recov.	Outstanding Reserves	Total Incurred Less Recovery
Incident Location					Loss Description							
201800558		20180070000725	10/16/2018	General Liability	GENERAL LIABILITY BI INCL. PREMISES OPER	0.00	0.00	0.00	0.00	0.00	0.00	0.00
					/ CLOSED							
					Another student stepped on claimant while playing vollyball, twisting her ankle.							
	Totals:	1				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Status	Total
Closed	2
Open	0
Sum:	2

Overall Totals:	2					1,869.01	0.00	85.00	0.00	1,954.01	0.00	1,954.01
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Details by Event and Claim Number												
Event Number	Claimant Name	Claim Number	Date of Loss	Coverage	Claim Type / Status	Loss Paid	Loss Reserves	Expenses Paid	Expense Reserves	Total Paid Less Recov.	Outstanding Reserves	Total Incurred Less Recovery
Incident Location					Loss Description							
201900231		20190070000294	04/01/2019	Auto	AUTO LIABILITY PROPERTY DAMAGE / CLOSED	3,122.61	0.00	85.00	0.00	3,207.61	0.00	3,207.61
					IV AND OV WERE TRAVELING IN THE SAME DIRECTION. OV SAW THAT IV WAS ON THE SHOULDER AND DECIDED TO TRY TO PASS IV. IV ATTEMPTED TO TURN BACK ONTO THE ROAD AND STRUCK OV.							
		20190070000519	04/01/2019	Auto	AUTO LIABILITY BODILY INJURY / CLOSED	28,000.00	0.00	595.00	0.00	28,595.00	0.00	28,595.00
					IV AND OV WERE TRAVELING IN THE SAME DIRECTION. OV SAW THAT IV WAS ON THE SHOULDER AND DECIDED TO TRY TO PASS IV. IV ATTEMPTED TO TURN BACK ONTO THE ROAD AND STRUCK OV.							
		20190070000293	04/01/2019	Auto	AUTO LIABILITY BODILY INJURY / CLOSED	40,000.00	0.00	595.00	0.00	40,595.00	0.00	40,595.00
					IV AND OV WERE TRAVELING IN THE SAME DIRECTION. OV SAW THAT IV WAS ON THE SHOULDER AND DECIDED TO TRY TO PASS IV. IV ATTEMPTED TO TURN BACK ONTO THE ROAD AND STRUCK OV.							
	Totals:	3				71,122.61	0.00	1,275.00	0.00	72,397.61	0.00	72,397.61

Event Number	Claimant Name	Claim Number	Date of Loss	Coverage	Claim Type / Status	Loss Paid	Loss Reserves	Expenses Paid	Expense Reserves	Total Paid Less Recov.	Outstanding Reserves	Total Incurred Less Recovery
Incident Location					Loss Description							
201900464		20190070000599	09/06/2019	Crime	CRIME / CLOSED	5,299.00	0.00	0.00	0.00	5,299.00	0.00	5,299.00
					Insured advised that they were currently hit with fraud in their payroll department.							
	Totals:	1				5,299.00	0.00	0.00	0.00	5,299.00	0.00	5,299.00

Event Number	Claimant Name	Claim Number	Date of Loss	Coverage	Claim Type / Status	Loss Paid	Loss Reserves	Expenses Paid	Expense Reserves	Total Paid Less Recov.	Outstanding Reserves	Total Incurred Less Recovery
Incident Location					Loss Description							
202000101		20200070000141	02/14/2020	Auto	AUTO LIABILITY PROPERTY DAMAGE / CLOSED	0.00	0.00	0.00	0.00	0.00	0.00	0.00
					IV CHANGED LANES AT THE SAME TIME THAT OV MOVED INTO IVS LANE CAUSING DAMGES TO BOTH IV AND OV							
	Totals:	1				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Status	Total
Closed	5
Open	0
Sum:	5

Overall Totals:	5				76,421.61	0.00	1,275.00	0.00	77,696.61	0.00	77,696.61
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TPS Property Casualty Loss Experience Summary

Summary by Coverage and Claim Type for Policy Period: 09/01/2016 - 08/31/2017 for 634 - SOUTH TEXAS ISD

634 - 1 - SOUTH TEXAS ISD

Coverage	Claim Type	Totals	Policy Period	Loss Paid	Loss Outstanding	Expenses Paid	Expenses Outstanding	Total Paid Less Recovery	Outstanding Reserves	Total Incurred Less Recovery
Auto	AUTO LIABILITY PROPERTY DAMAGE	2	09/01/2016 - 08/31/2017	605.87	0.00	170.00	0.00	775.87	0.00	775.87
General Liability	GENERAL LIABILITY BI (GB)	1	09/01/2016 - 08/31/2017	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Overall Totals:	3		605.87	0.00	170.00	0.00	775.87	0.00	775.87
	Grand Totals for Policy Period:	3		605.87	0.00	170.00	0.00	775.87	0.00	775.87

TPS Property Casualty Loss Experience Summary

Summary by Coverage and Claim Type for Policy Period: 09/01/2017 - 08/31/2018 for 634 - SOUTH TEXAS ISD

634 - 1 - SOUTH TEXAS ISD

Coverage	Claim Type	Totals	Policy Period	Loss Paid	Loss Outstanding	Expenses Paid	Expenses Outstanding	Total Paid Less Recovery	Outstanding Reserves	Total Incurred Less Recovery
Auto	AUTO LIABILITY BODILY INJURY	2	09/01/2017 - 08/31/2018	92,000.00	0.00	26,932.86	0.00	118,932.86	0.00	118,932.86
Auto	AUTO PHYSICAL DAMAGE - COLLISION	1	09/01/2017 - 08/31/2018	0.00	0.00	85.00	0.00	85.00	0.00	85.00
General Liability	GENERAL LIABILITY BI (GB)	1	09/01/2017 - 08/31/2018	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Overall Totals:		4		92,000.00	0.00	27,017.86	0.00	119,017.86	0.00	119,017.86
Grand Totals for Policy Period:		4		92,000.00	0.00	27,017.86	0.00	119,017.86	0.00	119,017.86

TPS Property Casualty Loss Experience Summary

Summary by Coverage and Claim Type for Policy Period: 09/01/2018 - 03/31/2019 for 634 - SOUTH TEXAS ISD

634 - 1 - SOUTH TEXAS ISD

Coverage	Claim Type	Totals	Policy Period	Loss Paid	Loss Outstanding	Expenses Paid	Expenses Outstanding	Total Paid Less Recovery	Outstanding Reserves	Total Incurred Less Recovery
Auto	AUTO LIABILITY PROPERTY DAMAGE	1	09/01/2018 - 03/31/2019	1,869.01	0.00	85.00	0.00	1,954.01	0.00	1,954.01
General Liability	GENERAL LIABILITY BI INCL. PREMISES OPER	1	09/01/2018 - 03/31/2019	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Overall Totals:	2		1,869.01	0.00	85.00	0.00	1,954.01	0.00	1,954.01
	Grand Totals for Policy Period:	2		1,869.01	0.00	85.00	0.00	1,954.01	0.00	1,954.01



TPS Property Casualty Loss Experience Summary

Summary by Coverage and Claim Type for Policy Period: 04/01/2019 - 03/31/2020 for 634 - SOUTH TEXAS ISD

634 - 1 - SOUTH TEXAS ISD

Coverage	Claim Type	Totals	Policy Period	Loss Paid	Loss Outstanding	Expenses Paid	Expenses Outstanding	Total Paid Less Recovery	Outstanding Reserves	Total Incurred Less Recovery
Auto	AUTO LIABILITY BODILY INJURY	2	04/01/2019 - 03/31/2020	68,000.00	0.00	1,190.00	0.00	69,190.00	0.00	69,190.00
Auto	AUTO LIABILITY PROPERTY DAMAGE	2	04/01/2019 - 03/31/2020	3,122.61	0.00	85.00	0.00	3,207.61	0.00	3,207.61
Crime	CRIME	1	04/01/2019 - 03/31/2020	5,299.00	0.00	0.00	0.00	5,299.00	0.00	5,299.00
	Overall Totals:	5		76,421.61	0.00	1,275.00	0.00	77,696.61	0.00	77,696.61
	Grand Totals for Policy Period:	5		76,421.61	0.00	1,275.00	0.00	77,696.61	0.00	77,696.61

TPS Property Casualty Loss Experience Summary

Summary by Coverage, Claim Type and Policy Period: for 634 - SOUTH TEXAS ISD  
Claim Type Totals for the Policy Period: 09/01/2016 - 08/31/2017 for 634 - SOUTH TEXAS ISD

Coverage	Claim Type	Totals	Policy Period	Loss Paid	Loss Outstanding	Expenses Paid	Expenses Outstanding	Total Paid Less Recovery	Outstanding Reserves	Total Incurred Less Recovery
Auto	AUTO LIABILITY PROPERTY DAMAGE	2	09/01/2016 - 08/31/2017	605.87	0.00	170.00	0.00	775.87	0.00	775.87
General Liability	GENERAL LIABILITY BI (GB)	1	09/01/2016 - 08/31/2017	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Totals for Policy Period:	3		605.87	0.00	170.00	0.00	775.87	0.00	775.87

Claim Type Totals for the Policy Period: 09/01/2017 - 08/31/2018 for 634 - SOUTH TEXAS ISD

Coverage	Claim Type	Totals	Policy Period	Loss Paid	Loss Outstanding	Expenses Paid	Expenses Outstanding	Total Paid Less Recovery	Outstanding Reserves	Total Incurred Less Recovery
Auto	AUTO LIABILITY BODILY INJURY	2	09/01/2017 - 08/31/2018	92,000.00	0.00	26,932.86	0.00	118,932.86	0.00	118,932.86
Auto	AUTO PHYSICAL DAMAGE - COLLISION	1	09/01/2017 - 08/31/2018	0.00	0.00	85.00	0.00	85.00	0.00	85.00
General Liability	GENERAL LIABILITY BI (GB)	1	09/01/2017 - 08/31/2018	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Totals for Policy Period:	4		92,000.00	0.00	27,017.86	0.00	119,017.86	0.00	119,017.86

Claim Type Totals for the Policy Period: 09/01/2018 - 03/31/2019 for 634 - SOUTH TEXAS ISD

Coverage	Claim Type	Totals	Policy Period	Loss Paid	Loss Outstanding	Expenses Paid	Expenses Outstanding	Total Paid Less Recovery	Outstanding Reserves	Total Incurred Less Recovery
Auto	AUTO LIABILITY PROPERTY DAMAGE	1	09/01/2018 - 03/31/2019	1,869.01	0.00	85.00	0.00	1,954.01	0.00	1,954.01
General Liability	GENERAL LIABILITY BI INCL. PREMISES OPER	1	09/01/2018 - 03/31/2019	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Totals for Policy Period:	2		1,869.01	0.00	85.00	0.00	1,954.01	0.00	1,954.01

Claim Type Totals for the Policy Period: 04/01/2019 - 03/31/2020 for 634 - SOUTH TEXAS ISD

Coverage	Claim Type	Totals	Policy Period	Loss Paid	Loss Outstanding	Expenses Paid	Expenses Outstanding	Total Paid Less Recovery	Outstanding Reserves	Total Incurred Less Recovery
Auto	AUTO LIABILITY BODILY INJURY	2	04/01/2019 - 03/31/2020	68,000.00	0.00	1,190.00	0.00	69,190.00	0.00	69,190.00
Auto	AUTO LIABILITY PROPERTY DAMAGE	2	04/01/2019 - 03/31/2020	3,122.61	0.00	85.00	0.00	3,207.61	0.00	3,207.61
Crime	CRIME	1	04/01/2019 - 03/31/2020	5,299.00	0.00	0.00	0.00	5,299.00	0.00	5,299.00
	Totals for Policy Period:	5		76,421.61	0.00	1,275.00	0.00	77,696.61	0.00	77,696.61
	Grand Totals for Location:	14		170,896.49	0.00	28,547.86	0.00	199,444.35	0.00	199,444.35

TPS Property Casualty Loss Experience Summary

Summary by Coverage, ClaimType Group and Policy Period: for 634 - SOUTH TEXAS ISD  
Claim Type Group Totals for the Policy Period: 09/01/2016 - 08/31/2017 for 634 - SOUTH TEXAS ISD

Coverage	Claim Type Group	Totals	Policy Period	Loss Paid	Loss Outstanding	Expenses Paid	Expenses Outstanding	Total Paid Less Recovery	Outstanding Reserves	Total Incurred Less Recovery
Auto	AL	2	09/01/2016 - 08/31/2017	605.87	0.00	170.00	0.00	775.87	0.00	775.87
General Liability	GL	1	09/01/2016 - 08/31/2017	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Totals for Policy Period:		3		605.87	0.00	170.00	0.00	775.87	0.00	775.87

Claim Type Group Totals for the Policy Period: 09/01/2017 - 08/31/2018 for 634 - SOUTH TEXAS ISD

Coverage	Claim Type Group	Totals	Policy Period	Loss Paid	Loss Outstanding	Expenses Paid	Expenses Outstanding	Total Paid Less Recovery	Outstanding Reserves	Total Incurred Less Recovery
Auto	AL	2	09/01/2017 - 08/31/2018	92,000.00	0.00	26,932.86	0.00	118,932.86	0.00	118,932.86
Auto	APDCO	1	09/01/2017 - 08/31/2018	0.00	0.00	85.00	0.00	85.00	0.00	85.00
General Liability	GL	1	09/01/2017 - 08/31/2018	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Totals for Policy Period:		4		92,000.00	0.00	27,017.86	0.00	119,017.86	0.00	119,017.86

Claim Type Group Totals for the Policy Period: 09/01/2018 - 03/31/2019 for 634 - SOUTH TEXAS ISD

Coverage	Claim Type Group	Totals	Policy Period	Loss Paid	Loss Outstanding	Expenses Paid	Expenses Outstanding	Total Paid Less Recovery	Outstanding Reserves	Total Incurred Less Recovery
Auto	AL	1	09/01/2018 - 03/31/2019	1,869.01	0.00	85.00	0.00	1,954.01	0.00	1,954.01
General Liability	GL	1	09/01/2018 - 03/31/2019	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Totals for Policy Period:		2		1,869.01	0.00	85.00	0.00	1,954.01	0.00	1,954.01

Claim Type Group Totals for the Policy Period: 04/01/2019 - 03/31/2020 for 634 - SOUTH TEXAS ISD

Coverage	Claim Type Group	Totals	Policy Period	Loss Paid	Loss Outstanding	Expenses Paid	Expenses Outstanding	Total Paid Less Recovery	Outstanding Reserves	Total Incurred Less Recovery
Auto	AL	4	04/01/2019 - 03/31/2020	71,122.61	0.00	1,275.00	0.00	72,397.61	0.00	72,397.61
Crime	CR	1	04/01/2019 - 03/31/2020	5,299.00	0.00	0.00	0.00	5,299.00	0.00	5,299.00
Totals for Policy Period:		5		76,421.61	0.00	1,275.00	0.00	77,696.61	0.00	77,696.61
Grand Totals for Location:		14		170,896.49	0.00	28,547.86	0.00	199,444.35	0.00	199,444.35

TPS Property Casualty Loss Experience Summary

Location Total for the Policy Period: 09/01/2015 - 08/31/2016 for 634 - SOUTH TEXAS ISD											
	Locations	Coverage	Totals	Policy Period	Loss Paid	Loss Outstanding	Expenses Paid	Expenses Outstanding	Total Paid Less Recovery	Outstanding Reserves	Total Incurred Less Recovery
1	SOUTH TEXAS ISD	Auto	0	09/01/2015 - 08/31/2016	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1	SOUTH TEXAS ISD	Crime	0	09/01/2015 - 08/31/2016	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1	SOUTH TEXAS ISD	General Liability	0	09/01/2015 - 08/31/2016	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		<b>Overall Totals:</b>	<b>0</b>		<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>

Location Total for the Policy Period: 09/01/2016 - 08/31/2017 for 634 - SOUTH TEXAS ISD											
	Locations	Coverage	Totals	Policy Period	Loss Paid	Loss Outstanding	Expenses Paid	Expenses Outstanding	Total Paid Less Recovery	Outstanding Reserves	Total Incurred Less Recovery
1	SOUTH TEXAS ISD	Auto	2	09/01/2016 - 08/31/2017	605.87	0.00	170.00	0.00	775.87	0.00	775.87
1	SOUTH TEXAS ISD	Crime	0	09/01/2016 - 08/31/2017	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1	SOUTH TEXAS ISD	General Liability	1	09/01/2016 - 08/31/2017	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		<b>Overall Totals:</b>	<b>3</b>		<b>605.87</b>	<b>0.00</b>	<b>170.00</b>	<b>0.00</b>	<b>775.87</b>	<b>0.00</b>	<b>775.87</b>

Location Total for the Policy Period: 09/01/2017 - 08/31/2018 for 634 - SOUTH TEXAS ISD											
	Locations	Coverage	Totals	Policy Period	Loss Paid	Loss Outstanding	Expenses Paid	Expenses Outstanding	Total Paid Less Recovery	Outstanding Reserves	Total Incurred Less Recovery
1	SOUTH TEXAS ISD	Auto	3	09/01/2017 - 08/31/2018	92,000.00	0.00	27,017.86	0.00	119,017.86	0.00	119,017.86
1	SOUTH TEXAS ISD	Crime	0	09/01/2017 - 08/31/2018	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1	SOUTH TEXAS ISD	General Liability	1	09/01/2017 - 08/31/2018	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		<b>Overall Totals:</b>	<b>4</b>		<b>92,000.00</b>	<b>0.00</b>	<b>27,017.86</b>	<b>0.00</b>	<b>119,017.86</b>	<b>0.00</b>	<b>119,017.86</b>

Location Total for the Policy Period: 09/01/2018 - 03/31/2019 for 634 - SOUTH TEXAS ISD											
	Locations	Coverage	Totals	Policy Period	Loss Paid	Loss Outstanding	Expenses Paid	Expenses Outstanding	Total Paid Less Recovery	Outstanding Reserves	Total Incurred Less Recovery
1	SOUTH TEXAS ISD	Auto	1	09/01/2018 - 03/31/2019	1,869.01	0.00	85.00	0.00	1,954.01	0.00	1,954.01
1	SOUTH TEXAS ISD	Crime	0	09/01/2018 - 03/31/2019	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1	SOUTH TEXAS ISD	General Liability	1	09/01/2018 - 03/31/2019	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		<b>Overall Totals:</b>	<b>2</b>		<b>1,869.01</b>	<b>0.00</b>	<b>85.00</b>	<b>0.00</b>	<b>1,954.01</b>	<b>0.00</b>	<b>1,954.01</b>

Location Total for the Policy Period: 04/01/2019 - 03/31/2020 for 634 - SOUTH TEXAS ISD											
	Locations	Coverage	Totals	Policy Period	Loss Paid	Loss Outstanding	Expenses Paid	Expenses Outstanding	Total Paid Less Recovery	Outstanding Reserves	Total Incurred Less Recovery
1	SOUTH TEXAS ISD	Auto	4	04/01/2019 - 03/31/2020	71,122.61	0.00	1,275.00	0.00	72,397.61	0.00	72,397.61
1	SOUTH TEXAS ISD	Crime	1	04/01/2019 - 03/31/2020	5,299.00	0.00	0.00	0.00	5,299.00	0.00	5,299.00
1	SOUTH TEXAS ISD	General Liability	0	04/01/2019 - 03/31/2020	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		<b>Overall Totals:</b>	<b>5</b>		<b>76,421.61</b>	<b>0.00</b>	<b>1,275.00</b>	<b>0.00</b>	<b>77,696.61</b>	<b>0.00</b>	<b>77,696.61</b>

TPS Property Casualty Loss Experience Summary

Location Total for the Policy Period: 04/01/2020 - 03/31/2021 for 634 - SOUTH TEXAS ISD											
	Locations	Coverage	Totals	Policy Period	Loss Paid	Loss Outstanding	Expenses Paid	Expenses Outstanding	Total Paid Less Recovery	Outstanding Reserves	Total Incurred Less Recovery
1	SOUTH TEXAS ISD	Auto	0	04/01/2020 - 03/31/2021	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1	SOUTH TEXAS ISD	Crime	0	04/01/2020 - 03/31/2021	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1	SOUTH TEXAS ISD	General Liability	0	04/01/2020 - 03/31/2021	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Overall Totals:	0		0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Grand Totals:		14		170,896.49	0.00	28,547.86	0.00	199,444.35	0.00	199,444.35

Report Summary by Coverage and Policy Period for All Reported Locations and Policy Years									
Coverage	Totals	Policy Period	Loss Paid	Loss Outstanding	Expenses Paid	Expenses Outstanding	Total Paid Less Recovery	Outstanding Reserves	Total Incurred Less Recovery
Auto	0	09/01/2015 - 08/31/2016	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Auto	2	09/01/2016 - 08/31/2017	605.87	0.00	170.00	0.00	775.87	0.00	775.87
Auto	3	09/01/2017 - 08/31/2018	92,000.00	0.00	27,017.86	0.00	119,017.86	0.00	119,017.86
Auto	1	09/01/2018 - 03/31/2019	1,869.01	0.00	85.00	0.00	1,954.01	0.00	1,954.01
Auto	4	04/01/2019 - 03/31/2020	71,122.61	0.00	1,275.00	0.00	72,397.61	0.00	72,397.61
Auto	0	04/01/2020 - 03/31/2021	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Crime	0	09/01/2015 - 08/31/2016	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Crime	0	09/01/2016 - 08/31/2017	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Crime	0	09/01/2017 - 08/31/2018	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Crime	0	09/01/2018 - 03/31/2019	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Crime	1	04/01/2019 - 03/31/2020	5,299.00	0.00	0.00	0.00	5,299.00	0.00	5,299.00
Crime	0	04/01/2020 - 03/31/2021	0.00	0.00	0.00	0.00	0.00	0.00	0.00
General Liability	0	09/01/2015 - 08/31/2016	0.00	0.00	0.00	0.00	0.00	0.00	0.00
General Liability	1	09/01/2016 - 08/31/2017	0.00	0.00	0.00	0.00	0.00	0.00	0.00
General Liability	1	09/01/2017 - 08/31/2018	0.00	0.00	0.00	0.00	0.00	0.00	0.00
General Liability	1	09/01/2018 - 03/31/2019	0.00	0.00	0.00	0.00	0.00	0.00	0.00
General Liability	0	04/01/2019 - 03/31/2020	0.00	0.00	0.00	0.00	0.00	0.00	0.00
General Liability	0	04/01/2020 - 03/31/2021	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Grand Totals:	14		170,896.49	0.00	28,547.86	0.00	199,444.35	0.00	199,444.35

November 18, 2020

This responds to your request for loss runs on the following:

Insured: South Texas Independent School District

Policy #/Effective Date MCD-200195 EFF. 4/1/20-21

Insurer: Certain Underwriters at Lloyd's, London

Peninsula Insurance Bureau is the claims administrator for Certain Underwriters at Lloyd's, London. We reviewed our records and have the following records pertaining to the above referenced policies:

Loss Runs Results:

Loss Date	Status	Policy Number	Claim Number	Location Address	Loss Description	Loss Paid	Expense Paid
7/25/2020	C	MCD-200195	<b>936843-B</b>	510 S Sugar Rd Edinburg, TX, USA, 78539	CAT 2043 - Hanna	\$0.00	\$0.00

If you have any questions or concerns, please do not hesitate to contact our offices.

Best Regards,

Audrey Martindale (amartindale@pibadjusters.com)

## SELECTION SUMMARY

BROKER :AmWINS Brokerage of Texas (Dallas)

Original Policy Incepti..	Max Expiary date	Insured Name	Policy Reference	Paid Total
04/01/2019	03/31/2021	South Texas Independent School District	2562217	

Policy Period	Claim Reference	Claim Status	Claimant Name	Loss Narrative	Reported Date	Loss Date	Paid Total
2019	No Claims						
2020	No Claims						

Produced by : Hall Jiovani

on 11/19/2020

Claims MI





## Loss Run Dated - 11/19/2020

### South Texas Independent School District

**Account No: 2017-9000561**

Policy Terms: 9/1/2017 - 8/31/2018

Year of Inception: 2017

Policy Numbers:

**No Claims found for this policy**

### South Texas Independent School District

**Account No: 2017-9000561**

Policy Terms: 9/1/2018 - 3/31/2019

Year of Inception: 2018

Policy Numbers:

**No Claims found for this policy**

### South Texas Independent School District

**Account No: 2017-9000561**

Policy Terms: 4/1/2019 - 3/31/2020

Year of Inception: 2019

Policy Numbers:

**No Claims found for this policy**

# South Texas Independent School District

Account No: 2017-9000561

Policy Terms: 4/1/2020 - 3/31/2021

Year of Inception: 2020

Policy Numbers: 0000561

Date of Loss	Status	Description	Address	State	Future Reserve Indemnity	Paid Indemnity	Future Reserve Expense	Paid Expense	Future Reserve Unallocated Expense	Paid Unallocated Expense	Total Incurred
7/25/2020	O	Claimant sustained damage to the metal roof portion of the gym. Caused during Hu	510 S SUGAR RD	TX	\$0.00	\$0.00	\$0.00	\$10.50	\$9,424.61	\$20,575.39	\$30,010.50
<b>Policy Total:</b>					<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$10.50</b>	<b>\$9,424.61</b>	<b>\$20,575.39</b>	<b>\$30,010.50</b>



## Paid Loss by Account

EB Reporting

Run Date: Nov 20, 2020 | Palanisamy, Boopalan

Event ID	Accident Cause Description	Event Status Code	Event Address	Event City Name	Event State Code	Reported Date	Loss Date	Event Coverage Code	Policy Loss Paid	
Account: 9468822 - South Texas ISD										
YB2L9L468822020 - South Texas ISD						Term: 04/01/20 - 04/01/21				
No Claim on policy										
									\$0	
No Claim on policy - Summary:									\$0	
YB2L9L468822020 - South Texas ISD - Summary									\$0	
YB2L9L468822028 - South Texas ISD										Term: 09/01/18 - 04/01/19
No Claim on policy										
									\$0	
No Claim on policy - Summary:									\$0	
YB2L9L468822028 - South Texas ISD - Summary									\$0	
YB2L9L468822029 - South Texas ISD										Term: 04/01/19 - 04/01/20
No Claim on policy										
									\$0	
No Claim on policy - Summary:									\$0	
YB2L9L468822029 - South Texas ISD - Summary									\$0	
Account: 9468822 - South Texas ISD - Summary									\$0	
Overall - Summary									\$0	

This report is for informational purposes only and is subject to change.

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1/5/2021

5:13 PM

**WESTERN WORLD INSURANCE**

Page 1 of 9

Individual Policy Loss Analysis Report

AS OF 01/04/2021

**SOUTH TEXAS INDEPENDENT SCHOOL****POLICY: NFP1000749****EFFECTIVE: 04/01/2020 TO 04/01/2021**

Claim	Accident Date	Claimant	Description		Paid Indemnity	Paid Expenses	Status
		-			0.00	0.00	
# Claimants 0	# Incidents 0	Paid Indemnity \$0.00	Total Expenses \$0.00	Total Paid \$0.00	Collected Deductible (Not reflected in above payments) \$0.00	Net Payments \$0.00	Total Reserves \$0.00

Individual Policy Loss Analysis Report

AS OF 01/04/2021

**SOUTH TEXAS INDEPENDENT SCHOOL****POLICY: BRL0018392****EFFECTIVE: 04/01/2019 TO 04/01/2020**

Claim	Accident Date	Claimant	Description		Paid Indemnity	Paid Expenses	Status
		-			0.00	0.00	
# Claimants 0	# Incidents 0	Paid Indemnity \$0.00	Total Expenses \$0.00	Total Paid \$0.00	Collected Deductible (Not reflected in above payments) \$0.00	Net Payments \$0.00	Total Reserves \$0.00

Individual Policy Loss Analysis Report

AS OF 01/04/2021

**SOUTH TEXAS INDEPENDENT SCHOOL****POLICY: BRL0017502****EFFECTIVE: 09/01/2018 TO 04/01/2019**

Claim	Accident Date	Claimant	Description		Paid Indemnity	Paid Expenses	Status
		-			0.00	0.00	
# Claimants 0	# Incidents 0	Paid Indemnity \$0.00	Total Expenses \$0.00	Total Paid \$0.00	Collected Deductible (Not reflected in above payments) \$0.00	Net Payments \$0.00	Total Reserves \$0.00

Individual Policy Loss Analysis Report

AS OF 01/04/2021

SOUTH TEXAS INDEPENDENT SCHOOL

POLICY: BRL0015448

EFFECTIVE: 09/01/2017 TO 09/01/2018

Claim	Accident Date	Claimant	Description	Paid Indemnity	Paid Expenses	Status	
029946 S	11/29/2017		BRL-D&O-DISCRIMINATION. LOC: MERCEDES, TX. *DISCRIMINATION	22,500.00	17,761.16	CLOSED	
030082 S	03/28/2018		BRL-D&O/PI-EMPLOYMENT PRACTICES. LOC: MERCEDES, TX. *EMPLOYMENT PRACTICES	60,139.22	1,258.15	CLOSED	
# Claimants 2	# Incidents 0	Paid Indemnity \$82,639.22	Total Expenses \$19,019.31	Total Paid \$101,658.53	Collected Deductible (Not reflected in above payments) \$40,000.00	Net Payments \$61,658.53	Total Reserves \$0.00

Individual Policy Loss Analysis Report

AS OF 01/04/2021

**SOUTH TEXAS INDEPENDENT SCHOOL****POLICY: BRL0012317****EFFECTIVE: 09/01/2016 TO 09/01/2017**

Claim	Accident Date	Claimant	Description		Paid Indemnity	Paid Expenses	Status
		-			0.00	0.00	
# Claimants 0	# Incidents 1	Paid Indemnity \$0.00	Total Expenses \$0.00	Total Paid \$0.00	Collected Deductible (Not reflected in above payments) \$0.00	Net Payments \$0.00	Total Reserves \$0.00



Individual Policy Loss Analysis Report

AS OF 01/04/2021

**SOUTH TEXAS INDEPENDENT SCHOOL****POLICY: BRL0009787****EFFECTIVE: 09/01/2015 TO 09/01/2016**

Claim	Accident Date	Claimant	Description		Paid Indemnity	Paid Expenses	Status
00122999	12/09/2015		BRL-D&O-PROF-EMPLOYMENT PRACTICES. ACC ADDRESS: MERCEDES, TX. *EMPLOYMENT PRACTICES		0.00	0.00	CLOSED
# Claimants 1	# Incidents 1	Paid Indemnity \$0.00	Total Expenses \$0.00	Total Paid \$0.00	Collected Deductible (Not reflected in above payments) \$0.00	Net Payments \$0.00	Total Reserves \$0.00

Individual Policy Loss Analysis Report

AS OF 01/04/2021

**SOUTH TEXAS INDEPENDENT SCHOOL****POLICY: BRL0007537****EFFECTIVE: 09/01/2014 TO 09/01/2015**

Claim	Accident Date	Claimant	Description		Paid Indemnity	Paid Expenses	Status
		-			0.00	0.00	
# Claimants 0	# Incidents 1	Paid Indemnity \$0.00	Total Expenses \$0.00	Total Paid \$0.00	Collected Deductible (Not reflected in above payments) \$0.00	Net Payments \$0.00	Total Reserves \$0.00

Individual Policy Loss Analysis Report

AS OF 01/04/2021

**SOUTH TEXAS INDEPENDENT SCHOOL****POLICY: BRL0005061****EFFECTIVE: 09/01/2013 TO 09/01/2014**

Claim	Accident Date	Claimant	Description	Paid Indemnity	Paid Expenses	Status	
00108935	09/06/2013		BRL-PI-INADEQUATE EDUCATION(NON-BODILY INJURY) LOC: 100 MED HIGH DR., MERCEDES, TX. *INADEQUATE EDUCATION (NON-BODILY	0.00	13,496.08	CLOSED	
00112475	04/07/2014		BRL-D&O - DISCRIMINATION. LOCATION: MERCEDES, TX. *DISCRIMINATION	0.00	0.00	CLOSED	
# Claimants 2	# Incidents 0	Paid Indemnity \$0.00	Total Expenses \$13,496.08	Total Paid \$13,496.08	Collected Deductible (Not reflected in above payments) \$6,748.04	Net Payments \$6,748.04	Total Reserves \$0.00

Individual Policy Loss Analysis Report

AS OF 01/04/2021

**SOUTH TEXAS INDEPENDENT SCHOOL****POLICY: BRL0002646****EFFECTIVE: 09/01/2012 TO 09/01/2013**

Claim	Accident Date	Claimant	Description		Paid Indemnity	Paid Expenses	Status
00106990	05/01/2013		BRL-PI-ALL OTHER LOC: BROWNSVILLE, TX. *ALL OTHER		0.00	71,138.53	CLOSED
# Claimants 1	# Incidents 0	Paid Indemnity \$0.00	Total Expenses \$71,138.53	Total Paid \$71,138.53	Collected Deductible (Not reflected in above payments) \$10,000.00	Net Payments \$61,138.53	Total Reserves \$0.00



Detail Loss Report							Losses From: 09/01/2014 To 09/01/2018				
Claimant	Adj Off	FP	Claim Number	Accident Date	Notice Date	Close Date	O/C	Total	Claim	Medical	Expense

No losses were found based on report selection criteria



Detail Loss Report			Losses From: 09/01/2014 To 09/01/2018	
Report Parameters				
Report Name: Detail Loss Losses From: 09/01/2014 To 09/01/2018			Policy Number(s): 4D302571	
Sorts				
<u>Sort Name</u>	<u>Sort Label</u>	<u>Subtotal</u>	<u>Page Break</u>	
1. Policy Year	Policy Year	Y	N	
2. Line of Insurance	Line of Insurance	Y	N	
Limiting Statements				
Large Loss Limiting				
Drill Down Limiting Criteria				

Agent	Policy Number	Policy Effective Date	Insured Name	Written Premium	Commission	Paid Indemnity	Paid Medical	Paid AAO	Paid DCC	Recoveries	Total Paid	Paid Deductible Recoverable	Loss Ratio
Shepard Walton King Insurance Group	BAP478401	09/13/2017	South Texas Independent School District	737.00	110.55	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
Shepard Walton King Insurance Group	BAP478401	09/13/2018	South Texas Independent School District	403.00	60.45	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
Shepard Walton King Insurance Group	BAP478401	04/01/2019	South Texas Independent School District	672.00	100.80	0.00	6,380.51	2,456.04	5,925.80	0.00	14,762.35	0.00	2196.78%
Shepard Walton King Insurance Group	BAP478401	04/01/2020	South Texas Independent School District	410.00	61.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
<b>Total</b>				<b>2,222.00</b>	<b>333.30</b>	<b>0.00</b>	<b>6,380.51</b>	<b>2,456.04</b>	<b>5,925.80</b>	<b>0.00</b>	<b>14,762.35</b>	<b>0.00</b>	<b>664.37%</b>

Agent	Policy Number	Policy Effective Date	Insured Name	Written Premium	Commission	Paid Indemnity	Paid Medical	Paid AAO	Paid DCC	Recoveries	Total Paid	Paid Deductible Recoverable	Loss Ratio
Shepard Walton King Insurance Group	BAP272369	01/30/2015	South Texas Independent School District	495.00	74.25	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
Shepard Walton King Insurance Group	BAP272369	09/01/2015	South Texas Independent School District	720.00	108.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
Shepard Walton King Insurance Group	BAP272369	09/01/2016	South Texas Independent School District	720.00	108.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
Total				1,935.00	290.25	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%



## Loss Run Dated - 12/31/2020

### South Texas ISD

Account No: 338640

Policy Term: 09/01/2015 -- 09/01/2016

Policy Numbers: 10T029659-02404-15 7DA3CM0002335-01 AMP7522886-02 AMR-39718-01 CPP9654111-04  
HAN-12385-01 LEX-084297193-01 MSP-13074-04 USI-12377-01

Broker Company: Risk Placement Services, Inc.

No Claims found for this policy

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	Loss Paid	Expense Paid	Loss Reserve	Expense Reserve	Total Incurred
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Total All Years:

This is not to be construed as an absolute statement of claims, but as a history located for this insured with the listed policy numbers. The Amrisc, LLC loss runs do not necessarily reflect all new claims, transactions or changes applicable within the last 30 days.

Loss Run Dated - 12/31/2020

South Texas ISD

Account No: 400995

Policy Term: 09/01/2016 -- 09/01/2017

Policy Numbers: 10T029659-02404-16-01 7DA3CM0002335-02 AMP7522886-03 AMR-39718-02 CPP9654111-05  
HAN-12385-02 LEX-084297193-02 MSP-13074-05 USI-12377-02

Broker Company: Risk Placement Services, Inc.

No Claims found for this policy

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	Loss Paid	Expense Paid	Loss Reserve	Expense Reserve	Total Incurred
Total All Years:					

This is not to be construed as an absolute statement of claims, but as a history located for this insured with the listed policy numbers. The Amrisc, LLC loss runs do not necessarily reflect all new claims, transactions or changes applicable within the last 30 days.

## EXHIBIT D

### TEXAS POLITICAL SUBDIVISIONS PROPERTY/CASUALTY JOINT SELF-INSURANCE FUND GENERAL LIABILITY DECLARATION

Name of Member: South Texas I.S.D.

Interlocal Agreement Number: 20-F0634

Agreement Period: From: April 01, 2020

To: April 01, 2021

at 12.01 A.M. Standard Time  
at the Member's Mailing Address

#### LIMITS OF SELF-INSURANCE (Applicable to SECTION I., COVERAGES A. and B.)

General Aggregate Limit (Other Than Products-Completed Operations)	\$5,000,000
Products-Completed Operations Aggregate Limit	\$5,000,000
Personal and Advertising Injury Limit	\$5,000,000
Each Occurrence Limit	\$5,000,000
Damage to Rented Premises Limit	\$100,000
Medical Expenses	\$5,000

#### DEDUCTIBLE

☐ Per Claim - Applicable to SECTION I., COVERAGES A. and B. N/A

#### OPTIONAL COVERAGES

(Coverage is provided if selected by an "X" and a Limit of Self-Insurance is shown)

☒ I. Employee Benefit Liability Coverage

Aggregate Included in General Liability General Aggregate Limit (Subject to a Maximum Annual Aggregate of \$1,000,000)

Each Employee Included in General Liability Each Occurrence Limit (Subject to a Maximum of \$1,000,000 Per Occurrence)

Additional Employee Benefit Plan

#### ADDENDA TO THE COVERAGE DOCUMENT

105, 107, 107a, 113a, 115, 116, 122, 123, 124, 125, 126, 127, 128, 135

**TEXAS POLITICAL SUBDIVISIONS  
PROPERTY/CASUALTY JOINT SELF-INSURANCE FUND  
AUTOMOBILE LIABILITY AND PHYSICAL DAMAGE DECLARATION  
PART 1**

**ITEM ONE**

Name of Member: **South Texas I.S.D.**

Interlocal Agreement Number: **20-F0634**

Agreement Period: From: **April 01, 2020**

To: **April 01, 2021**

at 12:01 A.M. Standard Time  
at the Member's Mailing Address

<b>ITEM TWO - SCHEDULE OF COVERAGES AND COVERED AUTOS</b>		<p>This Coverage document provides only those coverages where a limit is shown below. Each of these coverages will apply only to those autos shown as covered autos. Autos are shown as covered autos for a particular coverage by the entry of one or more of the symbols from the COVERED AUTOS Section of the Texas Political Subdivisions Joint Self Insurance Fund Automobile Liability and Physical Damage Coverage Document.</p>	
<b>COVERAGES</b>	<b>COVERED AUTOS</b> <small>(Entry of one or more of the symbols from the COVERED AUTOS Section of the Texas Political Subdivisions Joint Self-Insurance Fund Automobile Liability and Physical Damage Coverage Document shows which autos are covered autos.)</small>	<b>LIMIT</b> <b>THE MOST THE FUND WILL PAY FOR ANY ONE ACCIDENT OR LOSS</b>	
<b>LIABILITY</b>			
Bodily Injury	1	\$100,000 Each Person / \$300,000 Each Accident	
Property Damage		\$100,000 Each Accident	
Combined Liability			
Deductible		\$10,000 Each Accident	
<b>PERSONAL INJURY PROTECTION</b>			
<b>AUTO MEDICAL PAYMENTS</b>			
	2	\$5,000	
<b>UNINSURED/UNDERINSURED MOTORISTS</b>			
Bodily Injury		\$30,000 Each Person / \$60,000 Each Accident	
Property Damage	Sec Addendum	\$25,000 Each Accident	
Combined Liability			
<b>PHYSICAL DAMAGE</b>			
Comprehensive Coverage	8, 10, 11, 12, 13	Stated Amount, Actual Cash Value or Cost of Repair, whichever is less, minus \$1,000 Ded. for each covered auto, but no deductible applies to loss caused by fire or lightning.	
<b>PHYSICAL DAMAGE</b> Specified Causes of Loss Coverage		Stated Amount, Actual Cash Value or Cost of Repair, whichever is less, minus Ded. for each covered auto for loss caused by mischief or vandalism.	
<b>PHYSICAL DAMAGE</b> Collision Coverage		Stated Amount, Actual Cash Value or Cost of Repair, whichever is less, minus \$1,000 Ded. for each covered auto.	
<b>PHYSICAL DAMAGE</b> Towing and Labor		for each disablement of a private passenger auto.	
<b>ITEM THREE - SCHEDULE OF COVERED AUTOS THE MEMBER OWNS</b>			
Covered Auto No.	<b>DESCRIPTION</b> <small>Year, Model, Trade Name, Body Type, Serial Number (S), Vehicle Identification Number (VIN)</small>	<p>Except for Towing all physical damage loss is payable to the Member and the loss payee named below as interest may appear at the time of the loss.</p>	
	<b>SEE SCHEDULE</b>		
<b>ADDENDA TO THE COVERAGE DOCUMENT</b>			
216a, 219, 220, 222, 223, 228, 236			

# AUTOMOBILE LIABILITY AND PHYSICAL DAMAGE DECLARATION (CONTINUED)

## PART 2

Name of Member: **South Texas I.S.D.**

Interlocal Agreement Number: **20-F0634**

### ITEM THREE - (Cont'd)

COVERAGE-LIMITS AND DEDUCTIBLES						
(Absence of a deductible or limit entry to any column below means that the limit or deductible entry in the corresponding ITEM TWO column of the Declarations applies instead)						
Cov Auto No.	LIABILITY	AUTO. MED PAY	COMPREHENSIVE	SPEC. CAUSES OF LOSS	COLLISION	TOWING & LABOR
	Limit (in Thousands)	Limit (in Thousands)	Limit* minus deductible shown below	Limit*	Limit* minus deductible shown below	Limit* per towing
	<b>SEE SCHEDULE</b>					

\*Limit stated in ITEM TWO.

### ITEM FOUR-SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE LIABILITY COVERAGE-RATING BASIS, COST OF HIRE

STATE	ESTIMATED COST OF HIRE FOR EACH STATE	RATE PER EACH \$100 COST OF HIRE	CONTRIBUTION
TX	If any		See Schedule

Cost of hire means the total amount the Member incurs for the hire of autos the Member doesn't own (not including autos the Member borrows or rents for the Member's employees or persons in their family). Cost of hire does not include charges for services performed by motor carriers of property or passengers.

### PHYSICAL DAMAGE COVERAGE

Coverages	LIMIT OF SELF-INSURANCE THE MOST THE FUND WILL PAY, DEDUCTIBLE
COMPREHENSIVE	ACTUAL CASH VALUE, COST OF REPAIRS OR \$50,000, WHICHEVER IS LESS, MINUS \$1,000 DEDUCTIBLE FOR EACH COVERED AUTO, BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING.
SPECIFIED CAUSES OF LOSS	ACTUAL CASH VALUE, COST OF REPAIRS OR \$, WHICHEVER IS LESS, MINUS \$25 DEDUCTIBLE FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM FOR EACH COVERED AUTO.
COLLISION	ACTUAL CASH VALUE, COST OF REPAIRS OR \$50,000, WHICHEVER IS LESS, MINUS \$1,000 DEDUCTIBLE FOR EACH COVERED AUTO.

☒ PHYSICAL DAMAGE COVERAGE for covered autos the Member hires or borrows is excess unless indicated below by "x".  
If this box is checked, PHYSICAL DAMAGE COVERAGE applies on a direct primary basis and for purposes of the condition entitled OTHER INSURANCE, any covered auto the Member hires or borrows is deemed to be a covered auto the Member owns.

### ITEM FIVE-SCHEDULE FOR NON-OWNERSHIP LIABILITY

THE MEMBER'S BUSINESS	RATING BASIS	NUMBER	CONTRIBUTION
OTHER THAN A SOCIAL SERVICE AGENCY	Number of Employees	0-25	See Schedule
	Number of Partners		
SOCIAL SERVICE AGENCY	Number of Employees		
	Number of Partners		

**THIS ADDENDUM MODIFIES THE TEXAS POLITICAL SUBDIVISIONS  
PROPERTY/CASUALTY JOINT SELF-INSURANCE FUND  
AUTOMOBILE LIABILITY AND PHYSICAL DAMAGE COVERAGE DOCUMENT  
PLEASE READ IT CAREFULLY.**

**ADDENDUM NO. 220  
UNINSURED/UNDERINSURED MOTORIST COVERAGE**

Name of Member: South Texas I.S.D. Interlocal Agreement Number: 20-F0634

Effective Date April 01, 2020

**SCHEDULE**

Coverage	Limits of Self-Insurance	Contribution
Bodily Injury	\$30,000 Each Person \$60,000 Each Accident	Included
Property Damage	\$25,000 Each Accident	Included
Combined Liability	Each Accident	

Designated Person:

**Description of Covered Autos**  
(Check Appropriate Block)

☒ Any Auto owned by the Member.

☐ Any private passenger Auto owned by the Member.

☐ Any motor vehicle to which are attached dealer's license plates issued to the Member.

☐ Any Autos designated in the declarations of the contract (by the letters UM/UIM) and an Auto ownership of which is acquired during the contract period by the Member as a replacement therefore.

☐ \_\_\_\_\_

**A. COVERAGE**

The **Fund** will pay damages which a **Covered Party** is legally entitled to recover from the owner or operator of an uninsured motor vehicle because of **Bodily Injury** sustained by a **Covered Party**, or **Property Damage** caused by an **Accident**. The owner's or operator's liability for these damages must arise out of the ownership, maintenance or use of the uninsured motor vehicle.

Any judgment for damages arising out of a **Suit** brought without the **Fund's** written consent is not binding on the **Fund**. If the **Fund** and the **Member** do not agree as to whether or not a vehicle is actually uninsured, the burden of proof as to that issue shall be on the **Fund**.

**TEXAS POLITICAL SUBDIVISIONS  
PROPERTY/CASUALTY JOINT SELF-INSURANCE FUND  
CRIME DECLARATION**

Name of Member: **South Texas I.S.D.**

Interlocal Agreement Number: **20-F0634**

Agreement Period: From: **April 01, 2020**

To: **April 01, 2021**

at 12:01 A.M. Standard Time  
at the Member's Mailing Address

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**CRIME COVERAGE**

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This coverage document consists of this DECLARATIONS Form, the Common Coverage Document Conditions, the Crime General Provisions, and the Coverage Forms and the addenda listed in the DECLARATIONS form.

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In return for payment of the contribution, and subject to all the terms of this coverage document, the **Fund** agrees with the **Member** to provide the self-insurance as stated in this coverage document.

---

	Limit of Self-Insurance	Deductible
Coverage O - Employee Dishonesty	\$ <u>300,000</u>	\$ <u>5,000</u>
Coverage B - Forgery or Alteration	\$ <u>25,000</u>	\$ <u>1,000</u>
Coverage C - Theft, Disappearance, and Destruction	\$ <u>25,000</u>	\$ <u>1,000</u>
Coverage D - Robbery & Safe Burglary	\$ <u>25,000</u>	\$ <u>1,000</u>
Coverage F - Computer Fraud	\$ <u>25,000</u>	\$ <u>5,000</u>
Coverage R - MO & Counterfeit Paper Currency	\$ <u>0</u>	\$ <u>0</u>
<b>Contribution:</b>	\$ <u>1,659</u>	

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**ADDENDA TO THE COVERAGE DOCUMENT**

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606, 609, 612



20 Burton Hills Blvd., Ste. 350  
Nashville, TN 37215

#### GENERAL PROPERTY DECLARATIONS

This Declaration Page is attached to and forms part of the Policy as defined herein.

Account Number: 2017-9000561-04 Previous Account Number: 2017-9000561-03

Inception Date: April 1, 2020 Expiration Date: April 1, 2021  
(12:01 A.M. Local time at each insured location.)

Coverage is provided by the following Company(s): Specific Policy Number  
Certain Underwriters at Lloyds (Consortium VPC-CN-0000561-04  
#9226)  
c/o Asta Managing Agency, LTD Camomile  
Court, 23 Camomile St, London, UK EC 3A 7II

Interstate Fire & Casualty Company VRX-CN-0000561-04  
33 W. Monroe Street , Chicago, IL 60603

Independent Specialty Insurance Company VUX-CN-0000561-04  
1900 L. Don Dodson Drive , Bedford, TX 76021

Named Insured and Mailing Address: South Texas Independent School District  
100 Med High Drive  
Mercedes, TX 78570

Producer Name and Address: Scott Wolf  
AmWINS - Dallas  
5910 North Central Expressway  
Suite 500  
Dallas, TX 75206

Business or Operations of the Named Insured: Education

The insurance provided by this policy consists of the following coverage form(s). In return for payment of the premium and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

#### PROPERTY INSURANCE

##### PREMIUM and FEE SUMMARY (Policy and Inspection Fee retained by Velocity Risk Underwriters, LLC)

Annual Premium/Fees	Premium (x TRIA)	TRIA	Policy Fee	Inspection Fee	Total
Certain Underwriters at Lloyds (Consortium #9226)	\$32,849.94	\$0.00	\$33.75	\$67.50	\$32,951.19
Independent Specialty Insurance Company	\$76,649.26	\$0.00	\$78.75	\$157.50	\$76,885.51
Interstate Fire & Casualty Company	\$133,831.80	\$0.00	\$137.50	\$275.00	\$134,244.30

Page 1 of 2

VRU-041-1118 General Property Declaration (Syndicated)

In the states of CA, NV, and NY, Velocity Risk Underwriters, LLC does business as Velocity Risk Insurance Agency, LLC.





AmWINS Brokerage of Texas, Inc.  
5910 North Central Expressway  
Suite 500  
Dallas, TX 75206

amwins.com

## POLICY PREMIUM AND SURPLUS LINES TAX SUMMARY

Attached to and forming part of Policy Number: VPC-CN-0000561-04

Named Insured: South Texas Independent School District Policy Number: VPC-CN-0000561-04  
Coverage: Property Carrier: Certain Underwriters at Lloyd's, London  
Agency: Shepard Walton King Insurance Group Policy Period: 04/01/2020 - 04/01/2021

Policy Premium:	\$32,849.94
Fees:	\$101.25
Surplus Lines Taxes:	\$1,647.56
Total:	\$34,598.75

### FEES:

Fee	Taxable	Amount
Market Inspection Fee	Yes	\$67.50
Market Policy Fee	Yes	\$33.75
Total Fees		\$101.25

### SURPLUS LINES TAX CALCULATION:

Description	Taxable Premium	Taxable Fee	Tax Basis	Rate	Tax
Texas					
Surplus Lines Tax	\$32,849.94	\$101.25	\$32,951.19	4.85%	\$1,598.13
Stamping Fee	\$32,849.94	\$101.25	\$32,951.19	0.15%	\$49.43
Total Surplus Lines Taxes and Fees					\$1,647.56

## SURPLUS LINES DISCLOSURE

### Texas

This insurance contract is with an insurer not licensed to transact insurance in this state and is issued and delivered as surplus line coverage under the Texas insurance statutes. The Texas Department of Insurance does not audit the finances or review the solvency of the surplus lines insurer providing this coverage, and the insurer is not a member of the property and casualty insurance guaranty association created under Chapter 462 Insurance Code. Chapter 225, Insurance Code, requires payment of a 4.85 percent tax on gross premium. AmWINS Brokerage of Texas, Inc.

5910 N. Central Expressway, Suite 500

Surplus Lines Licensee Name: Dallas, TX 75206

### IMPORTANT NOTICE

To obtain information or make a complaint:



AmWINS Brokerage of Texas, Inc.  
5910 North Central Expressway  
Suite 500  
Dallas, TX 75206

amwins.com

## POLICY PREMIUM AND SURPLUS LINES TAX SUMMARY

Attached to and forming part of Policy Number: VUX-CN-0000561-04

Named Insured:	South Texas Independent School District	Policy Number:	VUX-CN-0000561-04
Coverage:	Property	Carrier:	Independent Specialty Insurance Company
Agency:	Shepard Walton King Insurance Group	Policy Period:	04/01/2020 - 04/01/2021

Policy Premium:	\$76,649.26
Fees:	\$236.25
Surplus Lines Taxes:	\$3,844.28
<b>Total:</b>	<b>\$80,729.79</b>

### FEES:

Fee	Taxable	Amount
Market Inspection Fee	Yes	\$157.50
Market Policy Fee	Yes	\$78.75
<b>Total Fees</b>		<b>\$236.25</b>

### SURPLUS LINES TAX CALCULATION:

Description	Taxable Premium	Taxable Fee	Tax Basis	Rate	Tax
<b>Texas</b>					
Surplus Lines Tax	\$76,649.26	\$236.25	\$76,885.51	4.85%	\$3,728.95
Stamping Fee	\$76,649.26	\$236.25	\$76,885.51	0.15%	\$115.33
<b>Total Surplus Lines Taxes and Fees</b>					<b>\$3,844.28</b>

## SURPLUS LINES DISCLOSURE

### Texas

This insurance contract is with an insurer not licensed to transact insurance in this state and is issued and delivered as surplus line coverage under the Texas insurance statutes. The Texas Department of Insurance does not audit the finances or review the solvency of the surplus lines insurer providing this coverage, and the insurer is not a member of the property and casualty insurance guaranty association created under Chapter 462 Insurance Code. Chapter 225, Insurance Code, requires payment of a 4.85 percent tax on gross premium. AmWINS Brokerage of Texas, Inc.

5910 N. Central Expressway, Suite 500

Surplus Lines Licensee Name: Dallas, TX 75206

### IMPORTANT NOTICE

To obtain information or make a complaint:



AmWINS Brokerage of Texas, Inc.  
5910 North Central Expressway  
Suite 500  
Dallas, TX 75206

amwins.com

## POLICY PREMIUM AND SURPLUS LINES TAX SUMMARY

Attached to and forming part of Policy Number: VRX-CN-0000561-04

Named Insured: South Texas Independent School District Policy Number: VRX-CN-0000561-04  
Coverage: Property Carrier: Interstate Fire & Casualty Company  
Agency: Shepard Walton King Insurance Group Policy Period: 04/01/2020 - 04/01/2021

Policy Premium:	\$133,831.80
Fees:	\$412.50
Surplus Lines Taxes:	\$6,712.22
Total:	\$140,956.52

### FEES:

Fee	Taxable	Amount
Market Policy Fee	Yes	\$137.50
Market Inspection Fee	Yes	\$275.00
Total Fees		\$412.50

### SURPLUS LINES TAX CALCULATION:

Description	Taxable Premium	Taxable Fee	Tax Basis	Rate	Tax
Texas					
Surplus Lines Tax	\$133,831.80	\$412.50	\$134,244.30	4.85%	\$6,510.85
Stamping Fee	\$133,831.80	\$412.50	\$134,244.30	0.15%	\$201.37
Total Surplus Lines Taxes and Fees					\$6,712.22

## SURPLUS LINES DISCLOSURE

### Texas

This insurance contract is with an insurer not licensed to transact insurance in this state and is issued and delivered as surplus line coverage under the Texas insurance statutes. The Texas Department of Insurance does not audit the finances or review the solvency of the surplus lines insurer providing this coverage, and the insurer is not a member of the property and casualty insurance guaranty association created under Chapter 462 Insurance Code. Chapter 225, Insurance Code, requires payment of a 4.85 percent tax on gross premium. AmWINS Brokerage of Texas, Inc.

5910 N. Central Expressway, Suite 500

Surplus Lines Licensee Name: Dallas, TX 75206

### IMPORTANT NOTICE

To obtain information or make a complaint:



Dallas, Texas

Administrative Office: 399 Park Avenue, 8<sup>th</sup> Floor, New York, NY 10022

ADMINISTRATIVE CHANGE RIDER #3

This Rider is attached to and made a part of Policy Number **BAP 478401** issued to **South Texas Independent School District** (the Policyholder).

Effective **April 1, 2020**, the Policy is renewed as follows:

**POLICY PERIOD:** April 1, 2020 at 12:01 A.M through April 1, 2021 at 12:01 A.M

**PREMIUMS:** \$410.00

In all other respects, the Policy remains the same.

Signed for STARR INDEMNITY & LIABILITY COMPANY:

A handwritten signature in cursive script that reads "Nehemiah E. Ginsburg".

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Nehemiah E. Ginsburg,  
General Counsel and Secretary

A handwritten signature in cursive script that reads "Steve Blakey".

---

Steve Blakey,  
President and Chief Executive Officer



SOUTTEX-10

TTARVER

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/5/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Shepard Walton King Insurance Group 121 West Pecan Blvd. McAllen, TX 78501	CONTACT NAME: <b>Nancy Garza</b>	
	PHONE (A/C, No, Ext): <b>(956) 682-2841 4011</b>	FAX (A/C, No): <b>(956) 630-4015</b>
	E-MAIL ADDRESS: <b>ngarza@swkins.com</b>	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : <b>Texas Political Subdivisions</b>	
INSURED  <b>South Texas ISD 100 Med High Drive Mercedes, TX 78570</b>	INSURER B : <b>Western World Insurance Company</b>	<b>13196</b>
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

## RENEWAL NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY ENDORSEMENTS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXPI (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			20-F0634	4/1/2020	4/1/2021	EACH OCCURRENCE \$ <b>5,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>100,000</b> MED EXP (Any one person) \$ <b>5,000</b> PERSONAL & ADV INJURY \$ <b>5,000,000</b> GENERAL AGGREGATE \$ <b>5,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>5,000,000</b> \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			20-F0634	4/1/2020	4/1/2021	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ <b>100,000</b> BODILY INJURY (Per accident) \$ <b>300,000</b> PROPERTY DAMAGE (Per accident) \$ <b>100,000</b> \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	<input checked="" type="checkbox"/> WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	20-H0718	9/1/2020	9/1/2021	PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ <b>100,000</b> E.L. DISEASE - EA EMPLOYEE \$ <b>100,000</b> E.L. DISEASE - POLICY LIMIT \$ <b>500,000</b>
B	Errors and Omissions			NFP1000749	4/1/2020	4/1/2021	Aggregate <b>1,000,000</b>
B	Employment Practices			NFP1000749	4/1/2020	4/1/2021	Aggregate <b>1,000,000</b>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

## CERTIFICATE HOLDER

## CANCELLATION

South Texas ISD 100 Med High Drive Mercedes, TX 78570	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE <i>Shepard Walton King Insurance Group</i>

EXHIBIT E

2020-2021 Employee Enrollment	
Staff	Count
Teachers	296
Support Staff	119
Administration	14
Secretaries	29
Aides	29
Maintenance	142
Cafeteria	19
	648

2020-2021 District Student Enrollment	
Grade Level	Enrollment
7th	601
8th	618
9th	781
10th	799
11th	681
12th	712
District Enrollment	4192

Number of student games/externships	
Powder puff	90
Externship	50
Dates to be determined	



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Texas ISD**

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EXHIBIT F

Additional Information

What is the District's current Bond rating? Most recent: Moody's

How many involuntary terminations or contract non-renewals have occurred in the past year? N/A

Does the entity have written procedures in place for the following? Yes

ADA/Handicap accommodations? Yes

Handling complaints of sexual harassment? Yes

Handling complaints of discrimination? Yes

At Will Employment for non-contract employees? Yes

Progressive discipline and termination? Yes

Anti-Discrimination? Yes

Anti-Harassment? Yes

Conflict of Interest? Yes

Equal Opportunity Employment? Yes

Human resources procedures? Yes

If yes, what was the date of the last revision? August 2018

Is a job posting system consistently followed? Yes

Does the entity serve as fiscal agenda for a special education cooperative? N/A

Do your IT-administrators install computer software updates as soon as reasonable possible including installation of software "patches"? Yes, as soon as reasonably possible.

If yes, are critical patches installed within 30 days of release? As soon as there is an opportunity to unfreeze the computers?

How often are anti-virus software signatures updated? Automatically

Does the District/Member provide training to key employees regarding its Privacy Policy and the handling of personally identifiable information? Yes

Has the Applicant suffered any known intrusions (i.e. unauthorized access or security breach) or denial of service attacks relating to its computer systems in the most recent three year time period from the date of this Application? No



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If yes, describe any such intrusions or attacks, including any damage caused by any such intrusions, including lost time, lost business income, or costs to repair any damage to systems or to reconstruct data or software, describe the damage. N/A

Has the District/Member ever received, or is there currently pending, any claims or complaints with respect to allegations of or injury to privacy, identify theft, theft of information, breach of information security, software copyright infringement? No

If yes, please describe. N/A

Is the District, any administrator, elected official or appointed official thereof have knowledge or information of any fact, circumstance, situation, event or transaction which may give rise to a "Claim" or loss under the proposed network security. No

If yes, please describe. N/A

TAPS provides coverage for remotely piloted aerial vehicles (drones) under 6 feet in length or width, as long as they are operated within the rules and guidelines of the Federal Aviation Agency. How many such vehicles does the entity currently operate? No

Drones-What are the uses of these vehicles? N/A

Number of special education hearings sought in past two years? 0

Number of EEOC hearings sought in past two years? 1

Does your entity participate in any employee leasing contracts? No

Does the contract have a provision to hold your entity harmless from employment actions by the leased employee? N/A

Do the buildings on the statement of values have fire sprinklers protection? Specified on Statement of Values