2021 CASUALTY INSURANCE SPECIFICATIONS

for

BARBERS HILL INDEPENDENT SCHOOL DISTRICT

RFP NO. 22-001 **RENEWAL DATE: SEPTEMBER 1, 2021**

Prepared By:

RWL GROUP 300 North Coit Road, Suite 810 Richardson, Texas 75080-5456 Phone: 972-907-9095 Fax: 972-907-9198

Email: rwlgroup@rwlgroup.com Internet: www.rwlgroup.com

TABLE OF CONTENTS

SECTION I — Barbers Hill ISD Forms

SECTION II — General Requirements and Instructions

SECTION III — Minimum Underwriting Requirements & Proposal Forms

SECTION IV — Underwriting Information

SECTION I

BARBERS HILL ISD FORMS

PROPOSAL CERTIFICATION

CONFLICT OF INTEREST NOTICE

FELONY CONVICTION NOTIFICATION

Barbers Hill ISD Proposal Certification

The undersigned authorized representative of the bidding company indicated below hereby acknowledges:

- 1. That he/she is authorized to enter into contractual relationships on behalf of the bidding company indicated below; and
- 2. That he/she has carefully examined this Proposal Certification, the accompanying forms, the Instructions to Proposers, the General Terms and Conditions and Specifications associated with this Proposal Invitation; and
- 3. That he/she proposes to supply any products or selllices submitted under this Proposal at the prices quoted and in strict compliance with the Instructions Io Proposers, General Terms and Conditions, and Specifications associated with this Proposal Invitation, unless any exception are noted in writing with this bid response; and
- 4. That if any part of this proposal is accepted, he'she will furnish all products or services awarded under this proposal all the prices quoted and in strict compliance with the Instructions to Proposers, General Terms and Conditions, and Specifications associated with this Proposal Invitation, unless any exceptions are noted in writing with this response; and
- That any and all exception to the Instruction to Proposers, General Terms or Conditions of this bid have been noted in writing in this proposal response, and that no other exceptions to the General Terms or Conditions will be claimed.

Date	Signature of Authorized Representative
Name of Bidding Company	Printed Name of Authorized Representative
Address	Title of Authorized Representative
City, State, Zip	Telephone # of Authorized Representative
Company Internet Address	Fax # of Authorized Representative
Telephone Number for Shipping Questions	Email Address of Authorized Representative

This form must be manually signed and returned with proposal. Failure to manually sign and return with proposal will result in disqualification of the proposal.

CONFLICT OF INTEREST NOTICE

Barbers Hill Independent School District

Notice to Vendors

Conflict of Interest Questionnaire Required by Chapter 176 of the Texas Local Government Code

Under Chapter 176 of Texas Local Government Code, a person or entity who contracts or seeks to contract with a school district for the sale or purchase of property, goods, or services (as well as agents of such persons) is required to file a Conflict of Interest Questionnaire with the district's Records Administrator (in this case, the BHISD Business Office). Each covered person or entity who seeks to or who contracts with BHISD is responsible for complying with any applicable disclosure requirements. BHISD will post the required completed questionnaires on its website.

The Local Government Officers of Barbers Hill Independent School District are:

Barbers Hill ISD Board of Trustees

George Barrera, President
Fred Skinner, Vice President
Cynthia Erwin, Secretary
Benny May, Member
Eric Davis, Member
Clint Pipes, Member
Becky Tice, Member

District Leadership

Dr. Greg Poole, Superintendent Sandra Duree, Deputy Superintendent Rebecca McManus, Asst. Superintendent of Finance Barbara Ponder, Asst. Superintendent of Personnel Stan Frazier, Asst. Superintendent of Planning & Operations Sue Garcia, Asst. Superintendent of Special Services Kristen Davis, Asst. Superintendent of Technology Chelsea McDaniel, Business Manager Natasha Holden, Asst. Director of Curriculum and Adv. Academics Tom Westerberg, Athletic Director Kenny Widner, Police Chief Becky Johnson, Director of Operations Susan LeBlanc, Director of School Nutrition Jami Navarre, Director of Community Relations Dr. Linda Gerhart, Coordinator of State & Federal Programs Rick Kana, Principal, High School Lance Murphy, Principal, Middle School North Chloe Yowell, Principal, Middle School South Stephanie Martin, Principal, Elementary School North Melissa Barrington, Principal, Elementary School South Lisa Watkins, Principal, Pre-K Center Daniel Andrews, Principal, Early Childhood Center Heron Thomas, Prinicipal, DAEP Kevin Stone, Director of Band Colleen Goundrey, Coordinator of Health Services Lori May, Coordinator of Student Safety Services

FORM CIQ CONFLICT OF INTEREST QUESTIONNAIRE For vendor doing business with local governmental entity OFFICE USE ONLY 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 Date Received 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. Name of vendor who has a business relationship with local governmental entity. 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.) Name of local government officer about whom the information is being disclosed. Name of Officer 1 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 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? 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

CONFLICT OF INTEREST QUESTIONNAIRE For vendor doing business with local governmental entity

A complete copy of Chapter 176 of the Local Government Code may be found at http://www.statutes.legis.state.tx.us/Docs/LG/htm/LG.176.htm. For easy reference, below are some of the sections cited on this form.

<u>Local Government Code § 176.001(1-a)</u>: "Business relationship" means a connection between two or more parties based on commercial activity of one of the parties. The term does not include a connection based on:

- (A) a transaction that is subject to rate or fee regulation by a federal, state, or local governmental entity or an agency of a federal, state, or local governmental entity;
- (B) a transaction conducted at a price and subject to terms available to the public; or
- (C) a purchase or lease of goods or services from a person that is chartered by a state or federal agency and that is subject to regular examination by, and reporting to, that agency.

Local Government Code § 176.003(a)(2)(A) and (B):

- (a) A local government officer shall file a conflicts disclosure statement with respect to a vendor if:
 - (2) the vendor:
 - (A) has an employment or other business relationship with the local government officer or a family member of the officer that results in the officer or family member receiving taxable income, other than investment income, that exceeds \$2,500 during the 12-month period preceding the date that the officer becomes aware that
 - (i) a contract between the local governmental entity and vendor has been executed;

or

- (ii) the local governmental entity is considering entering into a contract with the vendor:
- (B) has given to the local government officer or a family member of the officer one or more gifts that have an aggregate value of more than \$100 in the 12-month period preceding the date the officer becomes aware that:
 - (i) a contract between the local governmental entity and vendor has been executed; or
 - (ii) the local governmental entity is considering entering into a contract with the vendor.

Local Government Code § 176.006(a) and (a-1)

- (a) A vendor shall file a completed conflict of interest questionnaire if the vendor has a business relationship with a local governmental entity and:
 - (1) has an employment or other business relationship with a local government officer of that local governmental entity, or a family member of the officer, described by Section 176.003(a)(2)(A);
 - (2) has given a local government officer of that local governmental entity, or a family member of the officer, one or more gifts with the aggregate value specified by Section 176.003(a)(2)(B), excluding any gift described by Section 176.003(a-1); or
 - (3) has a family relationship with a local government officer of that local governmental entity.
- (a-1) The completed conflict of interest questionnaire must be filed with the appropriate records administrator not later than the seventh business day after the later of:
 - (1) the date that the vendor:
 - (A) begins discussions or negotiations to enter into a contract with the local governmental entity; or
 - (B) submits to the local governmental entity an application, response to a request for proposals or bids, correspondence, or another writing related to a potential contract with the local governmental entity; or
 - (2) the date the vendor becomes aware:
 - (A) of an employment or other business relationship with a local government officer, or a family member of the officer, described by Subsection (a);
 - (B) that the vendor has given one or more gifts described by Subsection (a); or
 - (C) of a family relationship with a local government officer.

Barbers Hill Independent School District Felony Conviction Notification

The Texas Education Code, Section 44.034(a) states that 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 the felony.

Furthermore, Section 44.034(b) states that 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.

Lastly, Section 44.034 (c) states that this section does not apply to a publicly held corporation.

	**	
0) My firm is a publicly held corporation; therefore	this requirement is not applicable.
Ō) My firm is not owned nor operated by anyone w	ho has been convicted of a felony.
0	My firm is owned or operated by the following i convicted of a felony:	ndividual(s) who has/have been
	Name:	
	Name: Description of conduct resulting in a felony:	
	Name:	
	Description of conduct resulting in a felony:	
	Name:	
	Description of conduct resulting in a felony:	
notif	the undersigned agent for the firm named below iffication of felony conviction has been received ove is true to the best of my knowledge.	v, certify that the information concerning
Vend	ndor's Name:	
Auth	thorized Company Official's Name:	
Auth	thorized Company Official's Title:	
Date	e S	ignature

SECTION II

GENERAL REQUIREMENTS AND INSTRUCTIONS

A.	Introduction	1
B.	Notice	1
C.	Time-Frame	1
D.	Communication	2
E.	Proposals	2
F.	Qualifications	3
G.	Assignment of Markets	3
Н.	Selection Criteria	5
l.	Servicing Criteria	5
J.	Disqualification and Rejection	5
K.	Legal	5
L.	Authorized Signature	6
M.	Fees and Commission	6
N.	Outline of Current Program	6
	Market Request Form	7
	Servicing Criteria Form	8
	Claims Services Form	9
	Loss Control Services Form	10

SECTION II

GENERAL REQUIREMENTS AND INSTRUCTIONS

A. INTRODUCTION

The Barbers Hill ISD is seeking competitive sealed proposals for casualty insurance protection. The School District is prepared to accept retentions or deductibles compatible with its financial strengths, provided that the credits extended justify the assumption of the financial risk. Barbers Hill ISD will consider a plan which deviates from options listed if it offers overall cost benefits. The insurance is to take effect on September 1, 2021.

B. NOTICE

The information contained in these specifications is confidential and is to be used only in connection with preparing proposals of insurance.

- Barbers Hill ISD reserves the right to accept or reject, in part or in whole, any portion of the proposed program when, in its judgment, such action is deemed necessary and in the best interests of the insured. The School District also reserves the right to waive or dispense with any of the informalities contained herein.
- Each proposer is asked to submit proposals on the basis of the specifications contained herein.
 Alternative proposals will also be considered, provided the alternatives are clearly explained. All deviations from the specifications must be clearly identified and explained in the appropriate proposal form.
- The underwriting information contained herein is believed to be accurate and up-to-date, but is not intended to be an express or implied warranty. Requests for additional information should be directed to:

Ms. Kim Kunk, CTSBO
Accounting & Purchasing Specialist
Barbers Hill ISD
PO Box 1108
Mont Belvieu, TX 77580
9600 Eagle Drive, Mont Belvieu, TX 77523

Phone: 281-576-2221 Ext. 1259 E-mail: kkunk@bhisd.net

C. TIME-FRAME

- 1. The specifications will be available for proposers beginning at 9:00 a.m. on Thursday, June 3, 2021, at the Purchasing Department of the School Administration Building (address above).
- 2. Market request forms are included in this packet. These request forms must be completed and returned to RWL Group no later than 5:00 p.m. on Tuesday, June 8, 2021. They may be mailed or sent via e-mail. A copy should also be sent to Kim Kunk at Barbers Hill ISD. Market request forms that are received after 5:00 p.m. on Tuesday, June 8, 2021, will also be considered pursuant to provision G herein.
- 3. RWL Group will assign markets to agents beginning at 1:00 p.m. on Wednesday, June 9, 2021.
- 4. One copy of each proposal must be delivered to both Kim Kunk and Robert Lazarus either via regular mail or e-mail by no later than 2:00 p.m. on Thursday, July 29, 2021, in a sealed envelope. Each envelope should be clearly labeled "RFP #22-001 CASUALTY INSURANCE PROPOSAL."

- 5. When proposals are sent by mail, the proposer is responsible for their delivery by the date and time set for the closing of proposal acceptance. If the mail is delayed beyond the date and time set for the closing, the delayed proposals will be returned unopened and will not be considered.
- 6. The sealed envelopes will be opened at 2:00 p.m. on Thursday, July 29, 2021, at the Barbers Hill ISD Purchasing Office.
- 7. Virtual interviews with viable proposers will be conducted on a day and time to be determined during the weeks of August 2nd or August 9th, 2021.
- 8. Selected proposers will be recommended at the August 18, 2021, Board meeting.
- 9. Binders are to be provided by no later than Monday, August 30, 2021.
- 10. All policies are to be effective September 1, 2021.
- 11. Policies are to be delivered no later than Friday, December 3, 2021.

D. COMMUNICATION

1. Requests for clarification or interpretation of the specifications should be submitted, in writing, to:

Robert W. Lazarus, Senior Consultant
RWL Group
300 North Coit Road, Suite 810
Richardson, Texas 75080
Phone: 972-907-9095 E-Mail: rwlgroup@rwlgroup.com

 Kim Kunk, will represent the School District for all matters pertaining to these specifications and contracts in conjunction herein. A copy of all correspondence directed to RWL Group must also be sent to Ms. Kunk. Inspections may be coordinated through Ms. Kunk (contact information in Part B on previous page).

E. PROPOSALS

 Proposals are to be clearly explained and identified. The proposal specifications contain proposal forms. These forms must be completed by the proposer and attached to the proposal. Unless otherwise stated, all blank spaces on the proposal page(s), applicable to subject specifications, must be completed correctly. All costs, including optional programs, must be clearly stated and summarized.

Exceptions or deviations from the specifications must be specifically identified in the Exception Form contained herein. Failure to follow these instructions may be grounds for disqualification of your proposal.

NOTE — If no exceptions are listed in the Exception Form at the end of each section, it will be understood that the proposal contemplates coverage per the specifications. Also, it is mandatory that all proposers list on the Exception Forms any material restriction of coverage that may be proposed by insurers. The Exception Form should be used to list any specifications that cannot be complied with for legal reasons.

- 2. Proposers may withdraw their proposals at any time before the closing of proposal acceptance. However, no proposal can be withdrawn or canceled after the closing of proposal acceptance.
- 3. If any person who contemplates submission of a proposal is in doubt as to the true meaning of any part of these specifications, he or she may submit a written request for interpretation thereof to RWL Group. The decision of RWL Group will be final. Oral explanations will not be binding. Requests for additional information must be made in writing (either by fax or e-mail), not later than two weeks prior to the date proposals are due (by Thursday, July 15, 2021) with a copy to Kim Kunk at the School District.

4. Barbers Hill ISD will accept one of the proposals, or a combination of several parts of more than one of the proposals, or reject all proposals as soon as possible after the time for close of proposals.

F. QUALIFICATIONS

1. AGENT:

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

- a) The agency must have agent's errors and omissions insurance with a limit of at least \$1,000,000 per-occurrence. A certificate evidencing coverage must be included with the proposal.
- b) The agency must have been in business for at least ten (10) years.
- c) The agency must assign at least one qualified account representative to service Barbers Hill ISD. This representative should have at least ten (10) years of experience in public entity property and casualty lines. Please include the resumes of all proposed account representatives in the proposal.

2. INSURER:

- a) Although proposals will be accepted from carriers regardless of their A.M. Best rating (or whether or not they are rated), more favorable consideration will be given to those proposals submitted by carriers with ratings of at least A-:VII in the latest edition of the A.M. Best Key Rating Guide (property/casualty edition). Each agent must show an A.M. Best rating for each insurer that is submitting a proposal.
- b) Insurers shall be duly licensed, or approved non-admitted carriers, and comply with all applicable state insurance laws and requirements, or duly constituted applicable insurance regulatory authorities.
- c) Local claims, underwriting, and engineering capabilities will be considered a plus. If independent servicing firms are to be used for claims or safety engineering services, their names and addresses must be shown.
- d) Proposals will be accepted from intergovernmental risk sharing pools and risk retention groups organized in accordance with Article 4413 (32c), Texas Interlocal Cooperation Act, and Article 8309h, Workers Compensation for Political Subdivisions. Proposals from such sources must include a current financial statement (balance sheet and statement of operations) and the most recent audited financial statements, including the auditor's opinion, plus complete particulars about its reinsurance programs.

G. ASSIGNMENT OF MARKETS (Does Not Apply To Direct Writers)

- 1. A market allocation procedure is applicable only to situations when more than one agent wants to obtain quotes from the same insurance group. Barbers Hill ISD reserves the right to assign the use of any given insurance carrier with respect to this insurance to a specific agent or broker to avoid multiple contacts with a single insurance underwriter. Your cooperation is asked in helping obtain as wide a representation of potential insurers as is presently possible through the following method:
- 2. Each agent (or company) participating in the proposal process is asked to submit an initial list of insurers with which he/she would like to work in preparing proposals for the requested programs. This list should be ranked in order of preference. A "Market Request Form" is attached for this purpose and contemplates the insurer if not otherwise part of a group, in which case the group of insurers should be shown. Brokers will not be assigned.

- 3. The Market Request Form should be completed and mailed or sent via e-mail to Robert Lazarus at RWL Group, on or prior or after 5:00 p.m. on Tuesday, June 8, 2021, subject to provision G.5.a-c. all inclusive. A copy of this form should also be sent to Kim Kunk at Barbers Hill ISD.
- 4. RWL Group will begin assigning markets at 1:00 p.m., on Wednesday, June 9, 2021, based on the requests received at that time. Agents must not reserve any markets prior to receiving a confirmation of market assignments.
- 5. Insurance markets will be assigned in accordance with the following principles:
 - a. All market awards will endeavor to follow the requests in the order of priority indicated by the agent. At the discretion of Barbers Hill ISD and RWL Group, the order of choice between agents requesting the same markets will be determined by the order in which the Market Request Forms are received by RWL Group.
 - b. Insurance carriers presently providing insurance to Barbers Hill ISD will automatically be retained by the current agent or (agent's group), if he/she lists the carrier(s) as the first choice on the Market Request Form.
 - c. Requests for insurance markets received after the date indicated will be honored only to the extent that such companies have not previously been requested and assigned.

Notwithstanding the above, preferential consideration will be given to agents that have a proprietary insurance program with any insurer, or group of insurers.

- 6. No more than one agent may contact any one insurance group. To assist us in achieving this, all requests for carriers that are part of a group should be made in the name of the group and not the individual carrier. Market requests for other than insurance companies or groups will not be acceptable; for example, if the company is National Union, please show your choice as AIG Group.
- 7. Barbers Hill ISD reserves the right to assign additional markets, if not in conflict with previous assignments, as may be appropriate. If additional markets are desired, the agent must secure prior approval from RWL Group before approaching said markets. Additional markets may be requested beginning at 2:00 p.m. on Thursday, June 10, 2021. Additional markets must be requested in writing and must not be contacted or reserved without approval from RWL Group. Failure to follow these rules may result in disqualification of your proposal.
- 8. If full insurance coverage will not be provided by one insurer, the percentage of the amount of coverage to be provided by each insurer must be shown.
- If RWL Group or Barbers Hill ISD feel that all viable markets have not been approached, all
 providers will be sent a listing of these additional markets. Each provider will be permitted to
 choose one additional market from this list on a first-come, first-served basis, via a written or emailed request.
- 10. No person or organization is authorized to reserve any market unless approved by RWL Group.
- 11. RWL Group will invite selected vendors who have submitted viable proposals to virtually present their proposals and to negotiate best and final offers on a day and time to be determined during the weeks of August 2nd or August 9th, 2021. Each of the selected vendors will be subject to a supplemental market assignment process with respect to any insurer that has not otherwise submitted a proposal (or viable proposal) to any vendor, notwithstanding previous assignments to any vendor that has not been invited to make a presentation to Barbers Hill ISD.

H. SELECTION CRITERIA

Barbers Hill ISD reserves the right to award the subjects of the proposal, in whole or in part, to those proposers who demonstrate professional competence in submitting proposals that satisfy cost, coverage, prior business relationship, and servicing criteria. Insurance proposals will be carefully evaluated in terms of cost effectiveness and coverage, and for compliance with the insurance, risk financing, and servicing criteria as contained in the specifications. The insured will consider the merits of each proposal, whether on a consolidated or fragmented basis.

I. SERVICING CRITERIA

Barbers Hill ISD strongly desires to receive personalized and timely professional risk management services of the highest professional quality from the selected proposer. Proposers who demonstrate the professional capability, expertise, and experience in handling an account the size of Barbers Hill ISD will receive favorable consideration. Servicing criteria will be evaluated in terms of such considerations as:

- 1. Number of years in business
- 2. Size of agency and staff
- 3. Experience of staff
- 4. Professional servicing capability; i.e., loss control, claims management, information storage systems, underwriting, exposure and hazard identification, etc.
- 5. Capability and willingness of agency resources to personally respond to the professional needs of the insured in a timely manner
- 6. Technical skills of staff with respect to insurance coverages and knowledge of certain internal risk management administrative considerations (insurance budgets, premium allocations, contractual risk transfer, legal trends, etc.).
- 7. Prior business relationship with Barbers Hill ISD

Appropriate emphasis will be placed on these considerations with respect to the evaluations of the insurance proposals.

Each proposer is asked to submit a written addendum to his/her proposal which responds to this section, "Servicing Criteria", and which specifically identifies the names of personnel who will be responsible for servicing Barbers Hill ISD. The written addendum should include the qualifications and experiences of account executive personnel and technical support persons who will be directly responsible for servicing Barbers Hill ISD. A proposed plan should be clearly explained as to how you intend to deliver the requested services in a personalized and timely manner. Please use the Servicing Criteria Form which appears at the end of Section I for responding to this item.

J. DISQUALIFICATION AND REJECTION OF PROPOSALS

Failure to comply with the requirements or the procedures or to satisfy the insurance and servicing criteria as set forth in the specifications, may result in either disqualification of the proposer, rejection of the insurance proposal or other remedial action deemed appropriate at the sole discretion of the School District. It is not intended that technical exceptions to the specifications will, in and of themselves, disqualify proposers, unless the exceptions are deemed to be material. Barbers Hill ISD reserves exclusive right to make determination as to what is or is not material. The School District reserves the right to reject a proposer if the proposer is in arrears on existing contracts or School District taxes.

K. LEGAL

All proposers are expected to comply with all federal, state and local insurance laws and regulations relative to the preparation and submission of insurance proposals. All proposals that are submitted will be presumed to be in compliance with all applicable laws.

L. AUTHORIZED SIGNATURE

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

M. FEES AND COMMISSIONS

Each agent must attach a schedule of commissions, by line of coverage, expressed as a unit price or percentage of premium. In addition, as an alternative, each agent is requested to make a fee proposal and quote all coverages net of commission. A specimen contract for services is requested with respect to a "fee" payment methodology in lieu of commission.

N. OUTLINE OF CURRENT PROGRAM

TASB writes all liability coverages.

BARBERS HILL ISD MARKET REQUEST FORM

Ας	jency:		
Na	ame of Agent:	V	
Αc	ldress:	entransconduction accompany to the contract of	
Te	lephone #:	Fax #	<i>‡</i> :
Ē-	Mail Address:	was	
	RANKED PREFERENCE	COMMERCIAL GE	NERAL LIABILITY
	1.		
	2.		
	3.		
	4.		
	5.		
	3.		
	RANKED PREFERENCE	EDUCATOR'S LEGAL LIABILITY EMPLOYMENT PRACTICEES LIABILITY	AUTOMOBILE LIABILITY AND AUTO PHYSICAL DAMAGE
	1.		
	2.		
	3.		
-	4.		
Ì	5.		
L.	J		
	RANKED PREFERENCE	CYBER LIABILITY	LAW ENFORCEMENT LIABILITY
	1.		
	2.		
	3.		
	4.		
	5.		

BARBERS HILL ISD

SERVICING CRITERIA FORM

Please use this form to respond to "Que must clearly and specifically address all	ualifications" and "Servicing Criteria" in S I of the criteria requested in these section	Section I. Each proposer s.
		Doto
Authorized Signature	Company	Date

BARBERS HILL ISD

CLAIMS SERVICES FORM

	Is there 24—hour claims service	?Yes	No			
	Will the School District be consu	ulted on the disposition of	all claims over \$5,000?			
		Yes	No			
	name, date of accident, descrip	tion of injury, paid, reser it, plus a summary of ago	ns which show each claimant's ved and total incurred losses by gregate losses for each previous			
	_	Yes No	o			
	Please attach copies of claims and samples of all claim-reporting		which the insured must comply			
		Please provide a description of the specific loss control services that will be available to Barbers Hill ISD, and indicate any additional fees for such services.				
	Please provide any additional in	ease provide any additional information you feel would be relevant.				
	Please provide a specimen copy	Please provide a specimen copy of your MIS Claims Report.				
_						
hc	norized Signature Co	mpany	Date			

BARBERS HILL ISD

LOSS-CONTROL SERVICES FORM

1.	What is the name and location of the safety professional(s) who will be handling this account? Barbers Hill ISD prefers local representation, if possible (within 50 miles of Mont Belvieu).					
2.	Indicate what loss-control and safety-engineering services will be provided automatically or at the request of Barbers Hill ISD at no charge.					
3.	Indicate what loss-control and safety services will be provided at the expense of Barbers Hill ISD, and the cost for each (hourly rate).					
4.	Attach a specimen servicing agreement.					
Autho	rized Signature Company Date					

SECTION III

MINIMUM UNDERWRITING REQUIREMENTS AND PROPOSAL FORMS

A.	General Underwriting Requirements (Applicable to All Lines)	12
B.	Commercial General Liability	15
C.	Auto Liability & Auto Physical Damage	21
D.	Educator's Legal Liability	25
E.	Employment Practices Liability	33
F.	Law Enforcement Liability	38
G.	Cyber Liability	45
	SECTION IV	
	SECTION IV	
Und	erwriting Information	49

SECTION III

A. GENERAL UNDERWRITING REQUIREMENTS APPLICABLE TO ALL LINES OF COVERAGE

Named Insured: The named insured for all coverages shall be Barbers Hill ISD.

2. Cancellation and Renewal:

- A minimum cancellation provision of sixty (60) days is requested in all policies instead of customary provisions.
- b. A minimum of sixty (60) days' notice of non-renewal or material change is also requested.
- General Insurance Provisions and Extensions:
 - a. The effective date of the insurance program is to be September 1, 2021.
 - b. The notice-of-claims provisions in all policies should be modified to the effect that knowledge of actual or potential claims by the School District commences upon receipt of such information or advice by the Risk Manager, or such other position as designated by Barbers Hill ISD.
 - c. All policies should be endorsed to the effect that failure to disclose all facts at the inception date of the coverage shall not prejudice the insurance, provided such failure is due to unintentional error or omission.
 - d. Automatic coverage for newly acquired or formed organizations is requested for a minimum of ninety (90) days, except where otherwise extended by the provisions the policy in excess of ninety (90) days, subject to proper reporting to underwriters and, if applicable, payment of additional premium.
 - e. A one (1)-year program is requested. An alternative term will be considered.

4. Cash Flow and Rating:

To the extent that it is consistent with underwriting practices, the School District desires, and will give consideration to the following criteria:

- a. Payment of annual premiums in monthly or quarterly installments.
- b. Participating and flat dividend programs.
- Flat (unauditable) premium basis is preferred. If not available, a composite rate, based on payrolls, is preferred for liability.

Consolidation:

To the extent that it is practical, and in the absence of any material difference in costs, the School District will consider the consolidation of insurance programs with the same insurer/insurance group or through commercial package policies for various lines of coverage.

6. Non-Admitted Insurance:*

If non-admitted insurance is quoted, the following criteria should be met:

- a. A minimum A.M. Best rating of A-:VII is preferred.
- b. The carrier must be on the NAIC approved list and must be acceptable to the Texas Insurance Department.
- c. A Cut-Through Endorsement must be contained in the policy.
- d. A Service-of-Suit Endorsement must be contained in the policy.
- e. Must be in compliance with surplus lines laws.

7. Excess Insurance Layers:*

Any line(s) of coverage containing excess layers in any amounts must be written on a following form basis, per the wording below:

"It is hereby understood and agreed that this policy will follow all the terms, provisions, definitions and insuring agreements of the controlling underlying insurance(s), except only with respect to premiums and limits, as may be applicable."

*If any non-admitted, excess, or surplus lines carriers are used in writing any coverages for the School District, please include a detailed explanation of all the financial and managerial parameters of the company(ies).

8. Miscellaneous

The School District desires to maintain insurance coverages for the lines and exposures addressed by the specifications. Conventional programs from the commercial insurance sector, as well as other types of programs, are desired. In the event proposals are made from interlocal self-insurance pools or similar risk financing vehicles, financial particulars and specific reinsurance information must also be submitted for the current and prior three years at a minimum.

9. Specimen Policy Forms

Specimen policy forms and all applicable endorsements must be provided for each line of coverage/program quoted.

PROPOSAL FORM FOR MINIMUM UNDERWRITING REQUIREMENTS APPLICABLE TO ALL LINES OF COVERAGE

INDICATE IF EACH PROPOSED POLICY INCLUDES THE FOLLOWING:

Effective date of insurance program is September 1, 2021. Yes	Named Insured as outlined in Section II 1.		_ Yes	****	_ No
Notice of claims provisions as outlined in Section II 3.b	Effective date of insurance program is September 1, 2021.		Yes		_ No
Failure to disclose provision as outlined in Section II 3.c Yes No Automatic coverage for new organizations per Section II 3.d Yes Indicate term of program(s) quoted (1, 2 or 3 years) and any special renewal provisions. Specify payment terms and any available installment plans. Specimen policy forms and endorsements are included for all lines of insurance.	Sixty (60)-day cancellation and non-renewal notice.		Yes		_ No
Automatic coverage for new organizations per Section II 3.dYes	Notice of claims provisions as outlined in Section II 3.b.		_ Yes		_ No
Indicate term of program(s) quoted (1, 2 or 3 years) and any special renewal provisions. Specify payment terms and any available installment plans. Specimen policy forms and endorsements are included for all lines of insurance.	Failure to disclose provision as outlined in Section II 3.c.	Yes		No	
Specify payment terms and any available installment plans. Specimen policy forms and endorsements are included for all lines of insurance.	Automatic coverage for new organizations per Section II 3.d.	***********	_ Yes	***************************************	_ No
Specimen policy forms and endorsements are included for all lines of insurance.	Indicate term of program(s) quoted (1, 2 or 3 years) and any sp	ecial ren	ewal pro	visions.	
Specimen policy forms and endorsements are included for all lines of insurance.	Specify payment terms and any available installment plans.				
Yes					***************************************
			Yes		No

B. COMMERCIAL GENERAL LIABILITY

- 1. A policy which provides coverage at least as broad as the ISO approved occurrence basis Commercial General Liability policy with an edition date of 1988 or newer is requested. The minimum coverages listed below should be included.
- 2. Premises, Operations, Contractual, Products/Completed Operations, and Independent Contractors.
- 3. Limits of Liability Please quote a combined single limit of \$1,000,000 each-occurrence/\$2,000,000 general aggregate/\$1,000,000 products-completed operations.
- 4. Deductibles Please quote optional deductibles of \$0, \$1,000 and \$2,500 each-occurrence. The definition of deductible is to include allocated claims expenses (outside legal and other allocated claims costs).
- 5. The following coverage extensions are requested:
 - a. Coverage for athletic participation.
 - b. An automatic waiver of subrogation for any entity where required by written agreement executed prior to a loss.
 - c. Blanket contractual liability: The definition of *incidental contract* should be amended to mean any contract or agreement relating to the School District's business, including oral contracts.
 - d. Standard personal injury coverage with deletion of the contractual liability exclusion: Personal injury should include shock, mental anguish and injury, and humiliation coverage.
 - e. An automatic additional insured provision for any person or organization when required by the terms of any lease or agreement executed prior to a loss.
 - f. Host liquor liability coverage.
 - g. The definition of occurrence should be modified to the effect that "injury or property damage committed to reasonably protect any person or property shall not be construed as being either expected or intended from the standpoint of the School District."

Regarding intentional acts to protect persons and property, it is also requested that the policy read:

"Acts committed by one insured shall not be construed to have been committed by another insured, unless such other insured actually ordered, ratified or otherwise condoned such acts."

- h. Employees are to be named as additional insureds while acting on behalf of, or for the benefit of, the named insured.
- i. No XCU hazard exclusion or restriction should apply to this coverage.
- Broad form property damage is requested.
- k. Provide optional quotation for adding Employee Benefits Liability coverage with an aggregate limit of \$100,000 and deductible of \$1,000 per claim. Coverage to be written on a claims-made form with no retro date.

- Policy is to be endorsed to cover non-owned watercraft liability for boats less than fifty-one (51) feet long, and for scheduled owned watercraft as included in the underwriting section of the specifications.
- m. Coverage for punitive, exemplary or multiple damages should be included to the extent allowed by law.
- n. Coverage for products/completed operations is requested, including the Worldwide Extension.
- o. The pollution exclusion should be no broader than that contained in the 1988 ISO Form. At a minimum, pollution coverage from heat, smoke, or fumes from a hostile fire or from building heating equipment must be included. An optional quote for time element pollution liability coverage for sudden and accidental releases is requested.
- p. Personal injury/advertising liability coverage should apply to liability assumed under any contract or agreement.
- q. Incidental Medical Malpractice coverage should be provided for all medically-trained employees, including the school nurses.
- q. Blanket liability coverage should be automatically extended to newly acquired properties (managed, leased, owned, etc.), subject to a ninety (90)-day reporting period.
- r. Coverage should apply to liability arising from or involving alienated premises.
- s. Liability coverage for all mobile equipment not otherwise covered by automobile liability insurance.
- Coverage should be on a "pay-on-behalf-of" basis.
- u. A sexual abuse/molestation/harassment coverage endorsement is requested at a \$1,000,000 limit
- v. Corporal Punishment to be included. This would be an alternative to providing this coverage in the School Board Officials Liability policy.
- w. Coverage for violation of civil rights to be included.
- Provide coverage for property of others in the School District's care, custody or control at a \$100,000 limit.
- y. Separate CGL may be quoted for the Cosmetology Department leased premises referenced in Item 5e. above, if coverage cannot be included in the master policy and/or if standard ISO contractual liability cannot be included.
- z. Provide a quote for a \$250,000 limit and a \$1,000 deductible for Privacy & Security liability. No retro date is to apply.

PROPOSAL FORM FOR COMMERCIAL GENERAL LIABILITY

1.	Propos	ed Insurer						1816 Taran - 1 (1817 - 1
2.	Is the policy written on an occurrence basis ISO CGL 1988 or newer form or equivalent? Yes No							
3.	Coverage is included for the following:						140	
	a.	Premises					Yes	No
	b.	Operation	ns			499000am401418	Yes	No
	C.	Contractu	ıal				Yes	No
	d.	Products/	Completed Op	erations			Yes	No
	e.	Independ	ent Contractors	\$		ununnutur	Yes	No
4.	Please	show prer	niums for the fo	ollowing:				
-					Per-Occurr	ence Deduct	ibles	
		gle Limit	\$0			\$1,000		\$2,500
***************************************	000 Eac					····		······································
	000 Ger		·····					
	000 Pro	ducts/ erations						
5. 6.			nclude allocate owing extension				Yes	
	a.	Athletic p	articipation cov	erage Yes	No	<u> Constitution de la constitucion de la constitution de la constitutio</u>		Premium
	b.	Automation	waiver of sub		No	 		Premium
	C.	Blanket c	ontractual liabil	ity Yes	No			Premium
	d.	Personal	injury including	mental an	guish, injury No	r, shock, and I	humiliation	Premium
		Coverage	for employme		ffenses No		<u> </u>	Premium
	e.	Automatio	additional inst	ured provis Yes				Premium
	f.	Host liquo	or liability cover		No			Premium
	g.	Modified (definition of occ	•	itentional ac	ets)		Premium
		committee	read: "Acts cor d by another in condoned suc	sured, unle				
			VVV	Yes	No			Premium

h.	Employees included as additional insureds Yes No	_ Premium
i.	Full coverage for any XCU hazard Yes No	_ Premium
j.	Broad form property damage Yes No	Premium
k.	Employee benefits liability (\$100,000 aggregate limit; \$1,000 deductible Yes No	
	Retroactive date (if claims made)	
l.	Non-owned watercraft liability for boats less than fifty-one-(51) feet long owned watercraft	
	YesNo	_ Premium
m.	Coverage for punitive, exemplary or multiple damages Yes No	Premium
n.	Worldwide products/completed operations Yes No	_ Premium
Ο.	Pollution liability coverage contains:	
	- Hostile fire exception Yes No	_ Premium
	- Heating equipment exception Yes No	Premium
	- Sudden and accidental (Time Element) Yes No	
p.	Personal/advertising injury assumed under a contract Yes No	_ Premium
q.	Incidental medical malpractice coverage for medically-trained employee Yes No	s Premium
r.	Automatic coverage for newly acquired properties Yes No	_ Premium
S.	Coverage for alienated premises Yes No	_ Premium
t.	Liability for mobile equipment not covered by automobile liability insuran Yes No	
u.	Coverage is on a "pay-on-behalf-of" basis Yes No	_ Premium
V.	Sexual abuse/molestation/harassment endorsement at a \$1,000,000 lim	it Premium

	W.	Corporal punishment ———	_ Yes	No	A ALCO A CONTRACTOR AND A	Premium
	X.	Coverage for civil rights		No	van e	Premium
	у.	Care, custody or contro	ol coverage at Yes	a limit of \$100,00 No	00	Premium
	Z	Coverage for standard	ISO CGL is in _ Yes	icluded. No		Premium
	aa.	Coverage for Privacy &	Security (\$25 Yes	50,000 Limit; \$1,0 No	000 Deductible).	Premium
6.	Are d	efense costs outside the li	imits?		Yes	No
7.		ense coverage is not on a dimeeting the deductible?			curred by the So	
8.	What	experience modifier, if an	y, was used ir	n this quotation?_		
9.	Pleas	e indicate if premium quo	ted is flat or a	uditable and com	posite rate	
10.	Pleas	e indicate method of pren	nium payment	(monthly, quarte	rly, annually, etc	:.)
11.	Indica	ite the term of the coveraç	ge			
	If mor	e than one year, are rates	s fixed?		Yes	No
12.	ls you	r quote contingent on writ	ting any other	line(s)?	Yes	No
	If so,	what line(s)?			W	MANUTATION -
13.	Are s	pecimen policy forms and	endorsement	s included?	Yes	No
Autho	rized Sig	gnature	Con	npany	vn	Date

EXCEPTION FORM FOR COMMERCIAL GENERAL LIABILITY

Please use this page to explain any differences between the specification requirements and your proposal. This form must list all exceptions and/or additions to the specifications, by line of coverage. Failure to list the exceptions accurately could result in disqualification and rejection of your proposal. Please specifically list and explain all exceptions or additions to any item in Section II--Minimum Underwriting Requirements.

Company

Authorized Signature

Date

C. AUTOMOBILE LIABILITY & PHYSICAL DAMAGE

Business automobile coverage is requested as follows:

1. Limits of Liability -- Please quote the following limits for the vehicles indicated:

Coverage	Covered Auto Symbo	<u>Limit</u>
Automobile Liability	"1" - Any Auto	CSL

(Provide optional quotes with liability limits of \$100,000 per person/\$300,000 per accident BI, \$100,000 property damage and \$1,000,000 combined single limit per accident)

Physical Damage

Comprehensive	See Below	ACV
Collision	See Below	ACV
Catastrophe	See Below	ACV

- Deductibles Provide optional quotes with liability coverage deductibles of \$0, \$500 and \$1,000. All
 claims expenses, including both allocated and unallocated, are to be included as a part of any
 deductible.
 - a. Auto Physical Damage

Specified Vehicles per schedule only -- \$500/\$1,000 Collision Deductible -- \$500/\$1,000 Comp Deductible

b. Comprehensive

Quote catastrophe coverage for auto physical damage for uninsured vehicles at ACV limits and a \$50,000 per-occurrence maximum deductible.

- Quote hired car auto physical damage at a \$50,000 limit and \$1,000 deductible.
- Coverage should be extended to include:
 - a. Coverage for fellow-employee liability claims.
 - b. Contractual liability coverage for insured contracts.
 - Modification of the definition of insured contracts to include short-term rentals (less than one year).
 - d. All employees and elected or appointed officials as additional insureds for hired and non-owned vehicles, including rental vehicles used on School District business.
 - e. Blanket waiver of subrogation where required by contract executed prior to a loss.
 - f. Liability from pollutants released from a covered vehicle (or third-party vehicle when insured is at fault) as a result of collision, upset, sinking or burning of the vehicle.
 - g. Coverage for punitive damages where not barred by law or statute.
 - h. Automatic additional insured provision where required by any written agreement or contract executed prior to a loss.
 - Automatic coverage for newly acquired vehicles subject to annual adjustment.
 - Mexico limited coverage.
- 5. Please use a 1.0 experience modifier for this exposure.

PROPOSAL FORM FOR AUTOMOBILE LIABILITY & PHYSICAL DAMAGE

1.	Proposed	d Insurer						e sale sale se di del		- Mesonomore vo month uno verno non
2. Annual Premiums:										
	Automob	ile Liabil	ity							
	Deductibles									
6400.0	Limits	1		\$0	····	·	\$500			\$1,000
\$100,000 Per Person/ \$300,000 Per Acc/BI										
	00 Proper			•						
	,000 Per									
Acc/(CSL		<u> </u>						·····	
	Physical	Damage	(Speci	fied Vehic	oles Per Sc	hedule)				
	Limit					Deduc				
			Collis		Compre		(Collision	1	Comprehensive
Actual	Cash Valu	<u> </u>	\$50	<u> </u>	\$5	UU		\$1,000		\$1,000
Actual	Casii Valu									
	Catastrophe Physical Damage for APD on Uninsured Vehicles									
							ensive	ensive Deductible		
ACV	Limi	ts			\$50,0	00	·····		Oth	ier
ACV										
	Hired Ca			Damage						
#E0.00		<u>Lin</u>	nits					\$1,000 De	ductib	le
\$50,00	10			···						
3.	Covered	auto syr	nbols u	sed for:						
	Automob	ile Liabil	ity							
	Physical	Damage								
4.	Please in	dicate if	extensi	ions of co	verage are	included a	nd add	litional pre	mium, i	if any:
	a. Coverage for fellow-employee liability claims. Yes No Premium									
	b. C	Coverage		ntractual I	iability. ⁄es	No				Premium
		onurod o			-	hort-term re				• 100
	c. I	nsurea c			es					Premium
	d. E	Employee	es as ac		nsureds for /es	non-owne	d and l	nired cars.		Premium
	e. E	3lanket w		f subroga \		No				Premium
	f. L	iability fr	om pol		eased fron	n covered v No	ehicle.			Premium

	Premium
No	Premium
ehicles. No	Premium
No	Premium
quotation?	
ble and composite rate.	
nthly, quarterly, annually	, etc.)
Yes	No
s)?Yes	No
	1000-100-1
luded?Yes	No
	ehicles.

Company Name

Authorized Signature

Date

EXCEPTION FORM FOR AUTOMOBILE LIABILITY & PHYSICAL DAMAGE

Please use this page to explain any differences between the specification requirements and your proposal. This form must list all exceptions and/or additions to the specifications, by line of coverage. Failure to list the exceptions accurately could result in disqualification and rejection of your proposal.							
Please specifically list and explain all exceptions or additions to any item in Section IIMinimum Underwriting Requirements.							

Company Name

Authorized Signature

Date

D. EDUCATOR'S LEGAL LIABILITY

School Board Officials Liability coverage is requested on a claims-made form, as follows:

- 1. Limits of Liability Please quote Educator's Legal Liability coverage at limits of \$1,000,000 each claim/\$2,000,000 annual aggregate and \$2,000,000 each claim/\$2,000,000 annual aggregate.
- 2. Deductibles Please quote optional SIR/deductibles of \$2,500, \$5,000 and \$10,000 per-claim.
- 3. Coverage is requested for the School District, including all employees, volunteers, student teachers, trustees, and board members, committee members, and volunteer organizations while acting on behalf of the School District. Coverage should include heirs, estates, executors, administrators, legal representatives, and assigns in the event of death or bankruptcy.
- 4. Quote without a retroactive date.
- 5. A discovery provision of not less than twelve (12) months should be included.
- The policy should provide defense cost outside the limits of the policy.
- 7. Punitive, exemplary and multiple damages should not be excluded. If excluded, an optional quotation to buy back the punitive damages, fines and penalties exclusions must be included.
- 8. Coverage should be extended to include, but not be limited to:
 - a. Liability arising from actual or alleged negligence, errors or omissions, breach of duty, malfeasance, misfeasance, nonfeasance, or any act of any insured.
 - b. Damages for violation of civil rights.
 - c. Claims against attorney, architect, medical personnel, engineer, psychologist, counselor, accountant, notary, etc., acting within the scope of professional duties.
 - d. Claims seeking relief in forms other than monetary damages.
 - e. Faulty preparation of RFP specifications.
 - f. Claims for intentional acts.
 - g. Defense in the case of questionable or possibly excluded claims (duty to defend).
 - A non-imputation provision is requested with respect to the application for insurance and the exclusions.
 - Claims arising out of desegregation or integration issues.
 - Claims arising out of corporal punishment with deletion of bodily injury and property damage exclusions, if not included in the CGL.
 - k. Failure to maintain insurance.
 - Sexual misconduct claims, including abuse, molestation, harassment with deletion of bodily injury and property damage exclusions or with an exclusion for bodily injury/property damage, if otherwise covered in the CGL policy.
- 9. No insured vs. insured exclusion should be applicable to the coverage.
- 10. Coverage should be on a "pay-on-behalf-of" basis.

- 11. As an option, quote a broad employment practices liability (EPL) extension for sexual harassment, discrimination, wrongful termination, demotion, retaliation, defamation and other work place torts. This would be as an alternative to a separate, stand-alone policy for EPL.
- 12. The policy should contain an endorsement that reads: "Knowledge of the occurrence of actual or potential claims by the School District shall commence upon receipt of such information or advice by the Risk Manager, or such other position as designated by the School District."
- 13. Definition of claim should include oral or written notice from a claimant, or knowledge of circumstances which are known to the School District during the policy period, or applicable extended reporting period, that may reasonably give rise to a future claim. This is provided written notice is given to the insurer during the policy period or any applicable extended reporting period.
- 14. Quote extended reporting periods of 12, 24 and 36 months.
- 15. Extended reporting option should have a bilateral trigger.
- 16. If occurrence coverage is quoted, tail coverage must be included for the period March 1, 2013, to March 1, 2014.

PROPOSAL FORM FOR EDUCATOR'S LEGAL LIABILITY

1.	Prop	osed Insurer	·		······································	14.6444				
2.	Plea	se show pren	niums for the following:							
				SIR/Deduct (Without Retr						
Limits (Per-Occ and 2 \$1,000,000/\$2,000		and Agg)	\$2,500	\$5,000		\$10,000				
\$2,00	0,000/\$2	2,000,000				4				
3.	ls cc	verage writte	n on an occurrence basis?		Yes _	No				
4.	If co	If coverage is claims-made, does the policy cover prior acts without a retroactive date restriction?								
	lf no	t, what is the	retroactive date?		Yes _	No	***************			
5.	Does	Does coverage provide twelve-month extended discovery provision?								
	If so	, what is the c	ost to exercise?		Yes _	No				
	canc	el?	e exercised by the School				ses to			
_		ot renew?			Yes _					
6.	is de	etense covera	ge in addition to policy limits	i?	Yes _	No				
	State	e exceptions,	if any		····					
7.	Are	Are punitive, exemplary and multiple damages covered? Yes No								
	If no	, indicate add	itional premium to buy back	this coverage						
8.	Does	s the policy in	clude coverage for insured v		ns? Yes	No				
9.	Does the policy include coverage for employment-related practices?									
10.	Is co	verage includ	Yes _	No						
	a.		e, errors, omissions, breach of any insured.	of duty, malfea	sance, misfe Yes	asance, nonfeasa	ınce,			
	b.	Civil rights	s violations.		Yes _	No				
	C.	c. Claims against attorney, architect, medical personnel, psychologist, counselor,								
		accountant, notary, etc., acting within the scope of professional dutiesYesNo								
	d.	Claims se	eking other than monetary r	elief.	Yes _	No No				
	e.	Faulty pre	paration of RFP specificatio	ns.	Yes	No				

f.	Claims from intentional acts.		_Yes	No
g.	Defense in the case of questionable or possibly			s (duty to defend)No
h.	Non-imputation provision.		_Yes	No
i.	Claims arising out of desegregation/integration.		_Yes	No
j.	Failure to maintain insurance.		_Yes	No.
k.	Sexual abuse/molestation/harassment (includin			roperty damage). No
1.	Sexual abuse/molestation/harassment (excluding			oroperty damage).
Will	I defense coverage apply on a "first-dollar" basis?	***************************************	_Yes	No
	efense costs are not on a "first-dollar" basis, will deard meeting the deductible?			the School District ap
ls c	coverage on a "pay-on-behalf-of" basis?		_Yes	No
Doe	es the policy provide the following supplementary page	yments?		
a.	Premiums on appeal bond		_Yes	No
b.	Interest on judgments		Yes	No
C.	Expenses incurred in assisting the School Distri	ict in defe	ense of _ Yes	a claim No
	Are these in addition to the policy limits? Comments:			
exc	coverage provided for corporal punishment with no boolusion?		_Yes	No
no l	overage provided for sexual misconduct, including a bodily injury and property damage exclusion?		_Yes	No
				According to the second according to the second
le l	nowledge of occurrence endorsement included?		Yes	No

8.	School covera	e answer each item as follows: YES mear I District's duties with no limitations; No age arts regardless of the scope of duties, acting within the scope of duties, but limita	O means and LIN	s not covered under this policy for any MITED means coverage may be available
	a.	Who is insured?	entity	_ School District as legal
				Trustees
				Any legal entity owned or operated by the School District
	b.	School District Officials?		Any elected officials
		Officials?		Any appointed officials
				Any officer or director of the School District
	C.	Employees?		Any employee
				Service on boards at the School District's request
				Attorney or accountant within the scope of the School District's duties
				Architect or engineer within the scope of the School District's duties
				Medical Personnel and Psychologists
	d.	Volunteers?		Any volunteers
	e.	Others?		Heirs and legal representatives of insured
				Student teachers
	f.	What damages are covered for bodily in	jury?	Bodily injury, sickness, disease, death
				Care disability, loss of service
				Humiliation, mental anguish, or injury arising solely from use of reasonable force to protect persons and/or property
				Due to rendering or failure to render any professional services

18.

	g.	Property damage?	Injury to or destruction of tangible property
			Loss of use of injured or destroyed property
			Property of others in the care, custody or control of named insured
			Due to rendering or failure to render any professional services
			Resulting from hazardous properties of nuclear materials
	h.	Personal injury?	Defamation, libel and slander
			Violation of civil rights
			Invasion of private occupancy
			Invasion of right of privacy
			False arrest, imprisonment and detention
			Malicious prosecution
			Wrongful injury or eviction
			Wrongful termination
			Discrimination arising out of employment or prospective employment
			Sexual harassment
19.	Additional	premium for extended discovery option of—	
	12 Mo	onths	
	24 Mo	onths	
	36 M o	onths	
	Other_		
20.	Does exte	ended reporting option have a bilateral trigger?	Yes No
21.	Is the notic	ce of claim provision triggered if the School Dist ld give rise to a future claim?	rict provides notice of circumstances Yes No
	If no, pleas	se explain	
22.	What expe	erience modifier, if any, was used in this quotati	on?

23.	. Please indicate if premium quoted is flat or auditable and composite rate.				
24.	Please indicate method of premium payment (monthly, qua	arterly, annually, etc.)			
25,	Indicate the term of the coverage				
	If more than one year, are rates fixed?	Yes	No		
26.	Is your quote contingent on writing any other line(s)?	Yes	No		
	If so, what line(s)				
27.	Are specimen policy forms and endorsements included?	Yes	No		

Company

Authorized Signature

Date

EXCEPTION FORM FOR EDUCATOR'S LEGAL LIABILITY

Please use this page to explain any differences between the specification requirements and your proposal. This form must list all exceptions and/or additions to the specifications, by line of coverage. Failure to list the exceptions accurately could result in disqualification and rejection of your proposal.

Please specifically list and explain all except Underwriting Requirements.	tions or additions to any item	in Section IIMinimum
Authorized Signature	Company	Date

E. EMPLOYMENT PRACTICES LIABILITY (CLAIMS-MADE FORM PREFERRED)

Coverage is to include, but not be limited to, sexual harassment, discrimination, defamation, wrongful termination, demotion and other workplace torts. Coverage must also apply to:

- 1. A broad Employment Practices Liability Policy (EPL) on a stand-alone basis is requested, if not included in the Educator's Legal Liability policy.
 - a. The policy should include coverage for mental anguish, mental injury and emotional distress.
 - b. Damages to include front and back wages and other benefits.
 - c. Personal injury arising out of employment; i.e., libel, slander, defamation, invasion of the right of privacy, etc.
 - d. Employment contracts.
 - e. Retaliation.
 - f. Third-party claims.
- Quote claims-made limits of \$1,000,000 each-claim/\$1,000,000 annual aggregate, \$1,000,000 each-claim/\$2,000,000 annual aggregate and \$2,000,000 each-claim/\$2,000,000 annual aggregate with self-insured retentions (deductibles) of \$2,500, \$5,000 and \$10,000 each-loss. Include third-party coverage at the same optional limits.
- 3. Quote without a retroactive date.
- The definition of self-insured retention is to include allocated claims expenses (outside legal and other allocated claims costs).
- 5. Provide optional extended discovery options of one (1) and two (2) years in the event of non-renewal or cancellation by either the School District or the carrier.
- 6. The extended reporting option should have a bilateral trigger.
- 7. Coverage should not contain any exclusion in the event "other insurance" is applicable to a loss.
- 8. Definition of claim should include oral or written notice from a claimant, or knowledge of circumstances which are known to the School District during the policy period, or applicable extended reporting period, that may reasonably give rise to a future claim. This is provided written notice is given to the insurer during the policy period or any applicable extended reporting period.
- 9. The policy should contain a provision that interrelated wrongful acts which result in multiple claims will be subject to only one per-claim/event deductible.
- 10. A broad definition of claims is to apply, including suits, written demands for damages or equitable relief, written notice to attend administrative proceedings, arbitration, mediation, etc.
- 11. The policy should contain an endorsement that reads: Knowledge of the occurrence of actual or potential claims by the School District shall commence upon receipt of such information or advice by the Risk Manager, or such other position as designated by the School District.
- No insured versus insured exclusion should apply.
- 13. Please indicate the experience of the carrier's staff in adjusting claims in this specific area of law.
- 14. Coverage is requested on a "pay-on-behalf-of" basis.
- 15. Duty to defend is preferred.

PROPOSAL FORM FOR EMPLOYMENT PRACTICES LIABILITY

1.	Proposed Insurer							
2.	Indicate premium	for the following:						
	Self-Insured Retentions/Deductibles							
		Self	nsured Keten: Without Re')		;			
Per-	Event Aggregate Limits	\$2,500	\$5,0		\$10,000			
\$1,000	0,000/\$1,000,000							
\$1,000),000/\$2,000,000							
\$2,000),000/\$2,000,000							
\$1,00 \$1,00	Party Coverage 00,000/\$1,000,000 00,000/\$2,000,000 00,000/\$2,000,000							
3.	ls coverage provi	ded on an occurrence or a	claims-made fo	rm?				
	If claims-made, in	dicate the retroactive date,	if any		MANAGE AV			
	What is the additi	onal premium to eliminate t	he retroactive	date?				
4.	Is the policy writte	n on a "pay-on-behalf-of" b	pasis?	Yes	No			
5.	and benefits (other anguish, mental in employment cont	on of <i>loss</i> encompass defe- er than insurance plan bene njury and emotional distress racts?	efits); judgment s, personal inju —	s for related injui ry arising out of Yes	ry such as mental employment and No			
6.	Are defense costs	outside the limits?		Yes	No			
7.	Does the policy of	ontain an exclusion for any		y other insuranc Yes				
8.	Does the policy p	ovide that interrelated wron	ngful acts which	n result in multip	le claims are subject			
	to one per-event	reductible :		Yes	No			
9.	Does a coinsuran	ce provision apply?		Yes	No			
	If yes, please indi	cate	and the state of t					
10.	Are public officials	and employees included a	as insureds?	Vec	No			
	If no, please expla	ain		1 00				

	Yes	No.
If no, please explain		
Does your policy cover allegations related to the Amer	ricans With Disabilities	Act?
If no, please explain	Yes	NO
s the notice of claim provision triggered if the School which could give rise to a future claim?	District provides notice Yes	of circums
If no, please explain.	***************************************	
Indicate the extended reporting period and the addition		
Does extended reporting option have bilateral trigger?	Yes	No
Control of the state of the sta	a laga arayantian agaia	tance?
Does the broker/agency or insurance company provide	e loss prevention assis Yes	
	Yes	No
If yes, please describe	Yes	No
If yes, please describe. Does carrier have duty to defend?	Yes	No
Does carrier have duty to defend? Is knowledge of occurrence endorsement included?	YesYesYes	No
If yes, please describe	YesYesYesYesYesYes	No No No
Does the broker/agency or insurance company provide If yes, please describe. Does carrier have duty to defend? Is knowledge of occurrence endorsement included? Does definition of self-insured retention includes allocated allocated broad definition of claim apply? Does carrier's staff have experience in this specific are	YesYes	No No No No No
Does carrier have duty to defend? Is knowledge of occurrence endorsement included? Does definition of self-insured retention includes allocations and definition of claim apply?	YesYesYesYesYesYesYesYesYesYesYesYesYesYes	No No No No No

25.	Indicate the term of the coverage			
	If more than one year, are rates fixed?		No	
26.	Is your quote contingent on writing any other line(s)?	 Yes	No	
	If so, what line(s)	 		
27.	Are specimen policy forms and endorsements included?	 Yes	No	
	•			

Company

Authorized Signature

Date

EXCEPTION FORM FOR EMPLOYMENT PRACTICES LIABILITY

Please use this page to explain any differences between the specification requirements and your proposal. This form must list all exceptions and/or additions to the specifications, by line of coverage. Failure to list the exceptions accurately could result in disqualification and rejection of your proposal.

Authorized Signature	Comp	oany		Da	te
,					
Please specifically list and explain Underwriting Requirements.	an exceptions	or auditions	to any nem	i ili Section	nwananan
Places enecifically list and synlain	all exceptions	or additions	to any item	in Section	llMinimun

F. LAW ENFORCEMENT LIABILITY (Occurrence Form Requested)

- 1. Coverage on an occurrence form is requested.
- Coverage is requested for the School District as outlined in the Law Enforcement Liability application in the Underwriting Section.
- 3. Limits of Liability Please quote Law Enforcement Liability coverage at alternate limits of \$1,000,000 per-occurrence/\$1,000,000 aggregate, \$1,000,000 per-occurrence/\$2,000,000 aggregate.
- Deductibles Please quote optional deductibles of \$0, \$5,000 and \$10,000 each occurrence.
 The definition of deductible is to include allocated claims expenses (outside legal and other allocated claims costs).
- 5. Extensions of Coverage:
 - a. If the term *occurrence* is defined as being an *accident*, the words *happening or event* should be included in the definition. *Occurrence* shall include acts committed to protect life or property.
 - b. Coverage is to include personal injury and property damage arising from the law enforcement activities of the School District.
 - c. Punitive and exemplary damages should not be excluded. If excluded, an optional quotation to buy back the Punitive Damages, Fines and Penalties Exclusion should be included.
 - d. No exclusion for volunteers should be contained in this policy.
 - e. Coverage should be included for claims by an "insured" against another "insured."
 - f. The definition of personal injury should include civil rights.
 - g. Coverage should include, but not be limited to:
 - 1) False arrest, detention or imprisonment
 - Malicious prosecution
 - 3) Wrongful entry, eviction or other invasion of other rights of primary occupancy
 - 4) Discrimination
 - 5) Humiliation
 - 6) Libel, slander, entrance in violation of the right of privacy
 - 7) Assault and battery
 - Liability arising from actual or alleged negligence, errors or omissions, breeches of duty, or malfeasance
 - 9) First-aid failure to render medical assistance
 - 10) False or improper service of process
 - 11) Violation of property rights
 - 12) Civil Rights
 - 13) Alleged criminal acts
 - 14) Bodily injury while in custody of an officer
 - 15) Damage to tangible property in the School District's care, custody and control
 - 16) Misuse of a motor vehicle
 - 17) Defense in the case of questionable or possibly excluded claims
 - 18) Intentional acts
 - 19) Products liability
 - 20) Damage to commandeered autos
 - 21) Authorized moonlighting

- h. The policy should contain an endorsement that reads: Knowledge of the occurrence of actual or potential claims by the School District shall commence upon receipt of such information or advice by the Risk Manager, or such other position as designated by the School District.
- i. The policy should contain an agreement from the insurer not to seek governmental immunity unless the School District agrees, in writing, that this approach is to be taken.
- j. Coverage should be on a "pay-on-behalf-of" basis.
- Coverage to be applicable to service performed under interlocal cooperative agreements, mutual aid and automatic response contracts, if any.
- I. No exclusion pertaining to injury of an individual in the custody of law enforcement officers, failure to render medical assistance or failure to provide adequate police protection.
- m. Coverage should apply to official law enforcement activities anywhere in the United States.
- n. The policy should be endorsed for clarification that damages for violations of civil rights arising out of surveillance or "hot pursuit" chases involving the operation or use of automobiles, aircraft, or watercraft are covered. The coverage should also be clarified so that coverage for allegations dealing with denial of medical treatment is clear on intent to provide coverage for civil rights violations.
- o. Defense costs, charges and expenses related to claims or suits brought against the named insured are to be in addition to the policy limits of liability.
- p. Coverage is to apply to-
 - Personal property of persons arrested or detained in the care, custody, or control of the insured.
 - b. Liability arising out of the commandeering of property.

PROPOSAL FORM FOR LAW ENFORCEMENT LIABILITY

(OCCURRENCE FORM REQUESTED)

1.	Propos	ed Insurer					
2.	Named	Insured_		•			
3.	Estimat	ed Annual	Premium				
				Self-Ins	ured Retention	s/Deductible:	
04.000	Limits		\$0		\$5,000		\$10,000
	000 Per-C 000 Aggre		**************************************				
	000 Per-C				<u></u>		
	000 Aggre						
	000 Per-0 000 Aggre		* + + + + + + + + + + + + + + + + + + +	-			
4.		<u> </u>	n an occurrence basi	s?		Yes	No
5.	Definition	on of dedu	ctible includes alloca	ted claims	expenses.	Yes	No
6. PI	ease ind	icate if the	following extensions	of covera	ige are include	d, and additi	ional premium, if any:
	a.	to protect	ce defined as an acc life or property.				
		•	Yes		No		Premium
	b.	Personal	injury and property d	amage co	verage include	ed.	
		_	Yes		No		Premium
	C.	Punitive a	and exemplary dama	ges covere	ed.		
			Yes		No	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Premium
		If no, indi	cate charge to buy be	ack punitiv	e damage cov	erage.	
	d.	Volunteer	rs covered.		waa maay PW Mad Error		the second contract of
		_	Yes		No		Premium
	e.	Coverage	e for claims by an insi	ured again	st another insi	ured.	
		_	Yes		No	····	Premium
	f.	Definition	of Personal Injury in	cludes civ	il rights.		
		_	Yes		No		Premium
	g.	Knowledg	ge of occurrence end	orsement.			
		_	Yes		No	,	Premium
	h.	Insurer w District.	ill not seek governme	ental immu	nity defense u	nless agreed	d to by the School
			Yes	***************************************	No		Premium

i.	"Pay-on-behalf-of" basis.		
	Yes	No	Premium
j.	Coverage applies to service perfo	rmed under interlocal coopera	ative agreements.
	Yes	No	Premium
k.	Liability for bodily injury while in c	ustody of law enforcement offi	cer.
	Yes	No	Premium
l.	Coverage applies to law enforcen	nent activities anywhere in the	United States
	Yes	No	Premium
m.	Wrongful entry, eviction or other in	nvasion of other rights of prima	ary occupancy.
	Yes	No	Premium
n.	Libel, slander, entrance in violatio	n of the right of privacy.	
	Yes	No	Premium
0.	Assault and battery.		
	Yes	No	Premium
p.	Liability arising from actual or allegor malfeasance.	ged negligence, errors or omis	ssions, breeches of dut
	Yes	No	Premium
q.	First-aid, failure to render medical	assistance.	
	Yes	No	Premium
r.	Civil rights.		
	Yes	No	Premium
S.	Violation of property rights.		
	Yes	No	Premium
t.	Authorized moonlighting.		
	Yes	No	Premium
u.	Alleged criminal acts.		
	Yes	No	Premium
٧.	Damage to tangible property in the	e care, custody or control of th	e School District.
	Yes	No	Premium
W.	Misuse of a motor vehicle.		
	Yes	No	Premium
X.	Pays for defense in the case of qu	estionable or possibly exclude	ed claims
	Yes	No	Premium

	у.	Coverage is provided for damages for civil rights violations arising or use, maintenance, and management of any automobile, watercraft, pursuit.	ut of the operation or aircraft; i.e., hot
		YesNo	Premium
	Z.	False arrest, detention or imprisonment.	
		YesNo	Premium
	aa.	Malicious prosecution.	
		Yes No	Premium
	bb.	Discrimination.	
		Yes No	Premium
	CC.	Humiliation.	
	OQ.	Yes No	Premium
	.11		Fremum
	dd.	False or improper service of process.	
		Yes No	Premium
	ee.	Intentional acts.	
		Yes No	Premium
	ff.	Products liability.	
		Yes No	Premium
	gg.	Damage to commandeered autos.	
		YesNo	Premium
	hh.	Care, custody, or control of personal property	
		Yes No	Premium
7.	Does	coverage apply to allegations related to AIDS?	
		Ye	sNo
3.	Does	coverage contain a Product Liability Exclusion? Ye	sNo
	If yes	, can this exclusion be deleted?	s No
€.	Are th	ne defense costs covered in addition to the policy limits in the proposed	
		Ye	
10.	Will d	efense coverage apply on a "first-dollar" basis?	
	If no,	will defense costs apply to the deductible? YesYes	No
1.	Does	the policy provide the following supplementary payments for-	
	a.	Premiums on appeal bonds? Ye	
	b.	Interest on judgment? Ye	· · · · · · · · · · · · · · · · · · ·
	C.	Reasonable first-aid expense? Ye	s No
	d.	Expenses incurred in assisting the company in defense of a claim? Yes	s No
	e.	Are these in addition to the policy limits?	s No

12.	duties v regardle	with no limitations. NO mess of the scope of duties. L	eans not covered under this	the scope of the School District's policy for any coverage parts be available while acting within et.
	a.	Who is insured?	The School District as a Elected officials Appointed official Individual law er officers Volunteers Attorneys within District duty	als
13.	b. What	Police Professional?	Civil Rights viola U.S.C. 1 Attorneys' fees a U.S.C.A Intentional or ne firearms Prior occurrence	ult and battery of force sention, or ment cution er service of process ations under 42 1983 and 1985 awarded under 1988 gligent discharge of
14.	Pleas	se indicate if premium quoted	is flat or auditable and compos	site rate.
15.	Pleas	se indicate method of premiur	n payment (monthly, quarterly,	annually, etc.)
16.	Indica	ate the term of the coverage_		
	If moi	re than one year, are rates fix	ed?	YesNo
17.	Is you	ur quote contingent on writing	any other line(s)?	Yes No
	If so,	what line(s)		
18.	Are s	pecimen policy forms and en	dorsements included?	YesNo
Auth	orized Sig	gnature C	ompany	Date

EXCEPTION FORM FOR LAW ENFORCEMENT LIABILITY

Please use this page to explain any differences between the specification requirements and your proposal. This form must list all exceptions and/or additions to the specifications, by line of coverage. Failure to list the exceptions accurately could result in disqualification and rejection of your proposal. Please specifically list and explain all exceptions or additions to any item in Section II--Minimum Underwriting Requirements.

Company

Authorized Signature

Date

G. CYBER LIABILITY (STAND ALONE)

- Quote coverage for unauthorized disclosure or access to data in any form or format, including electronic and hard copies, as follows:
 - a. Security and Privacy Liability
 - b. Data Breach costs, including notification, monitoring, investigation, forensic, legal, public relations and voluntary costs. No time limitation should apply to incurring data breach expenses. International notification costs are to be included and also breach response services.
 - c. Regulatory coverage actions and fines/penalties
 - d. Media Liability
 - e. Network Extortion
 - f. Business Interruption
 - g. Data Recovery expense
 - h. Payment Card Industry (PCI) coverage and fines
 - Bricking
 - Social Engineering Fraud
 - k. Telephone Fraud
- 2. Quote alternate limits of \$1,000,000 and \$2,000,000 (including policy aggregate) for security/privacy and data breach; quote sublimits of \$1,000,000 for regulatory, media liability and network extortion; quote \$1,000,000 for BI, Data Recovery and PCI; quote bricking at \$250,000 and \$1,000,000, and social engineering fraud and telephone fraud each at a \$250,000 limit, subject to alternate basket deductibles of \$5,000, \$10,000 and \$25,000.
- 3. Coverage is to apply to personal information of employees.
- 4. Security and privacy liability to include denial of access.
- 5. Include duty to defend.
- There should be no insured versus insured exclusion regarding employee personal information.
- Coverage should be "pay on behalf of."
- 8. Quote alternate extended discovery periods of 12 months, 24 months and 36 months.
- 9. Extended discovery should have a bilateral trigger.
- 10. No retroactive date should apply.
- 11. Coverage is to extend to liability and data breach response costs arising out of data that is breached from an EDP contractor that is storing the insureds electronic information.
- 12. Damages to include punitive, exemplary and multiple.
- 13. Coverage includes a notice of circumstances provision that could reasonably give rise to a future claim that will effectively trigger the claims-made provision of the policy.
- 14. A hammer clause of 80% is requested, if this clause is applicable.

PROPOSAL FORM FOR CYBER LIABILITY

1. Pr	roposed Insurer				
2. Ar	nnual Premium:				
Covers	iges/Limits		n	eductibles	
Covera	iges/Limits	\$5,000		\$10,000	\$25,000
Security/P	rivacy	ψ3,000		ψ 10,000	\$23,000
Data Brea					
\$1,000,0					
\$2,000,0					1
Regulatory	y	·			
Media Liat					
Network E					
\$1,000,0	~*~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			······································	
	Interruption				
Data Reco	overy				
\$1,000,0	າດດ				
Bricking	/	*** ·		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	***************************************
\$250,000	o				
\$1,000,0					
Social Eng				······································	Market State Control of the Control
Fraud					
\$250,000					
Telephone					
\$250,000	0				
3. Da	ata Breach Costs	s include:			
a.	Notification Co	nete	Yes	No	
b.	Monitoring Co		Yes	No	
C.	Investigation C		Yes	No	
d.	Forensic Costs	5	Yes	No	
e.	Legal Costs		Yes	No	
f.	Public Relation		Yes	No	
g.	Voluntary Cos		Yes	No	
h. i.	Breach Respo	lotification Costs	Yes Yes	No No	
	•				
4. Ple	ease indicate if t	he following coverag	ges are included	and any additiona	al premium:
a.	Duty to defend				
		Yes	No		
b.	Employee pers	sonal information an	d denial of acce	SS.	
		Yes			
C.	"Pay-on-behall	f ∩f'			
0.		Yes	No		
د					
d.		tes punitive, exemp		awards.	
e.	Extended disc	overy has a bilateral			
		Yes	No		

	f. Denial of Access. YesNo	
	g. No time limitation for incurring response c	osts.
	h. Data breach from EDP contractorYes No	
	i. Notice of circumstance provision triggers ———Yes ———No	claims made during the policy period.
	j. 80% hammer clause is included. Yes No If not, what is the percentage?	
_		The second of th
5.	Indicate extended reporting provisions: 12 Months	
	24 Months 36 Months	
6.	Is premium flat or auditable?	
7.	Indicate premium payment mode (monthly, quarte	
8.	Please attach copies of all policy forms and endors	
9.	Indicate term of coverage.	
J.	If more than one year, are rates fixed?	Yes No
10	·	
10.	Is coverage contingent on writing any other lines?	
	If so, explain	
	1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 2 1 1 2 1	
		·
Aut	horized Signature Company	Date

EXCEPTION FORM FOR CYBER LIABILITY

Please use this page to explain any differences between the specification requirements and your proposal. This form must list all exceptions and/or additions to the specifications, by line of coverage. Failure to list the exceptions accurately could result in disqualification and rejection of your proposal.

Please specifically list and explain all exceptions or additions to any item in Section II--Minimum Underwriting Requirements.

Company

Authorized Signature

Date

BARBERS HILL ISD CASUALTY INSURANCE SPECIFICATIONS

SECTION IV

UNDERWRITING INFORMATION

EXHIBIT I

General Liability Exposure Information
Educator's Legal Liability Application
Employment Practices Liability Application
Law Enforcement Liability Application
Cyber Liability Application
Vehicle Schedule

EXHIBIT II – LOSS RUNS

EXHIBIT I VARIOUS SCHEDULES AND APPLICATIONS

GENERAL LIABILITY EX	(POSURE INFORMATIO)N	

Pleaso check all of the operational exposures of the Public Entity	ceion.		Note Cra IVO UNIS				t be evaluate for all operated by the Public	our or exposm	m)1.		7
Operation/Exposure		do er		L	E	ntily o	r subcontracted?*		Exposure Informati	on	Ì
	Yes	8	No	ĻĘ	Ality	Subc	ontracted	ļ			4
Airports		⊣	13	╀	井	╂┾┪	Numbe				4
Anvisement Parks		₽	景	╂┼	╬	₩	Annus sale		Seath	<u></u>	-{
Arenes/Convention Centers**	+	₽	-₩-	╂┾	╬	╂╬┪	Area	·	20811	91	-{
All/elic Participation	1-4	-	₩	╂┾	4-	┝┾┥	No. of participants No. of biastslys				-{
liasting Operations stoachers/Stadiums/Grandstands>5000 seating**	12	┝┯┝	뿎	╂┾	₹	┟┼┽	The second second second second second				#
ibod Bank	+=	-	V	╁┾	┽~	╁┼	Numbe		S. S		1
amps or Campgrounds	╂╌┼╌		V	╂┾	┪	╁┼┼	Numbe				1
ameterias**	1-1-1	+	T.	ΙŤ	1	H	Numbe		No. of site	is .	1
homical Spray (weeds)	ᅥᄫ		並	Ħ	┪	Ħ	No. of scree		No of times/		1
hemical Spray (insects)	1 0	4		Ħ	1	П	No. of acros	-	No at times/		1
amsiReservoirs**	十一	1	īZ'	Ťř			Heigh	1	Ag	o .	1
	┦╫	-		╁┾	┽	┞┼┼	Mdth		Gonslasetic		-
ay Care Centers"	┰╬	-	县	╀		┟┾╡	No. of centers		No. of childrenly		
MTs/Paramedics**	╂╍┾═╡		14	₽₽	-	╟┤					
re Departmen)**	╂╌╠╣	-	₩.	┡	+-	┟┼┽	No. paid		No, voluntes	<u> </u>	1
reworks displays**	╂┼╣	+	₩.	┞┾	+	┝┼┥	No. of each year		Annual sale		1
oil Courses**	╂╍╞╡	+	_	╁	+	┟┼┤	No, o	1	No. of employee		1
ealth Department/Mental Health Dept.	┪	+	₩	┝	+	H	Are you responsible	for inguinance		es N	1
ospitals/Clinics	╂╌┼┤	+	₩	₽	+	┝┾┽	Ara you responsible			es N	i
eusing Authority** II, Datention Centers	╅╌┾┽	+	₩	十	1	┢					
udhis/Dump/Refuse Site/Incinerator**	╂╌╞╡	+	М	H	┪	H	No. of open		No. of close		1
brades	Iй	4	Ħ	厅	1	H	Number		Unite	ACON FA	m nuscs
puor Stores/Teverna**	11	┪-	Й.	H	Ī	H	Annual Sales Of	 	0	n	TWW
echanical or Electrically Operated Amusement Devices		7	Ø	r	<u>י</u>						
	-;;	4		H		1			niw h		mpuses un Bude
useums	14/	┉┼╌	W ,	┞┶	╬	╟╫	Number		A WILL	es N	perc. Outer
ursing Homes	╂╼┾┽	-	₩.	┝┾	-	┝╄╌	Are you responsible !	·	Are		ļ
grs, Docks, Marinas, Boat Stips/Ramps	┞┼┼	+		누	╬	1	Number Are you responsible t	 		es N	1
ort Authorities	 - 	- -	₩.	┝	╬┤	₩.	Ale you respond the		1 T 1 T 1 T 1 T 1 T 1 T 1 T 1 T 1 T 1 T	SERVICE	J
creational Activities**	╂╌┼╾┼	- -	Ĭ	┝	╬		Number		Тур	-	i
fle/Shooting Range**	╂┾┼		Ř.	HF	╬┪	+1	Author 1	302530	NEWS OF THE SECOND		
xieo nitation, Garbage Collection, Recycle Operations	┟┼┼	- -	H	┝	┥┤	++	No. of customers	T PERSONAL PROPERTY.	managas (1931/1931/1931/1931/1931/1931/1931/1931	Destar 1990.	
initation, Garbaga Councilon, Recycle Operatoris Trools	T V	ᠰ	H	┢╪	H	+	Are you responsible f	*	MY	es N	
reliers/Youth Homes/Group Homes	┢╬	╁	\Box	片	1	17	Number		Тур		
aleboard Facility	┢┿╅	╅	ত	ナ	Ħ	TT					
	一片	+	♂	F	╗	一一	No. of downhill	· · · · · · · · · · · · · · · · · · ·	No. of cros		
i Facilities		4.	쁘니	片	,	닉			countr		4.01
ecial Events (fairs, carnivals, fostivals, parades)**	M	4	屵니	┡╄	┦	++	No. per year		Турс	Frsti	Nai
reels/Roads/Bridges**	┞┼┼	4	쑤	╠	╢	┾╃	No. of miles) **		aa 1 %	
ensportation System BUS SUSTANS	H	- -	냿니	╙	╢	ᄴ	Are you responsible for		MY	es N	
Illies: Electric"	┝┼┼	+	띩	╟	╬┷┼	┾╬	Annual payroll				
files: Gas**	┝┾┽		씱	+	╁╌┼	<u> []</u>	Annual payro!!				
Itles: Water**	┝┾╬	_	界	+	₩	┾┽	Annuel payroli	··			
Ries: Sewer**	┝	+	뛰		┿	┿┼	Annual payroti Acres				
tant Land	누	+	묽	+	┿	┿	No.>26 ft.		Receipts		
dercraft/Boals defront Activities** (swimming pools, beaches, takes,	片井	_		<u> </u>	┼┼	h)	11020 IL	10120140	naveps	THE COLOR	
ervols)			☑,	<u></u>	<u>' </u>	<u> </u>					
eterslide**		-	M_{\perp}			Ц			THE PERSON NAMED IN	建筑岩层	
08			M	<u>L</u>		<u> </u>	Number				

^{*}Please attach a copy of your standard contract for subcontracted operations. & Some left appearate weather and the standard contract for subcontracted operations.

Pi H	hat is your jatest boad pating (M 100 S + P H + H + lease attach a complete co as it been approved?	loody's or Sjandard & Poors) A.O. 2 M.OO.0	dget (Including Government	s bond rating(s)?
	Year Year	Revenues	Expenditures	Surplus/(Doffcil)
/	ave any budget deficits on a se	curred in the past three yes	ars?vilh the reasons/conditions lea	☐ Yes☑ No eding to deficit.
	Allac	chod		

Barbers Hill ISD Budget Summary

State Program Revenue 17,143,068		Enrollment Count Revenue Local and Intermediate Sources	2016-2017 5,266 60,490,503	2017-2018 5,390 62,416,097	2018-2019 5,587 72,587,431	2019-2020 5,950 71,989,060
Other Sources 0 3,672,472 3,906,008 3,9 struction 3,572,472 3,906,008 3,9 struction Resources (unriculum & Instructional Staff Development (unriculum & Instructional Staff Development) 32,212,640 34,750,803 37,497,935 42,0 structional Leadership (chool Leadership) 53,270,623 32,271,650 34,750,803 37,497,935 42,0 structional Leadership (chool Leadership) 3,270,623 3,277,650 3,277,650 3,277,850 1,5 stood Services 1,913,992 2,133,992 2,137,223 2,4 2,2 seath Services 77,433 78,964 83,106 1 seath Services 3,302 2,148,521 2,288,265 2,4 security and Monitoring Services 2,217,579 2,311,231 2,453,379 2,5 shick Services 42,513,393 7,500,000 3,921,499 2,23,379 2,5 shick Services 42,51,333 7,513,483 7,500,000 3,921,499 2,5 shick Services 42,21,333 3,1,201,333 1,		State Program Revenues Federal Program Revenues	17,143,068 255,000	6,116,449 355,000	6,813,568 405,000	6,040,142 787,553
Total Revenue 77,888,571 72,560,018 83,712,007 82,7 struction Instruction 32,212,640 34,750,803 37,497,935 42,0 structional Staff Bevelopment 681,563 664,081 681,553 66 sta,081 681,553 681,553 684,081 681,553		Other Sources	0	3,672,472	3,906,008	3,925,247
kpenditures kpenditures 22,212,640 34,750,803 37,497,935 42,0 struction Resources & Media Services 637,196 654,081 681,533 6 structional Resources & Media Services 88,440 316,627 924,719 9 chool Leadership 309,640 316,627 924,719 9 chool Leadership 3,270,623 3,277,450 3,378,394 3,2 chool Leadership 3,270,623 3,277,450 3,378,394 3,2 chool Leadership 3,270,623 3,277,450 3,378,394 3,2 chool Revices 77,433 78,994 3,370,68 8 3,270,623 3,277,450 3,378,394 3,2 3,270,623 3,277,450 3,378,394 3,2 4,243,33 78,994 83,106 1 4,243,43 7,483 769,148,521 2,248,31 2,4 500 Services 7,483 7,248,521 2,268,265 2,4 8 berral Administration 8,815,299 7,207,333		Total Revenue	77,888,571	72,560,018	83,712,007	82,742,002
instruction 32,212,640 34,750,803 37,497,935 42,0 intriculum & Instructional Istaff Development 687,196 654,081 681,533 6 intriculum & Instructional Istaff Development 887,441 1,113,010 1,468,756 1,5 intriculum & Instructional Leadership 399,640 316,827 924,719 32,70,623 32,77,620 33,70,623 32,77,450 33,77,450 33,78,394 32,77,450 33,70,223 24 24,8461 2,148,521 24,268,265 24,268,265 24,268,265 24,268,265 24,268,265 24,	Function	Expenditures				
instruction Resources & Media Services 637,196 654,081 681,553 65 instructional Leadership 888,441 1,113,010 1,468,756 1,5 chool Leadership 3,270,623 3,270,623 3,277,450 3,378,394 3,270,623 3,277,450 3,378,394 3,270,623 3,277,450 3,378,394 3,270,623 3,277,450 3,378,394 3,270,623 3,277,450 3,378,394 3,270,623 3,277,450 3,378,394 3,270,623 2,24,450 3,377,233 2,4 cocial Work Services 77,433 78,964 83,106 1 4 3,370,68 8 8,300 2,231,233 2,4 4,2 3,37,53 3,2 2,4 3,37,63 8,3 3,06 1 4,2 3,37,53 2,2 3,2 3,2 3,2 3,2 3,2 3,2 3,2 3,2	11	Instruction	32,212,640	34,750,803	37,497,935	42,005,668
turriculum & Instructional Staff Development 888,441 1,113,010 1,468,756 1,5 chool Leadership 3,09,40 316,627 924,719<	12	Instruction Resources & Media Services	637,196	654,081	681,553	607,342
nstructional Leadership 309,640 316,627 924,719 9 chool Leadership 1,327,023 3,270,450 3,378,394 3,27 3,273,233 2,4 3,378,394 3,2 3,273,233 2,4 3,273,233 2,4 3,273,233 2,4 3,273,233 2,4 3,273,233 2,2 3,273,233 2,2 3,273,233 2,2 3,273,233 2,2 3,273,233 2,2 3,273,233 2,2 3,273,233 2,2 3,273,233 2,2 3,273,233 2,2 3,273,233 2,2 3,2 <t< td=""><td>13</td><td>Curriculum & Instructional Staff Development</td><td>888,441</td><td>1,113,010</td><td>1,468,756</td><td>1,551,016</td></t<>	13	Curriculum & Instructional Staff Development	888,441	1,113,010	1,468,756	1,551,016
chool Leadership 3,270,623 3,277,450 3,378,394 3,2 suidance, Counseling & Evaluation Services 1,913,992 2,189,054 2,337,223 2,4 cocal Work Services 740,335 78,964 83,106 1 tealth Services 740,335 769,015 837,068 8 tealth Services 2,034,456 2,148,521 2,268,265 2,4 courricular/Extracurricular Activities 2,034,556 2,445,759 2,214,61 2,263,379 2,5 iearnity And Monitoring Services 2,217,579 2,311,231 2,453,379 2,5 jata Processing Services 425,133 438,398 538,175 6 jata Processing Services 3,275 26,100 0 3,921,493 jata Processing Services 3,275 26,100 3,921,493 8,3 jata Processing Services 3,275 26,100 0 3,921,493 1,2 jata Processing Services 3,275 26,100 0 3,921,493 8,3 jata Processing Services 3,921,493 3,275 26,100 0 3,921,493 1,2 jata Processing Services 9,91 9,91 9,91 9,91 9,91 9,91 9,91 jata Pr	21	Instructional Leadership	309,640	316,627	924,719	934,641
bildance, Counseling & Evaluation Services 1,913,992 2,189,054 2,337,223 2,4 ocial Work Services 77,433 78,964 83,106 1 lealth Services 740,335 76,9015 837,068 8 tudent (Pupil) Transportation 2,034,456 2,148,521 2,268,265 2,4 coord Services 38,302 0 2,263,379 2,3 2,311,231 2,453,379 2,3 2,453,379 2,3 2,453,379 2,3 1,213,33 7,619,433 8,3 3,619,433 8,3 3,619,433 8,3 3,619,433 8,3 3,619,433 8,3 3,619,433 8,3 3,619,433 8,3 3,619,433 8,3	23	School Leadership	3,270,623	3,277,450	3,378,394	3,262,818
ocial Work Services 77,433 78,964 83,106 1 lealth Services 740,335 769,015 837,068 8 rood Services 2,034,456 2,148,521 2,268,265 2,4 ood Services 38,302 0 0 0 ood Services 2,145,759 2,224,461 2,263,379 2,3 lant Maintenance & Operation 6,815,299 7,207,333 7,619,433 8,3 lant Maintenance & Operation 6,815,299 7,207,333 1,202,035 1,2 lant Maintenance & Operation 1,020,413 1,201,033 1,202,035 1	31	Guidance, Counseling & Evaluation Services	1,913,992	2,189,054	2,337,223	2,428,678
lealth Services 740,335 769,015 837,068 8 viudent (Pupil) Transportation 2,034,456 2,148,521 2,268,265 2,4 ood Services 2,145,759 2,224,461 2,263,379 2,3 seneral Administration 2,217,579 2,311,231 2,453,379 2,3 lant Maintenance & Operation 6,815,299 7,207,333 7,619,433 8,3 lant Maintenance & Operation 32,275 26,100 27,835 6 per vices 32,275 26,100 3,921,499 0 oontracted instructional Services Between Schools 16,000,000 7,500,000 11,300,000 8,2 where Government Tax 10 84,000	32	Social Work Services	77,433	78,964	83,106	199,231
tudent (Pupil) Transportation 2,034,456 2,148,521 2,268,265 2,4 ood Services 38,302 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	33	Health Services	740,335	769,015	837,068	893,822
bood Services 38,302 0 0 0 courricular/Extracurricular Activities 2,145,759 2,224,461 2,263,379 2,3 seneral Administration 2,217,579 2,311,231 2,453,379 2,5 lant Maintenance & Operation 6,815,299 7,207,333 7,619,433 8,3 lant Maintenance & Operation 425,193 438,398 538,175 6 lata Processing Services 1,020,413 1,201,033 1,202,035 1,2 lata Processing Services 0 0 0 3,921,499 0 lata Processing Services 0 0 0 3,921,499 0 0 3,921,499 0 0 0 0 0 0 0 0 0 0 0 0	34	Student (Pupil) Transportation	2,034,456	2,148,521	2,268,265	2,451,962
Cocurricular/Extracurricular Activities 2,145,759 2,224,461 2,263,379 2,3 seneral Administration 2,217,579 2,311,231 2,263,379 2,3 seneral Administration 2,217,579 2,311,231 2,453,379 2,5 seneral Administration 2,217,579 2,311,231 2,453,379 2,5 seneral Administration 2,217,579 2,311,231 2,453,379 2,5 seneral Administration 2,5193 438,398 538,175 6 3,521,499 3,521,499 3,521,499 3,521,499	35	Food Services	38,302	0	0	17,327
jeneral Administration 2,217,579 2,311,231 2,453,379 2,5 lant Maintenance & Operation 6,815,299 7,207,333 7,619,433 8,3 lant Maintenance & Operation 425,193 438,398 538,175 6 lata Processing Services 1,020,413 1,201,033 1,202,035 1,2 lata Processing Services 32,275 26,100 27,835 1,2 lebt Service 0 0 0 3,921,499 0 eacility Acquisition/Construction 0 0 0 3,921,499 0 0 0 3,921,499 0	36	Cocurricular/Extracurricular Activities	2,145,759	2,224,461	2,263,379	2,317,273
Vant Maintenance & Operation 6,815,299 7,207,333 7,619,433 8,3 Pacturity and Monitoring Services 425,193 438,398 538,175 6 Pata Processing Services 1,020,413 1,201,033 1,202,035 1,7 Debt Services 32,275 26,100 27,835 1,7 Pebt Services 0 0 0 3,921,499 0 Pebt Services 0 0 0 3,921,499 0 0 Per Pupil Allotment 16,000,000 7,500,000 11,300,000 8,2 Per Pupil Allotment \$1,469,045 3,672,472 3,906,008 3,9 Object Code 6491- Statutorily Required Public Notices \$47,474,926 \$50,786,811 \$55,253,155 \$60,7	41	General Administration	2,217,579	2,311,231	2,453,379	2,541,680
iecurity and Monitoring Services 425,193 438,398 538,175 6 bata Processing Services 1,020,413 1,201,033 1,202,035 1,2 community Services 32,275 26,100 27,835 1,2 oebit Services 0 0 3,921,499 0 inclity Acquisition/Construction 0 0 3,921,499 0 contracted Instructional Services Between Schools 16,000,000 7,500,000 11,300,000 8,7 ayments to Juvenile Justice Alternative Ed. Prg. 84,000 0 0 0 0 H 313 Ad Valorem Tax 0 0 587,000 639,000 0 0 0 Total adopted expenditure budget 572,947,621 \$70,465,553 \$83,347,762 \$82,347,762 \$82,347,762 \$82,347,762 \$82,347,762 \$82,347,762 \$82,347,762 \$82,347,762 \$82,347,762 \$82,347,762 \$82,347,762 \$82,347,762 \$82,347,762 \$82,347,762 \$82,347,762 \$82,347,762 \$82,347,762 \$82,347,762 \$82,347,762 \$82,347,762	51	Plant Maintenance & Operation	6,815,299	7,207,333	7,619,433	8,366,368
Data Processing Services 1,020,413 1,201,033 1,202,035 1,702,035 Dommunity Services 32,275 26,100 27,835 Debt Service 0 0 3,921,499 Pacility Acquisition/Construction 0 0 0 0 Contracted Instructional Services Between Schools 16,000,000 7,500,000 11,300,000 8,2 Payments to Juvenile Justice Alternative Ed. Prg. 84,000 0 0 0 0 H 313 Ad Valorem Tax 0	52	Security and Monitoring Services	425,193	438,398	538,175	635,939
Jommunity Services 32,275 26,100 27,835 Jebt Service 0 0 3,921,499 Pebt Service 0 0 3,921,499 Pacility Acquisition/Construction 0 0 0 Ontracted Instructional Services Between Schools 16,000,000 7,500,000 11,300,000 8,2 Payments to Juvenile Justice Alternative Ed. Prg. 84,000 0	53	Data Processing Services	1,020,413	1,201,033	1,202,035	1,246,493
Debt Service 0 0 3,921,499 acility Acquisition/Construction 0 0 0 0 contracted Instructional Services Between Schools 16,000,000 7,500,000 11,300,000 8,7 contracted Instructional Services Between Schools 16,000,000 7,500,000 11,300,000 8,7 contracted Instructional Services Between Schools 84,000 0 0 0 0 contracted Instructional Services Between Schools 84,000 0 0 0 0 0 contracted Instructional Services Between Schools 84,000 0	61	Community Services	32,275	26,100	27,835	30,600
acility Acquisition/Construction 0 0 0 0 Contracted Instructional Services Between Schools 16,000,000 7,500,000 11,300,000 8,2 Payments to Juvenile Justice Alternative Ed. Prg. 84,000 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	71	Debt Service	0	0	3,921,499	0
Contracted Instructional Services Between Schools 16,000,000 7,500,000 11,300,000 8,2 Tayments to Juvenile Justice Alternative Ed. Prg. 84,000 <	81	Facility Acquisition/Construction	0	0	0	20,810
Total adopted expenditure budget \$72,947,621 \$70,465,553 \$83,347,762 \$82,347,762 \$20,047,472 \$11,000 \$11,000 \$11,000 \$12,196 \$20,000 \$3,500 \$	91	Contracted Instructional Services Between Schools	16,000,000	7,500,000	11,300,000	8,240,400
H 313 Ad Valorem Tax 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	95	Payments to Juvenile Justice Alternative Ed. Prg.	84,000	0	0	0
nter-governmental Charges not in Other Data Codes 615,000 587,000 639,000 6 20 Other Uses 1,469,045 3,672,472 3,906,008 3,5 3,506,008 3,5 3,5 3,206,008 3,5 4,469,045 57,947,621 \$70,465,553 \$83,347,762 \$82,3 4,940,950 \$2,094,465 \$364,245 \$3 9 Per Pupil Allotment \$10,535 \$11,001 \$12,196 \$1 4,940,950 \$1,500 \$1,500 \$1,500 \$1,500 6,786,811 \$55,253,155 \$60,300 \$60,300 \$60,300	98	CH 313 Ad Valorem Tax	0	0	0	0
Other Uses 1,469,045 3,672,472 3,906,008 3,5 Total adopted expenditure budget \$72,947,621 \$70,465,553 \$83,347,762 \$82,3 Difference in Revenue/Expenditure \$4,940,950 \$2,094,465 \$364,245 \$3 Per Pupil Allotment \$10,535 \$11,001 \$12,196 \$ Object Code 6491- Statutorily Required Public Notices \$1,500 \$1,500 \$1,500 \$1,500 \$2,786,811 \$55,253,155 \$60,3	99	Inter-governmental Charges not in Other Data Codes	615,000	587,000	639,000	670,000
Total adopted expenditure budget \$72,947,621 \$70,465,553 \$83,347,762 \$82,3 Difference in Revenue/Expenditure \$4,940,950 \$2,094,465 \$364,245 \$3 Per Pupil Allotment \$10,535 \$11,001 \$12,196 \$ Object Code 6491- Statutorily Required Public Notices \$1,500 \$1,500 \$1,500 Gross Payroll \$47,474,926 \$50,786,811 \$55,253,155 \$60,3	8	Other Uses	1,469,045	3,672,472	3,906,008	3,925,247
Object Code 6491- Statutorily Required Public Notices \$1,500 \$1,500 \$50,786,811 \$55,253,155 \$60,3		Total adopted expenditure budget Difference in Revenue/Expenditure Per Punil Allotment	\$72,947,621 \$4,940,950 \$10.535	\$70,465,553 \$2,094,465 \$11,001	\$83,347,762 \$364,245 \$12,196	\$82,347,315 \$394,687 \$11,795
	ed 06/22/;	Object Code 6491- Statutorily Required P	\$47,474,926	\$50,786,811	\$1,500 \$55,253,155	\$1,500 \$60,757,168

Γ	, HUMAN RESOURCES		
1.	Does the Entity have a human resources department?	Yes 🗌	No
	If yes, total number of staff:		
	If no, attach full details as to how the function is handled.		
	Who is designated to handle all employment-related incidents? Name: Baybara Pondu Title: ASSI Supt. of Pusc	nnel	
3,	Are all hiring, promotions, and terminations reviewed and approved by the head of human	√V Yes∏	No
	resources, inside legal counsel or outside employment counsel? If yes, which one: \text{NUMON VISOUCS + DUSGIAL Lead}		,,,,
4.	Are all prospective employees required to complete a standard employment application prior to hire?	☑ Yes□	No
	If no, allech an explanation.		
	If yes, answer the questions below:	LA ANCIL	No
	Does your application contain an employment at-will statement? Does your application include authorization to check references and criminal conviction	رساسا نسا	,
	records?	Ω yes□	No
	c. Does your application require a signature attesting that all representations are true?		No
5.	Does every employment position have a written job description?	M Yes	No
6.	Does the Entity have written guidelines, policies or procedures that address human resource		
	or personnel management in the following areas?	*/	
	a. Hiring/Interviewing	<u> </u>	No
	b. Salary administration	Yes Ves	No No
	c. Performance appraisal review	[V] Yes∐ [V] Yes∏	No
	d. Discipline		No
	Discharge/termination Accommodating the disabled	TO yes	No
	g. Reporting, investigating and resolving employee complaints		No
	h. Time-off policies, including FMLA	☑ Yes□	No
7	Are there written policies prohibiting discrimination and sexual, and any other forms of	/	
٠.	harassment in the workplace?	Yes	No
8.	Do you post, in places conspicuous to all employees and applicants for employment, all notices	_/ _	
	required by law, including the Family Medical Leave Act?	☑ Yes ☐	No
9.	is a written personnel policies and procedures manual and/or employee handbook distributed	T Vas	No
	to all personnel?	= $-$	No
	Does an outside employment counsel periodically review all employment practices guidelines.	ا سا بعن	
IV.	policies and proceduras?	☑ Yes□ □	No
	If yes, when was the most recent review and who conducted it?	Λ	
	If no, who is responsible for legal advice with respect to employment practices guidelines,)	
	policies and procedures?		
11.	Does the Entity offer employee outplacement services to assist terminated or laid off	m v~m/	<u></u>
	employees in finding other jobs?	☐ Yesty	NO
2.	Does the Entity offer severance pay to terminated or laid off employees?	☐ AEATA	₩o
	If yes, does the severance agreement include a waiver of the employee's rights to bring a	l Λ≪L I	No
	claim against the entity?		
	Does the Entity have a written grievance procedure?		No No
	Does the Entity have workplace harassment training for employees?	✓ Yes 1	10
5.	Does the entity have employment practices training for supervisors in the following	m/	.
	a. Hiring/Interviewing		Vo OV
	b. Performance management	=/=	10
	c. Discipline		40
	e. Termination.		lo ol





Educators Legal Liability Application-New

	Limits Desired:	Effective Date:
EDUCATORS LEGAL LIABILITY (ELL)	·	Maked States and the state of t
TO COMPLETE APPLICATION, YOU MUST S [] Most Recent Audited Financial Statement Loss Ruos from Current Carrier	SUBMIT (check lf p	rovided with this form):
INSTRUCTIONS: Please complete all portions of not understand a question, please contact United Edu information you supply in this application to respond Review of this application does not bind United Educ	cators for clarification to the Educational (on. United Educators will rely on the Organization's request for a quotation.
FULL LEGAL NAME AND ADDRESS OF THE BAY BUYS HILL IN A	EDUCATIONAL O	
9600 Eagle Dr		
Mont Belvium	JIXT	1523
The undersigned is an authorized representative of the of the expiring policy. The undersigned declares that BY: (Signature of officer of organization applying for cove	all information prov	ided is complete, truthful and accurate.
		Please print or type name)
TITLE:		ATE:
Representative of Educational Organization who	should receive insu	rance company notices:
Name:		
Telephone:Fax:		nail:
Submitting Insurance Agent Must Complete::::: Person to contact:	s	Shit Completed Application (0)
Address:		nited Educators Insurance, a ciprocal Risk Retention Group
Phone number:	Tv	vo Wisconsin Circle, Suite 1040 Chevy Chase, MD 20815
Fax number:		Phone: 301-907-4908 Fax: 301-907-8620
Email:		Web: WWW,UE,ORG
Licensed Insurance Broker? [] Yes [] No License number:		

TYPE OF ORGANIZATION IR	STAXISTATUS			
[independent school	[] community/	vo-tech college	[] museum/cultural organ	ization
[] private college/university	association ((see below)수	[] other (see balow)*	
[] public college/university	[] foundation			
[] 501(c)(3)	[] Public Entire	y	[] Other (describe):	
PIf "association," do you provide	accrediting servic	es? No[]	Yes []	-
*If "other," copies of the following	must be provided		s of Incorporation	
process application (check if provide	ded with this	[] Corpor	•	
submission):		[] Web ac	dress	
	CONTRACTOR			BSTORWALL
GURRANT COVERAGE Title of Policy: [] D&O [] E	OLT [TOTA	Name of Insure		
		IVALUE OF HISTORY	•	
(check all that appl Expiration Date:	<i>y</i> /	Limit of Liabilit		
·	***	Collina of Clausing	y. 	
Self-Insured Retention (Entity):		Annual Premiun	1;	
Has any similar insurance been dec	fied, canceled or	non-renewed in th	9 past	
five years? If " yes," please explai	u (use an addition	al sheet if needed): No[] Y	'es []
A survey		*		
		******	<u> </u>	
COMMERCIAL ACTIVITIES				
			Аппия	
Does the Educational Organization	n or any affiliste		Annus Expendit	
Does the Educational Organization Develop, manufacture or sell produc	n or any affiliste	commercial	Expendit	
Does the Educational Organization Develop, manufacture or sell productions?	n or any affiliate ets or services for	commercial No	Expendit	
Does the Educational Organization Develop, manufacture or sell productuse? License any patent for commercial u	on or any affiliate ets or services for use?	commercial No No		
Does the Educational Organization Develop, manufacture or sell productuse? License any patent for commercial of Own or manage any for-profit commercial c	n or any affiliate ets or services for ise? nercial operations?	commercial No No No	Expendit	
Does the Educational Organization Develop, manufacture or sell productuse? License any patent for commercial u	n or any affiliate ets or services for ise? nercial operations?	commercial No No No		
Does the Educational Organization Develop, manufacture or sell productuse? License any patent for commercial of Own or manage any for-profit commercial c	n or any affiliate ets or services for ise? nercial operations?	commercial No No No		
Does the Educational Organization Develop, manufacture or sell productuse? License any patent for commercial of Own or manage any for-profit commercial c	n or any affiliate ets or services for ise? nercial operations?	commercial No No No		
Does the Educational Organization Develop, manufacture or sell productuse? License any patent for commercial of Own or manage any for-profit commercial c	n or any affiliate ets or services for ise? nercial operations?	commercial No No No		
Does the Educational Organization Develop, manufacture or sell productuse? License any patent for commercial of Own or manage any for-profit commercial c	n or any affiliate ets or services for ise? nercial operations?	commercial No No No		
Does the Educational Organization Develop, manufacture or sell productuse? License any patent for commercial to Own or manage my for-profit comm. If "yes," please explain (use an additional commercial to the c	on or any affiliate ets or services for 1587 nercial operations? Ultilonal sheet If n	commercial No No No		
Does the Educational Organization Develop, manufacture or sell productuse? License any patent for commercial to Own or manage any for-profit comm. If "yes," please explain (use an advance).	on or any affiliate ets or services for use? nercial operations? Ukilonal sheet If n	commercial No No No eeded):		
Does the Educational Organization Develop, manufacture or sell productuse? License any patent for commercial to Own or manage any for-profit comm. If "yes," please explain (use an additional and the commercial to the commercia	on or any affiliate cts or services for use? deficient operations? ditional sheet If n	commercial No No No eeded):	Expendit	ures;
Does the Educational Organization Develop, manufacture or sell productuse? License any patent for commercial with the commerc	on or any affiliate cts or services for use? deficient operations? ditional sheet If n	commercial No No No eeded):	Expendit	
Does the Educational Organization Develop, manufacture or sell productuse? License any patent for commercial to Own or manage any for-profit commercial to own or manage and for-profit commercial t	on or any affiliate cts or services for use? ditional sheet if n erecal operations? ditional sheet if n erecal operations.	No No eeded): d or eliminated in or planued within	Expendit [Ves[] \$ [V Yes[] \$ Ves[] \$ the past a the next No[] Yes	ures;
Does the Educational Organization Develop, manufacture or sell productuse? License any patent for commercial with the Commerc	on or any affiliate cts or services for use? ditional sheet if n erecal operations? ditional sheet if n erecal operations? ditional sheet if n erecal operations.	No No eeded): d or eliminated in or planued within	Expendit [Ves[] \$ [Ves[] \$ Ves[] \$ the past a the next No[] Yes	ures;
Does the Educational Organization Develop, manufacture or sell productuse? License any patent for commercial with the Commerc	on or any affiliate cts or services for use? ditional sheet if n ditional sheet if n ers. grams been create nder consideration c (use an additional created and num	No No eeded): d or eliminated in or planned within all sheet if needed) ber of students on	Expendit [Ves[] \$	ures;
Does the Educational Organization Develop, manufacture or sell productuse? License any patent for commercial with the Commerc	on or any affiliate cts or services for use? ditional sheet if n ditional sheet if n ers. grams been create nder consideration c (use an additional created and num	No No eeded): d or eliminated in or planned within all sheet if needed) ber of students on	Expendit [Ves[] \$	ures;
Does the Educational Organization Develop, manufacture or sell productuse? License any patent for commercial with the Commerc	on or any affiliate cts or services for use? ditional sheet if n ditional sheet if n ers. grams been create nder consideration c (use an additional created and num	No No eeded): d or eliminated in or planned within all sheet if needed) ber of students on	Expendit [Ves[] \$	ures;
Does the Educational Organization Develop, manufacture or sell productuse? License any patent for commercial with the Commerc	on or any affiliate cts or services for use? ditional sheet if n ditional sheet if n ers. grams been create nder consideration c (use an additional created and num	No No eeded): d or eliminated in or planned within all sheet if needed) ber of students on	Expendit [Ves[] \$	ures;
Does the Educational Organization Develop, manufacture or sell productuse? License any patent for commercial with the Commerc	on or any affiliate cts or services for use? ditional sheet if n ditional sheet if n ers. grams been create nder consideration c (use an additional created and num	No No eeded): d or eliminated in or planned within all sheet if needed) ber of students on	Expendit [Ves[] \$	ures:

KIM KUNK

From: NATASHA HOLDEN

Sent: Wednesday, May 19, 2021 10:50 AM

To: KIM KUNK
Subject: Certifications

Here is the list of all certifications we offer:
Lee College Certificate of Completion –Drafting
MOS (Word, Excel, PPT, Access)
Education Aide!
AWS D1.1 Structural Steel
AWS D9.1 Sheet Metal
NCCER CORE Safety
NCCER Carpentry
EKG (Electro Cardiogram) Certification
PCT (Patient Care Tech) Certification
Hunter's Safety
Food Safety and Science
Binz School of Floral Design
Certified Solid Works Associate

Natasha Holden

Associate Director of Curriculum and Advanced Academics Barbers Hill ISD 281.576.2221 x1260

Confidentiality Note: This email and any attachment to it is confidential and protected by law and intended for the use of the individual (s) or entity named on the email. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination or distribution of this communication is prohibited. If you have received this communication in error, please notify the sender via return email and delete it completely from your email system. If you have printed a copy of the email, please destroy it immediately. Thank you.

CHANGES IN ADMINISTRATION AND STAFF		
In what year were the individuals in the following (or equivalent) position	ons appointed:	ALL SECTION OF THE SE
President: VP of Finance/Administration:	Chief Academic Offic	et:
Have any of these individuals announced their resignation or	President	[]
	VP of Finance/Administ	ration []
departure from your institution?	Chief Academic Officer	ij
Have there been any reductions in workforce during the past two years,	or are any	
under consideration or plenned within the next 12 months?	No M	Yes[]
If "yes," please explain (use an additional sheet if needed) including:		
✓ Positions eliminated		
✓ Number of employees affected in each job category		
EXFERNAL REVIEW		
Regional accreditation by: TEH		
Within the last two years and with respect to the Educational Institu		•
Has any accrediting body threatened or taken probationary action?	No [VI	Yes []
Has any athletic association threatened or taken disciplinary action?	No [1 ∕]	Ycs []
Within the last two years has any Degree Program:	,	
Sought accreditation?	No M	Yes[]
Lost accreditation?	No IV	Yes []
Been unable to obtain accreditation?	No [V]	Yes []
Become provisionally accredited?	NoIM	Yes []
Been placed on probationary status by an accrediting agency?	No M	Yes []
If "yes," please explain (use an additional sheet if necded):		
MERGERS ACQUISITIONS AND CLOSURES Have there been any acquisitions, margers or new entities in the past two	Vasis or	
are any planned within the next 12 months?	No M	Yes[]
Will the educational organization or any of its affiliates, departments or		Vant 1
close within the next 12 months or are any such closures under considera	tion? No [/]	Yes[]
lf "yes," please explain (use an additional slieet if needed):		
ABILIATES: Do you desire coverage for any affiliates or related organizations? All for-profit affiliates must be scheduled for coverage to apply. Non-profit affiliates not included in the audited financial statement	No V	Yes[]
with this submission must be scheduled for coverage to apply. If "yes," please complete Addendum A	•	

STATISTICALINFOL	CONTAIN			
Current Student Enrollment:	Fuil time:	Part time:	Fel	1 PTE: 10448
Corrent Faculty	Tun tano.		1	1-121
Count:	Full time: 1003	Part time:	Fac	ulty FTE: 1004
Current Faculty Tenure Amount:	Total tenured:	Ma	Total tenure	track: MA
Estimated Percentage of Unionized:	Faculty:	> %	Staff;	<i>D</i> %
Please state the dates you	most recently complete	d a comprehensi	ve review and/or w	ndate of your
discrimination and hara				
	Date of Jatest comprehe	ensive review	Latest comp	ehansive update
Discrimination	Sure 2	SC		10x3021
Harassment	June 2	<u>0800</u>	Jul	48021
Please state the date(s) o	n which <i>your written poi</i>	licies on discrimi	nation and harassi	neg) were most
recently disseminated to	all students, faculty, adn	ninistrators and si	aff. If available ele	erronically on a
continuous basis (such as	a web site), picaso so ir	rdicate:		
	Date discrimination poli	icy disseminated	Date harassmo	nt policy disseminated
Students	42105	ITC -		
Paculty	-Sate	SCHOOK	5 Privil	ally
Administrators				<u> </u>
Staff				
Please state the date(s) or	n which you most recent	ly conducted trai	ning programs on	discrimination and
harassment for each of the	to following groups, and	the approximate	percentage of each	category who
participated:		. .		m
	Date	Percent ;	participating	Type of training iscrimination
Faculty	911120) [7 T V /	arassment [V]
receity				iscrimination [V]
Administrators			н	arassment [V]
		_	1	Iscrimination [
Staff				arassment [\]
Other than the direct sup- department, general coun	ervisor, who reviews emp sel) for proposed termin	<i>ployee terminatio</i> ations within eac	<i>ns in advance</i> (e.g. h of the following :	. numan resources groups:
Faculty2		minfstrators?		Staff?
HR + GOD	eral buts	ial co	unse-	
Which groups are entitled	i to uso <i>written grievand</i>	e and/or mediati	on procedures to	Faculty [4]
help resolve employment	disputes? (Check here	[] If written grid	eyance	Administrators [4]
and/or mediation procedu		1 1 1		Staff (L)
If grievance/mediation pr number of employment re	ocedures are available, p elated disputes reported	please indicate th in the last 12 mor	e estimated total iths:	

ADDENDUM A New Affiliates and Subsidiaries									
NAME OF ENTITY:	Yew Alimates :	nid 2002 to store del							
Description of Entity (purpose, nature of operations, control, whether goods/services are sold, etc.):									
[] For-profit [] Not-for-profit Date establish		hed/acquired:	Annual budget:						
Educational Organization's percent of ownership or control over this affiliate:%									
Do any of the Educational Organization's trustees serve on this affiliate's board? [] No [] Yes		Is a financial statement for this affiliate attached to							
		this application?							
If yes, state number of your truste	es on its board:	[]Yes []No							
ls this a Medical Facility? [] No [] Yes If yes, please indicate number of:									
Physicians: Allied Health personnel:									
Physicians who are Educational Organization faculty members:									
The state of the state.									
NAME OF ENTITY:									
Description of Entity (purpose, nature of operations, control, whether goods/services are sold, etc.):									
Date establis		red/acquired:	Annual budget:						
[] For-profit [] Not-for-profit	************		\$						
Educational Organization's percent of ownership or control over this aftiliate:%									
Do any of the Educational Organiz		Is a financial statement for this affiliate attached to							
serve on this affiliate's board? [] No [] Yes If yes, state number of your trustees on its board:		this application?							
		[] Yes [] No							
Is this a Medical Facility? [] No [] Yes If yes, please indicate number of:									
Physicians: Allied Health personnel:									
Physicians who are Educational Organization faculty members:									

PLEASE DUPLICATE PAGE OR ATTACH ADDITIONAL SHEETS AS NEEDED

Loss Histo	ADDEN iy and Suppler	(DUM B nental Claims	Informati	011			
In the past five years has there !			<u> </u>		***************************************		
Suit alleging a wrongful act agains		No[]	Yes[]				
Claim regarding hiring remunerat	nployee?	No[]	Yes []				
BEOC (or equivalent) complaint, inquiry or investigation?					Yes[]		
Allegation against directors, trustees or officers?					Yes []		
Allegation of educational malprac		re to educate, suce	rvise or	No[]			
negligent academic counseling? No [] Yes [
Allegation of libel, slander, invasion of privacy or humiliation?					Yes[]		
Allegation of libel, slander, invasion of privacy or humiliation? No [] Yes [Allegation of intellectual property violations, such as patent or copyright							
infringement or misappropriation of ideas? No [] Yes [
Claim alleging wrongful acts that resulted in payment of defense expense,							
settlements or judgments?	 ,	No[]	Yes[]				
Notice given to an insurer of any c							
of insurance?	seen or porsioner on		possey	No[]	Yes[]		
If a yes," to any of the above que	etione please cam	nieta Supplement	a)Claime In				
encli claim or potential claim in		hioto mappionion			-4		
							
	Sirpplementiil Cl	ainis Information					
Claimant(s):		Date of Occurre					
Insurer (if any):							
Description of elaim or incident (including assessment of liability, potential damages, and status of							
settlement negations):							
			·····				
Current status: [] incides		suit c	losed (date:)	<u> </u>		
Indemnity:	Defense:		Total incur	teg:	,		
paid: \$ reserved: \$	paid: \$ reserved: \$		•	Acceptance of the second			
reserved. 5	1/10001100.0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	·	<i></i>			
	Supplemental Cl	unis Information					
Claiment(s):		Date of Occurrer					
Insurer (if any):							
Description of claim or incident (including assessment of liability, potential damages, and status of							
settlement negations):		A Park					
		Mis Comme					
Current status: [] incider		iuit []c	osed (date:				
Indemnity:	Defense:		Total incur	<u>rd:</u>			
paid: \$	paid: \$ reserved: \$		\$				
reserved: \$	l reserved; s						
Claimant(s):	Control College	Date of Occurren		82280 DB 5780 SB 000 G	ELECTRIC CHAPT		
Insurer (If any):				,			
Description of claim or incident (in	cluding assessment	of liability, potent	lal damages,	and status of			
settlement negations):			`				
/ .							
Current status: [] inciden		ult []c)	озеd (date;				
Indemnity:	<u>Dofense</u> :	,	Total incum	<u>eq:</u> . /	、		
paid: \$	paid: \$	į	\$		\setminus		
reserved: \$	reserved: \$!					
PLEASE DUPLIC	ATE PAGE OR AT	TACH ADDITION	IAL SHEETS	AS NEEDEL	<i>)</i> (

© United Educators Insurance, a Reciprocal Risk Retention Group (2002)

EMPLOYMENT PRACTICES LIABILITY	APPLICATION

EMPLOYMENT PRACTICES LIABILITY-CLAIMS MADE

NOTICE: This is an application for a Claims Made coverage that includes defense expenses within the limits of coverage. Therefore, 100% of the limit of coverage, and any deductible that applies to defense expenses, may be used up with the payment of judgements, settlements, or defense expenses.

	,	INGIL	RANCE GO	VEDAGE A	AID LIBRITS	- A - A - A		~ 10a C
Limit of Liability Requested	Dos Cioles Coto		MINUE OU	YLIVIGEA		A-CARLY	CT CT	g ppc
l	\							
\$500,000/\$500,000	\$1,0	ю0,000/\$1,00	10,000	\$2,000,000/	\$2,000,000	U Other	\$	
Deductible/Retention								
\$15,00D	Oiñe		/	······································				
Do you currently carry		•	/		Yes	No 🗌	No	
If yes, please provide	information r	egarding c	urrent option					
Insurer	_			i⊥mits: Per cl	olm/Aggregate			
Retro Date	Deductible		Policy Period			Premium		
	<u> </u>		EMPLOYEE	INFORMA	TION	<u> </u>		
1. Number of employ	yees current				······································	············		
•	Full-time	Part-lime	Leased	Тетрогагу	Volunteers	Total	1	
	1002	10	200000	1000000	100000	1022	1	
	992		L	l		1000	J	
D. Niverbou of combo	じっか		(2) vones					
2. Number of employ	rees over the	past tinee	1				7	
	1 Year	Prior	2 Year	s Prior	3 Yei	us Prior	1	
		$\mathcal{U}_{\underline{}}$	1 04	<u> </u>	100	<u> </u>	J	
3. Number of employ	ees termina	led in the p	ast three (3)	years:				
	1 Year	Prior	2 Year	s Prior	3 Yea	ars Prior		
)	l a			4		
4. Number of employ	rees who left	voluntarily	over the pa	st three (3)	years:			
Ì	1 Year		2 Year			irs Pilor		
		Lun	20	31 (101	``	110 1 1101		
İ	70		حد		<u> </u>		I	
5. Have there been a		lavoffs te	coinstions	vorkforce re	eductions o			
retirements, includ	ling those res	sulling from	any type of	restructure	or privatiza	tion	12 Y	es No
of service, within the								
If yes, attach full categories involv				of employee	is involved,	lop		
6. Do you anticipate				workforce r	eductions, o)r		
retirements, includ	ing those res	ulting from	any type of	restructure	or privatizat	tion	□ Y	es 🔽 No
of service, within the if yes, attach full			do numbor	of omnious	na Invaluad	loh		1
categories and t			nd, nambb	oi empioyet	ao hinghad,	JUD		
7. What percentage of			members?			***************	0	*

LAW ENFORCEMENT LIA	ABILITY APPLICATION	

		LA	W ENFO	RCI	EMENT LIA	BILITY			
Theter to	3	JEC 5	COV	ERA	GE AND LI	MITS			
Occurrence	Claim	s Made Ref	roactive D	ate	Has there bee requested Ref	n continuous Cla Toactive Date?		ada coverage back to the Yes No	
Limits of Liability		Each Wrongful Act	Limit		Total L	linii		Each Wrongful Act Deductible	•
Option 1	\$,,,,,,,,,,,,	\$	<u></u>		\$		
Option 2	\$			ş		<u> </u>	\$		
			1 111202	~~~141	DITING INE	ODMATION			
is department accredited or v	undin	GENERA	ion from it	to Cor	nmission on	ORMATION	Perc	enlage completed:	
Accreditation for Law Enforce		Agencies?				,		•	
Accredited: Yes	N	o Wo	rking to	ward	: Yes 🚺	No			<u>*</u>
Department contact person:	SY	iane. M	CBX	ra	U				
Do you contract law enforcer Yes No									
Are you part of any mulual la		, send a copy of the			ahusaa saliilesi	chinduisinna?			
Yes No	Desc	ribe: MDL	W	<u>M</u>	(PKD)	atyo		Saytown PD	
Do you participate in a drug t	esk	If yes, how many o	fficers par	ticipat	le?	is your entity or	officer	designated as the the drug task force?	
force?	1	 					No	ing diag lask forces	
Yes V No						If no, who is?			
		Does the task force	e have its	own b	udaet?	Does it have its	own ir	surance?	
ls the lask force a separate e	ntity?					Yes 🗌			
Yes W No	,					If yes, indicate c	anier	and limits:	
						į			
								11 .1	
identify significant operations	withir	ı your legal jurisdici	ion such s	is coll	eges, Institution	is, military installa	illons,	major medical conters,	
aports arenas, concert halls,	delen	se contractors, etc.							
									
			<u> </u>		No		·		
Does the agency own/operat			Yt [_]		a				
Please describe the	numb	er, type end uses o E CLASSIFICA	TION IC	iva r	umber of e	mnlovees by	clas	selfication)	
EMPLO		: CLASSIFICA		140		eucrovees.		GROUP :: EMPLOYEES	llo.
Full-time officers, detectives,	1110	Part-time/reserve/	uxiliary/		Animai Contro	l Personnel	0	Other unamed tow	
investigators and sergeants		court officers arme		1	Dispatchers		10	enforcement personnet (includes clerical, cooks,	l
(including the chief, sheriff and deputies)	17	arrest authority		O.	<u> </u>		12	and other unarmed	1
ana debrases)	•			١.	Jall Medical P. Coroners	ersonnel	ـــا	personnel not included	1
Police Dogs	0	Full-time Jallers		10			10	elsewhere)	<u>_</u> .
i dice oogs		Part-time jallers		T-	School Crossi	ng Guards	a	Other unarmed jall	
				N	Unarmed part	time/	~	personnel (includes cierical, cooks, and other unarmed	ر را
				N	reserve/auxilis	ury afficers	0	jail personnel not included	KO
					without arrest	authonty		elsewhere)	Ĺ

	DEPARTMENT POLICIES AND P.F.	ROCEDURES	•	·		
Does the agency have a policy Date of fast overall revision of your policy Is the manual distributed will and procedure manual? Yes No and procedure manual: Yes personnel? Yes						
1	mualle Met		Are employees req	ulred to sign off? Yes No		
Does the applicant ha	ve written polices governing the followin	7:				
	Policy Description	Date Written	Date of Last Revision			
Yes No	Use of Force	7/2014				
Yes No	Firearms & Less Than Lethal Weapons					
Yes No	Vehicular Pursults					
Yes No	Patrol Driving and Response					
Yes No	Domestic Violence Response					
Yes No	Service of Warrant					
Yes No	Transportation of Prisoners					
Yes No	Arrests and Investigatory Stops					
Yes No	Searches					
Yes No	Motor Vehicle Stops & Searches					
Yes No	Canines NIA	L				
Yes No	Sexual Harassment					
Yes No	Use of Volunteers NH					
Ves □ No	Secondary Employment & Off-Duty Powers (moonlighting)	,				
Have the policies and proced Yes No	ures been reviewed by legal counsel?	Name of counse	ıt			

* if less than 180 days since previous job the psychological screening does not have to be redone.

10010:		
EDUCATION AND	TRAINING	
Identify the background checks required prior to hiring:	PAN	
Motor Vehicle Records Criminal Check	Other	
Psychological Screening Reference Check	<u> </u>	
Educational Verification Employment History C	Check	
Dascribe formal training for new officers (BLET and FTO): POUL VIOLETTO		
Describe formel training requirements for experienced officers joining the dep	partment (FTO):	
Describe in-service training requirements for department members:		
	Annua	
Training Requirement	New Officers In-Serv	
	Trainin	iy Zanek
Number of Academy (BLET) Training Hours		
Number of Field Training (FTO) Hours		
Annual in-Service Training Hours	✓ Yel	No
Firearms Training and Qualification	rear Ves No Ve	- No
Frequency of Qualification: per ye	rear W tes C No C C	-
Impact Weapon Training and Certification	Yes No Yes	
Chemical Agency (Oleocapsicum) Training and Certification	Yes Po Yes	
High Speed Pursuil Driving Update	Yel	No
Department Policy and Procedure Update	V YeL	No.
	₩ yet	No
Constitutional Use of Force Update	V Yel	3
Legislative and Case Law Update	(CONTROL OF TRANSPORTED AND ADDRESS OF THE PROPERTY OF THE PRO	i
How often do you use reserve/suxillary officers? At least once a week	trol Souther: AS NEEDLE trol	L
Every day At least once o little	E D III NAME IN THE PARTY OF TH	
Duties of reserve/auxiliary officers: Crowd Control Crowd Control Crowd Control	and sither: addution	al s
I traffic Condo.	Jul (2) 3300 1-100 1	
Describe the training program for reserve/auxitlery officers:		
	and the second s	

	EMERGE	NCY DISPATCH	
Does your department handle your own dispatch? Yes \ No	Il no, who handles to MB or (he dispatch? Chawhers Cow	How long have your current dispatch arrangements been in operation?
Does your department handle dispatch for others?		whom? (Attach a copy of any con	, 1
Who provides dispatch services for the	he following?		
Police Sheriff MBPD or Chambers O	าแห่นรา	Fire	Medical Emergency
Are incoming calls to dispatchers recorded? Yes No	7	How long are tapes retained?	Average no. of emergency calls received per month;
Does the dispatch system have:		<u> </u>	
Autoptalic num	ber identification? No	Automatic location identification	P Emergency power supply? Yes No
Describe the training program for emergency dispa	ilchom:		





cyber

ALLIED WORLD NATIONAL ASSURANCE COMPANY 1690 New Britain Avenue, Farmington, CT 06032 · Tel. (860) 284-1300

PRIVACY//403 SRVS PRIVACY LIABILITY, NETWORK RISK, PROFESSIONAL LIABILITY, AND MEDIA LIABILITY INSURANCE

RENEWAL INSURANCE APPLICATION

THIS IS A RENEWAL APPLICATION FOR A PRIVACY LIABILITY, NETWORK RISK, PROFESSIONAL LIABILITY, AND MEDIA LIABILITY INSURANCE POLICY.

SUBJECT TO ITS TERMS, THE PROPOSED POLICY PROVIDES COVERAGE FOR CLAIMS FIRST MADE DURING THE POLICY PERIOD OR EXTENDED REPORTING PERIOD, IF APPLICABLE. THE APPLICABLE LIMITS OF INSURANCE AVAILABLE TO PAY DAMAGES OR SETTLEMENTS WILL BE REDUCED AND MAY BE EXHAUSTED BY THE PAYMENT OF DEFENSE EXPENSES.

- · This Renewal Application must be completed in full.
- If additional space is required for a response, include such response in an attachment to this Application, clearly identifying the question for which a response is being provided.
- Whenever used in this Renewal Application, the terms "Applicant," "You" or "Your Company" shall mean the organization proposed as the Named Insured and any Subsidiaries thereof, and their respective directors, officers, trustees, governors and employees.
- · We treat all Applications as confidential.

SRVS 00002 00 (01/15)

PLEASE BE AS EXPANSIVE AS POSSIBLE REGARDING ALL PRIVACY AND SECURITY QUESTIONS. THIS WILL HAVE A SIGNIFICANT IMPACT ON THE TERMS AND PRICING PROVIDED.

PR	OVIDED.								
1.	GENERAL INFORMATION								
	(a) Applicant's Name:								
	(b) Principal Address: Street: City: State: Zip Code:								
	(c) Year Established: 1908								
	(d) Number of Employees: 1000								
	(e) Website Addresses:								
	(f) Provide the following information.								
	Use Fiscal Year basis								
	Total Revenue (\$'s)								

		any changes to the A he past 12 months?	pplicant's prima	ry business operations and/or organizational Yes \(\bigcap \) No \(\bigcap\)
•	If "Yes,"," pleas	e describe in detail:		
· ·				to be involved in a merger, acquisition or ner or not such transaction was actually Yes \(\Boxed{\sqrt{No}}\) No
	If "Yes,"," please	e describe in detail: [
		months. If none, pl		the Applicant's Risk Manager, if changed Email Address:
•		n), if changed during		ant's Chief Information Security Officer (or aths. If none, please state. Email Address:
· 2.	PERSONALLY IDENTIF	FIABLE INFORMA	TION (PII)	
	the Applicant cur exact number, ple estimate.) Num Methodology: * Personally Identifiab including, but not lim number, account rel	rently stores, process ease provide a best of the per state of the per sta	ses or transacts vestimate, and de	e Personally Identifiable Information (PII)* within its Network. (If unable to provide an scribe the methodology for arriving at this a individual may be uniquely and reliably identified, one number, in combination with their social security in unimbers, credit or debit card numbers, biometric framm-Leach Billey Act of 1999, or Personal Health
-	Information ("PHI")	as defined by the Health	Insurance Portabilit	y and Accountability Act of 1996 ("HIPAA").
X	Technology Assets	Full Disk Encrypted?	List Encryption Software and Bit Level	transmission of PII in the last year: The ability to provide evidence of encryption can be an important risk mitigation technique. Do you maintain records of encryption for each asset category?
• .	Database Systems	Yes W No V		Yes No No
	Business Applications (if hosts PII)	Yes W No 🗹		Yes 🔲 No 🗌
	Servers	Yes No V		Yes No
	Desktops	Yes No W		Yes 🗌 No 🔲
	Laptops	Yes No V		Yes 🗌 No 🗌
	Mobile Devices	Yes No V		Yes No
-	Backups	Yes W No		Yes No No
	Other: Cambooks (Specify) St. DHUS	Yes 🗹 No 🗌		Yes
3. I	PAYMENT CARD TRANS	SACTIONS		
	(a) Does the Applicant of ATM cards (whet			re, or transmit any payment by credit, debit ervice provider)? Yes \(\sum \) No \(\sum \)
	If "No," please skip	to Section 5.		
SRV	S 00002 00 (01/15)			
		4 . 7	1 - (- 4	10.

terrything is Pw protected but only enrupted if it goes offsite.

· f"Yes	es", complete the following:	
. 1.	Please quantify the number of credit, debit, or ATM transactions handled, processed, or transmitted annually?	accepted,
2.	Please quantify the total number of credit, debit, or ATM cards stored directly network:	on your
3.	What percentage of revenues is derived from card transactions (relative to cash)?	%
(b) Are yo	ou compliant with the most recent Payment Card Industry - Data Security Standar ? Yes	rds (PCI-] No []
1.	If "Yes", what is the highest level are you required to adhere to for any card brand?	,
	1 🔲 2 🔲 3 🔲 4 🗍	
2.	Please provide the name of the party which performed the last PCI audit, and the decompleted:	ate it was
3.	Do you outsource your credit card processing?	No [
. 4.	If "Yes," is the processor PCI compliant with applicable PCI- DDS? Yes] No [
. (c) Does transac	PII reside on the Applicant's Point Of Sale systems at any time during a crection? Yes	edit card ☐ No ☐
2. 3. 4. 5. NETWORK S (a) Have the second of the second o	If Applicant has retail locations, how are such locations electronically connected to Applicant's corporate headquarters: If you process card transactions at multiple locations, are those transactions indeper transmitted at each location for processing or are they centrally aggregated for trans externally? SECURITY - FIREWALL AND INTRUSION DETECTION there been any changes with regard to the Applicant's Firewall within the last year? Yes Yes there been any changes with regard to the Applicant's IDS/IPS within the last year?	ndently
PO 0 SRVS 00002 00 (01	alto-new firewall	

6. NETWORK SECURITY – WIRELESS ACCESS
(a) Have there been any changes with regard to the Applicant's Wireless Network(s) within the last year? Yes ☑ No ☐
If "Yes," please describe in detail: DOINTS ORAGIA UDOLTA OLLS DOINTS 7. NETWORK SECURITY - ASSET PROTECTION AND DATA LEAKAGE
(a) Have there been any changes to the Applicant's hardware asset and/or recycling process within the last year: Yes V No
If "Yes," please describe in detail: (MINAL YELLULUS WINDOY The second to the Applicant's data lookage controls within the last of
(b) Have there been any changes with regard to the Applicant's data leakage controls within the last year? Yes No V If "Yes," please describe in detail:
(c) Please describe any evaluations of your network within the past 12 months by checking the applicable boxes below:
1. Penetration Testing
1. Penetration Testing Performed by external vendors CDW-G + Rog Regy Service Century
Performed at least annually Centur
Network-based testing
Application-based testing
Social Engineering-based testing
All critical deficiencies remediated within 60 days (if not checked, please provide details)
(d) Have all critical deficiencies been addressed by Applicant within the 60 days? Yes M No
8. NETWORK SECURITY – ANTI-VIRUS, SPAM, AND SYPWARE DEFENSE
(a) Has the Applicant experienced any virus infections or spyware/malware infections in the past year? Yes No
If "Yes," please provide the following information: 1. What length of time was required for remediation? 2. Were any workstations/servers were compromised by the infection? 3. How have defenses been bolstered since the last infection (other than virus signature updates)?
Other than the areas addressed in the Network Security section, detail any additional technical security devices currently protecting the Applicant's Network that have been implemented in the last 12 months (e.g. content firewalls, other monitoring devices, etc.):
added extra finewall for tal server-
(e.g. content firewalls, other monitoring devices, etc.): The added extra firewall for tax server - updated frewalls on all servers.
SRVS 00002 00 (01/15)

9. SOFTWARE DEVELOPMENT PATCH MANAGEMENT PHILOSOPHY
(a) Have there been any changes with regard to the Applicant's software development or patch management processes? Yes No Yes N
10. INTERNAL ACCESS CONTROL
(a) Have there been any changes with regard to the Applicant's internal policy (or policies) regarding the management of information? If "Yes", please describe in detail:
11. THIRD PARTY ACCESS CONTROLS
(a) Have there been any changes with regard to how the Applicant allows independent contractors, vendors, or other third party vendor's access to your internal network? Yes No No
If "Yes", please describe in detail: Septrate SSID that can he connected to.
12. BUSINESS CONTINUITY PLAN (Complete Only if Applying For Business Interruption Coverage)
(a) Have there been any changes with regard to the Applicant's Business Continuity or Disaster Recovery Plans? Yes No X
If "Yes" please describe in detail:
13. DATA BACK UP
(a) Have there been any changes with regard to the Applicant's back-up methodology? Yes No If "Yes", please describe in detail:
14. COMPLIANCE AND INCIDENT RESPONSE
(a) Have there been any changes with regard to the Applicant's Compliance and Incident Response Plans? If "Yes", please describe in detail: D DW SB 8800 15. MEDIA & INTELLECTUAL PROPERTY
(a) Have there been any changes with regard to the Applicant's Intellectual Property controls within the last year? Yes No Yes No Yes No Yes If "Yes", please describe in detail:
(b) Has the Applicant applied for or obtained any copyrights or trademarks in the last year? Yes No
If "Yes", please describe in detail:
SRVS 00002 00 (01/15)

`	ADDITION TO NETWOR	<i>f</i>	
			tod to take place within the
(a) Please descr next 12 mor	ribe any changes in the Applenths (If "None," please state	licant's services that are anticipa	ated to take place within the
(h) Please prov	ride the estimated annual re	venues derived from your prof	essional services within the
next 12 mor	nths: \$, , , , , ,	
17. CONTRACTS AN	d agreements		
Include the Applicant u	name of party contracting w	erms of revenue produced) in the ith, a description of the product atted total contract value (revenue) tract.	of 201 Africa broauged of me
Client Name	Products and/or Services	Total Contract Value	Duration
	1/		
	/		
If"Yes",/plo	ease describe in detail:	d to the Applicant's contractual	procedures: Yes No
8. QUALITY CONTI (a) Have there b	son any changes with regard	d to the Applicant's quality cont	rol procedures? Yes 🔲 No 🗹
If"Yes", ple	ease describe in detail:	·	
9. THIRD PARTY C	ONTRACTORS AND VEN	NDORS	
(a) What nerces	ntage of services is performe	d by "third party" contractors? [20%
(a) What percon	the the usage of independent	t contractors in connection with	the services or products
(b) Diegre descr	r coverage under the Policy:	LI l-rate 4	DVOILETS
(b) Please descr proposed for (c) Have there the independent	r coverage under the Policy:	d to the Applicant's contractual	profects
(b) Please descr proposed for (c) Have there the independent	r coverage under the Policy: peen any changes with regard contractors and/or vendors? pease describe in detail:	d to the Applicant's contractual	requirements for
(b) Please descr proposed for (c) Have there be independent If "Yes", plo 0. ACTUAL OR POT (a) During the	r coverage under the Policy: peen any changes with regard contractors and/or vendors? ease describe in detail: ENTIAL CLAIMS last year, have any claims	d to the Applicant's contractual	requirements for Yes No M
(b) Please descr proposed for (c) Have there be independent If "Yes", plo 0. ACTUAL OR POT (a) During the	r coverage under the Policy: peen any changes with regard contractors and/or vendors? ease describe in detail: ENTIAL CLAIMS last year, have any claims	d to the Applicant's contractual of	requirements for Yes No M

Since the submission date of the last Application submitted to the Insurer, any change in the status of any claim, suit, circumstance, allegation, proceeding previously reported under a Technology Errors and Omissio Liability policy issued by a carrier other than the Insurer?	or regulatory
 Is any party insured, or proposed to be insured, under this Policy, currently fact, situation or circumstance which could give rise to a claim, suit proceeding against any proposed insured, which has not already been refinsurer?	or regulatory

WITHOUT PREJUDICE TO ANY OTHER RIGHTS AND REMEDIES OF THE INSURER, IT IS AGREED THAT ANY MATTER REQUIRED TO BE DISCLOSED IN RESPONSE TO THE ABOVE QUESTIONS IN THIS SECTION 16, AND ANY CLAIM, SUIT OR PROCEEDING ARISING FROM OR RELATED TO SUCH MATTER, IS EXCLUDED FROM ALL PROPOSED INSURANCE.

21. ADDITIONAL APPLICATION MATERIALS

Please attach a copy of the following materials:

- Any specific Claim or Potential Claim information including but not limited to the claimant's name, allegations made, status of claim, suit, or proceeding, the amount of incurred defense expenses and total amount paid in judgment or settlement.
- The most recent fiscal year-end and interim financial statements.
- The most recent edition of Your Organization's Privacy Policy.
- A sample copy of Applicant's Business Associate Agreement and associated Security Addendum.

22. NOTICES TO APPLICANT

The Undersigned warrants that, to the best of his or her knowledge and belief, the statements set forth herein are true and accurate. The Insurer will have relied upon this Application in issuing any policy. The Insurer is hereby authorized to make any investigations and inquiry in connection with the information, statements and disclosures provided in this Application.

The signing of the Application does not bind the Undersigned to purchase the insurance, nor does review of this Application bind the Insurer to issue a policy. It is agreed that this Application shall be the basis of the contract should a policy be issued. This Application shall be attached and will become part of the policy. All written statements and materials furnished to the Insurer in conjunction with this Application are hereby incorporated by reference into this Application and made a part hereof.

The Undersigned declares that the person(s) and entity(ies) proposed for this insurance understand that:

- The Policy shall apply only to Claims made during the Policy Period or Extended Reporting Period (if applicable);
- The Limit of Insurance referenced in the Policy shall be reduced by, and may be completely exhausted by, the payment of Defense Expenses. In such event, the Insurer shall not be liable for the payment of Defense Expenses, or bear the responsibility of defending or continuing to defend any Claim, or be liable for the amount of any judgment or settlement, to the extent that such costs exceed the Limit of Insurance referenced in the Policy; and
- Defense Expenses that are incurred shall be applied against the Retention amount.

23. MATERIAL CHANGE

The Undersigned declares that if any occurrence or event takes place prior to the effective date of the insurance for which this Application is being made, which may render inaccurate, untrue, or incomplete any statement made in this Application or any attachment thereto, such occurrence or event will immediately be reported in writing to the Insurer. The Insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance.

24. FRAUD WARNINGS

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF. NOTHING CONTAINED HEREIN OR INCORPORATED HEREIN BY REFERENCE SHALL CONSTITUTE NOTICE OF A CLAIM OR POTENTIAL CLAIM SO AS TO TRIGGER COVERAGE UNDER ANY CONTRACT OF INSURANCE.

NOTICE TO ALABAMA APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO RESTITUTION FINES OR CONFINEMENT IN PRISON, OR ANY COMBINATION THEREOF."

NOTICE TO ARKANSAS APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

NOTICE TO COLORADO APPLICANTS: "IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES."

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: "WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT."

NOTICE TO FLORIDA APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE."

NOTICE TO HAWAII APPLICANTS: "FOR YOUR PROTECTION, HAWAII LAW REQUIRES YOU TO BE INFORMED THAT PRESENTING A FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OF BENEFIT IS A CRIME PUNISHABLE BY FINES OR IMPRISONMENT, OR BOTH."

NOTICE TO KENTUCKY APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME."

NOTICE TO LOUISIANA APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

NOTICE TO MAINE APPLICANTS: "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS."

NOTICE TO MARYLAND APPLICANTS: "ANY PERSON WHO KNOWINGLY OR WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY OR WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

NOTICE TO NEW JERSEY APPLICANTS: "ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES."

NOTICE TO NEW MEXICO APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES."

NOTICE TO NEW YORK APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION."

NOTICE TO OHIO APPLICANTS: "ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS PACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD."

NOTICE TO OKLAHOMA APPLICANTS: "WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY (365:15-1-10, 36 §3613.1)."

NOTICE TO PENNSYLVANIA APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES."

NOTICE TO RHODE ISLAND APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

NOTICE TO TENNESSEE APPLICANTS: "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS."

NOTICE TO TEXAS APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON."

NOTICE TO VERMONT APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW."

NOTICE TO VIRGINIA APPLICANTS: "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS."

NOTICE TO WASHINGTON APPLICANTS: "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS."

NOTICE TO WEST VIRGINIA: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

IAME (PLEASE PRINT):	RISONMENT, FINES OR A DENIAL OF INSURAN TITLE:	
IGNATURE:		
	·	
• •		



			The state of the s						
ID Description	8	Make	VIN A PARTY OF THE	Acquired Year Date	Vehicle License Value Plate	Alt. Fuel	Make Code	Vehicle Category	Vehicle Type
Member: 036902		BARBERS HILL ISD							
Site:			a a mana mana panja projek	The state of the s			***************************************		
107811 BB2-BUS	BB2 - BUS SEATING 21+	BLUE BIRD	1BAKGCKA27F239045	2006	67,999		ВГВ	and the second s	BB2
107812 BB2-BUS	BB2 - BUS SEATING 21+	BLUE BIRD	1BAKGCKA07F239044	2007	67,999		BLB		882
107813 BB2 - BUS	BB2 - BUS SEATING 21+	BLUE BIRD	1BAKGCKA47F239046	2007	67,999		BLB		882
107814 BB2 - BUS	BB2 - BUS SEATING 21+	BLUE BIRD	1BAKGCKA67F239047	2007	67,999		вгв		882
107815 BB2-BUS	BB2 - BUS SEATING 21+	BLUE BIRD	1BAKGCKA68F247456	2008	76,309		BLB		B82
107820 BB2 - BUS	BB2 - BUS SEATING 21+	BLUE BIRD	1BAKGCPA39F254536	2009	83,435		ВLВ		BB2
107828 BB2 - BUS	BB2 - BUS SEATING 21+	BLUE BIRD	1BAKGC5A8BF281871	2011	102,169		втв		BB2
107827 BB2 - BUS	BB2 - BUS SEATING 21+	BLUE BIRD	1BAKGC5AXBF281872	2011	102,169		втв		BB2
107835 BB2 - BUS	BB2 - BUS SEATING 21+	BLUE BIRD	1BAKGC5A0DF290048	2013	110,908		818		882
107836 BB2-BUS	BB2 - BUS SEATING 21+	BLUE BIRD	1BAKGCBA6EF299147	2014	100,114		818		882
107837 BB2 - BUS	BB2 - BUS SEATING 21+	BLUE BIRD	18AKGCPEF299152	2014	90,963		ВГВ		882
107838 BB2 - BUS	BB2 - BUS SEATING 21+	BLUE BIRD	1BAKGCPEF299153	2014	90,963		818		BB2
107839 BB2 - BUS	BB2 - BUS SEATING 21+	BLUE BIRD	1BAKGCPEF299154	2014	90,963		818		BB2
107842 BB2 - BUS	BB2 - BUS SEATING 21+	BLUE BIRD	1BAKGCPA7FF305841	2015	99,139		ВГВ		BB2
113777 BB2 - BUS C2-341TS	BB2 - BUS SEATING 21+ C2-341TS	BUS	4UZABRFC1LCLV3706	2020 05/09/2019	101,984 1411980		SUS	æ	BB2
113779 BB2 - BUS C2-341TS	BB2 - BUS SEATING 21+ C2-341TS	BUS	4UZABRFC3LCLV3707	2020 05/09/2019	101,984 1411981		BUS	c o	882
113778 BB2 - BUS C2-341TS	BB2 - BUS SEATING 21+ C2-341TS	BUS	4UZABRFCXLCLV3705	2020 05/09/2019	101,984 1411979		BUS	œ	882
107846 BB2 - BUS	BB2 - BUS SEATING 21+	FREIGHTLINER	4UZABRDTXFCGH0941	2000	94,506		FGH		882
107801 BB2 - BUS	BB2 - BUS SEATING 21+	FREIGHTLINER	4UZAAWBV42CJ30650	2002	43,758		FGH		BB2

D	Description	Make	NIA	Acquired Year Date	Vehicle License Value Plate	Make Alt. Fuel Code	Vehicle Vehicle Category Type	Vehicle Type Misc Data
Member:	036902	BARBERS HILL ISD						
Site:					ANDALISE PRIMERIANA PRIMERIA PRIMERIA PRIMERA PRIMERA PRIMERIA PRI			
107806	BB2 - BUS SEATING 21+	FREIGHTLINER	4UZAAXCS04CM78507	2004	53,883	FGH	m	BB2
107808	BB2 - BUS SEATING 21+	FREIGHTLINER	4UZAAXCS44CM78526	2004	53,883	FGH	m	BB2
107843	BB2 - BUS SEATING 21+	FREIGHTLINER	4UZABRDT3FCFW6733	2015	93,706	FGH	co.	BB2
107844	BB2 - BUS SEATING 21+	FREIGHTLINER	4UZABRDT5FCFW6734	2015	93,706	FGH	ra .	BB2
107860	BB2 - BUS SEATING 21+	FREIGHTLINER	4UZABRDT0GCGS5013	2016	91,467	FGH	Ø	BB2
107857	BB2 - BUS SEATING 21+	FREIGHTLINER	4UZABRDT1GCGS5019	2016	91,462	FGH	m	BB2
107861	BB2 - BUS SEATING 21+	FREIGHTLINER	4UZABRDT2GCGS5014	2016	91,467	FGH	m	BB2
107855	BB2 - BUS SEATING 21+	FREIGHTLINER	4UZABRDT4GCGS5015	2016	91,462	FGH	5 10	BB2
107853	BB2 - BUS SEATING 21+	FREIGHTLINER	4UZABRDT5GCGS5010	2016	91,462	FGH	п	BB2
107854	BB2 - BUS SEATING 21+	FREIGHTLINER	4UZABRDT5GCGS5011	2016	91,462	FGH	m	882
107856	BB2 - BUS SEATING 21+	FREIGHTLINER	4UZABRDT6GCGS5016	2016	91,462	FGH	171	882
107862	BB2 - BUS SEATING 21+	FREIGHTLINER	4UZABRDT8GCGS5017	2016	91,462	FGH	m	B82
107858	BB2 - BUS SEATING 21+	FREIGHTLINER	4UZABRDT9GCGS5012	2016	91,462	FGH		882
107859	BB2 - BUS SEATING 21+	FREIGHTLINER	4UZABRDTXGCG5018	2016	91,462	FGH	DT.	BB2
107849	8B2 - BUS SEATING 21+	FREIGHTLINER	4UZABRE3XGCGS5034	2016	106,768	FGH	671	B82
107877	BB2 - BUS SEATING 21+	FREIGHTLINER	4UZABRDT0HCHS9633	2017	91,862	FGH		BB2
107878	BB2 - BUS SEATING 21+	FREIGHTLINER	4UZABRDT2HCHS9634	2017	91,862	FGH		BB2
107879	BB2 - BUS SEATING 21+	FREIGHTLINER	4UZABRDT4HCHS9635	2017	91,862	FGH		BB2
107874	BB2 - BUS SEATING 21+	FREIGHTLINER	4UZABRDT5HCHS9630	2017	91,862	FGH	-	BB2

5	Description	Make	VIN	Acquired Year Date	Vehicle License Value Plate Alt. Fuel	Make el Code	Vehicle Vehicle Category Type	Vehicle Misc Data
Member:	036902	BARBERS HILL ISD						
Site:								THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPER
107880	BB2 - BUS SEATING 21+	FREIGHTLINER	4UZABRDT6HCHS9636	2017	91,862	FGH		BB2
107875	BB2 - BUS SEATING 21+	FREIGHTLINER	4UZABRDT7HCHS9631	2017	91,862	FGH		BB2
107876	BB2 - BUS SEATING 21+	FREIGHTLINER	4UZABRDT9HCHS9632	2017	91,862	FGH		BB2
107873	BB2 - BUS SEATING 21+	FREIGHTLINER	4UZABRE32HCHU9896	2017	112,001	FGH		BB2
107872	BB2 - BUS SEATING 21+	FREIGHTLINER	4UZABRE34HCHU9897	2017	108,268	FGH		BB2
107883	BB2 - BUS SEATING 21+	FREIGHTLINER	4UZABRE38HCJD1555	2017	108,627	FGH		BB2
107885	BB2 - BUS SEATING 21+	FREIGHTLINER	4UZABPDT3JCJG1722	2018	90,941	FGH		BB2
107888	BB2 - BUS SEATING 21+	FREIGHTLINER	4UZABRFC5JCJV5255	2018	94,294	FGH		882
107886	BB2 - BUS SEATING 21+	FREIGHTLINER	4UZABRFC7JCJV5256	2018	94,546	FGH		BB2
107887	BB2 - BUS SEATING 21+	FREIGHTLINER	4UZABRFC9JCJV5257	2018	94,546	FGH		882
110687	BB2 - BUS SEATING 21+	FREIGHTLINER	4UZABRG15KCKU4645	2019 10/10/2018	109,961	FGH	œ	B82
107824	BB2 - BUS SEATING 21+	INTERNATIONAL	4DRBUAAN5BB261253	2011	78,670	N T		882
107803	BB2 - BUS SEATING 21+	THOMAS	4UZAAWBV02CJ59482	2002	47,261	금		B82
116484	BB2 - BUS SEATING 21+ C2-341TS	THOMAS	4UZABRFC5LC5V3708	2020 06/10/2019	102,784 1411982	THO	ಹ	BB2
116811	BB2 - BUS SEATING 21+ C2-341TS	THOMAS	4UZABRG16LCLW9493	2020 07/15/2019	116,476 1411983	THO	Œ	882
130721	BB2 - BUS SEATING 21+ BUS	THOMAS	4UZABPFC1MCMR3860	2021 01/15/2021	94,428 1416240	THO	Œ	882
130168	BB2 - BUS SEATING 21+ BUS	THOMAS	4UZABRFC0MCMR3862	2021 10/26/2020	100,998 1416238	OHI	ω	BB2
125362	BB2 - BUS SEATING 21+ C2	THOMAS	4UZABRFC2MCME1564	2021 02/24/2020	100,995 1416229	TH0	œ	BB2
125363	BB2 - BUS SEATING 21+ C2	THOMAS	4UZABRFC4MCME1565	2021 02/24/2020	100,995 1416228	THO	œ	882

Vehicles Report

5 4 Å				Acquired	ě		icle Vehicle
Member:	036902	BARBERS HILL ISD			The state of the s	o care	curgory type and minor base
Site:		- 1944 timbrowski uman		erina propositionale	The second secon	NATA A A AND PROPERTY AND PROPE	
130169	BB2 - BUS SEATING 21+ BUS	THOMAS	4UZABRFC9MCMR3861	2021 10/26/2020	100,998 1416237	тно в	BB2
107809	CC1 - CAR / SUV	CHEVROLET	3GNEC16Z54G175507	2004	29,463	CHV	CC1
107830	CC1 - CAR / SUV	CHEVROLET	1GNSCHE08BR294969	2011	33,874	CHV	CC1
107884	CC1 - CAR / SUV	CHEVROLET	1GNSCJE04CR285937	2012	24,863	CHV	CC1
107841	CC1 - CAR / SUV	CHEVROLET	1GNSCHE06DR322870	2013	35,100	CHV	CC1
107866	CC1 - CAR / SUV	CHEVROLET	1GC4KYC82FF664124	2015	39,970	CHV	CC1
107847	CC1 - CAR / SUV	CHEVROLET	1GNSCHECXFR278921	2015	36,024	CHV	CC1
107864	CC1 - CAR / SUV	CHEVROLET	1GNSCGEC1GR138266	2016	41,000	СНУ	CC1
107863	CC1-CAR/SUV	CHEVROLET	1GNSCGEC9GR137513	2016	41,000	CHV	001
107865	CC1 - CAR / SUV	CHEVROLET	1GNSCGECXGR138301	2016	41,000	CHV	001
107894	CC1 - CAR / SUV	CHEVROLET	1GNSCGEC0JR330611	2018	40,250	CHV	CC1
107892	CC1 - CAR / SUV	CHEVROLET	1GNSCGEC9JR328842	2018	40,250	CHV	CC1
107891	CC1 - CAR / SUV	CHEVROLET	1GNSCGEC9JR328856	2018	40,250	CHV	001
107890	CC1 - CAR / SUV	CHEVROLET	1GNSCGECXJR328879	2018	40,250	CHV	CC1
107893	CC1 - CAR / SUV	CHEVROLET	1GNSCGECXJR328915	2018	40,250	CHV	001
107870	CC1 - CAR / SUV	DODGE	2B3KA43G17H690516	2007	1,500	DOD	001
107817	CC1 - CAR / SUV	FORD	2FAFP71V08X119341	2008	26,882	FRD	CC1
107825	CC1 - CAR / SUV	FORD	2FABP7BV8AX127464	2010	28,342	FRD	CC1
107845	CC1-CAR/SUV	FORD	1FAHP2M84DG115102	2013	23,644	FRD	CC1

Vehicles Report

8	Description	Make	VIV	Acquired Year Date	Vehicle License Value Plate Alt. Fuel	Make Code	Vehicle Category	Vehicle Type Misc Data
Member:	036902	BARBERS HILL ISD					:	
Site:					- Particular de la constante d	74-19-00-19-00-19-00-19-00-19-00-19-00-19-00-19-00-19-00-19-00-19-00-19-00-19-00-19-00-19-00-19-00-19-00-19-0		
108950	CC1 - CAR / SUV	FORD	1FM5K8AR1HGE39959	2017 08/24/2018	35,921 1373026	FRD	ဂ	CC1
107831	CC1 - CAR / SUV	TOYOTA	4T4BF3EK4BR204087	2011	20,501	TOY		CC1
107852	CC1 - CAR / SUV	ΤΟΥΟΤΑ	4T4BF1FK5FR509235	2015	21,328	ТОҮ		CC1
121202	EV1 - EMERGENCY OR HIGHLY MODIFIED SERVICE VEHICLE TAHOE-POLICE	CHEVROLET	1GNLCDEC1KR402565	2019 09/27/2019	43,355 1411989	CHV	Ħ	EV1
107797	TT1 - TRUCK / VAN (0 - 5 TON)	CHEVROLET	1GBGC24R9WE172151	1998	20,352	CHV		TT1
107799	TT1 - TRUCK / VAN (0 - 5 TON)	CHEVROLET	1GCEC14V7YE386617	2000	16,777	CHV		171
107800	TT1 - TRUCK / VAN (0 - 5 TON)	CHEVROLET	1GCGC24R3YR212943	2000	19,353	CHV		TT1
107802	TT1 - TRUCK / VAN (0 - 5 TON)	CHEVROLET	1GBGC24U32Z136916	2002	24,161	CHV		*** †
107804	TT1 - TRUCK / VAN (0 - 5 TON)	CHEVROLET	1GCEC14V52E189825	2002	17,993	CHV		711
107805	TT1 - TRUCK / VAN (0 - 5 TON)	CHEVROLET	1GBHC24U83Z165429	2003	21,300	CHV		TT:
107829	TT1 - TRUCK / VAN (0 - 5 TON)	CHEVROLET	1GCHK23U54F163608	2004	15,000	CHV		77
107810	TT1 - TRUCK / VAN (0 - 5 TON)	CHEVROLET	1GCEC14T55Z336477	2005	16,880	CHV		TT1
107816	TT1 - TRUCK / VAN (0 - 5 TON)	CHEVROLET	1GCCS149878114247	2007	11,500	CHV		777
107818	TT1 - TRUCK / VAN (0 - 5 TON)	CHEVROLET	16C6G29C281127809	2008	20,167	CHV		771
107822	TT1 - TRUCK / VAN (0 - 5 TON)	CHEVROLET	1GNFC16059R195351	2009	33,519	CHV		TT:
107826	TT1 - TRUCK / VAN (0 - 5 TON)	CHEVROLET	1GCUGAD46A1122695	2010	17,590	CHV		TT1
107868	TT1 - TRUCK / VAN (0 - 5 TON)	CHEVROLET	1GB0CUEG1FZ552782	2015	29,800	CHV		771
107869	TT1 - TRUCK / VAN (0 - 5 TON)	CHEVROLET	1GB0CUEGXFZ552697	2015	29,800	CHV		TT1
107867	TT1 - TRUCK / VAN (0 - 5 TON)	CHEVROLET	1GC4KYC83FF665816	2015	39,970	CHV		1111

5	Description	Make	VIN	Acquired Year Date	Vehicle License Value Plate Alt. Fuel	Make Code	Vehicle Category	Vehicle Type Misc Data
Member:	036902	BARBERS HILL ISD		THE PROPERTY AND THE PR	T T THE PROPERTY AND THE PARTY			vona o improprieda de la casa de
Site:			and the second s	- Andrew Survey		erina de la composición del composición de la co	A Part of the second se	and a second deposits of the second deposits
107881	TT1 - TRUCK / VAN (0 - 5 TON)	CHEVROLET	1GB0CUEG6GZ369184	2016	30,650	CHV		FT1
107882	TT1 - TRUCK / VAN (0 - 5 TON)	CHEVROLET	1GB0CUEG7GZ366634	2016	30,650	CHV		171
110609	TT1 - TRUCK / VAN (0 - 5 TON) SILVERADO 2500	CHEVROLET	2GC2CREG2K1129584	2019 11/15/2018	35,357 137 3032	CHV	-	TT1
110610	TT1 - TRUCK / VAN (0 - 5 TON) SILVERADO 2500	CHEVROLET	2GC2CREG9K1127945	2019 11/15/2018	35,357 137 3033	CHV	1	ТТ1
107840	TT1-TRUCK/VAN (0-5 TON)	FORD	1FTRX17L62NA89653	2002	7,801	FRD		171
107823	TT1 - TRUCK / VAN (0 - 5 TON)	FORD	1FTWW33R49EB28584	2009	34,817	FRD		TT1
107851	TT1 - TRUCK / VAN (0 - 5 TON)	FORD	NM0LS7E72F1220780	2015	21,434	FRD		₹T1
107850	TT1-TRUCK/VAN (0-5 TON)	FORD	NM0LS7F71F1180237	2015	22,537	FRD		111
130720	TT1 - TRUCK / VAN (0 - 5 TON) F350	FORD	1FT8W3DT7MEC71752	2021 03/01/2021	46,390 1416241	FRD	-1	TT1
107798	TT1-TRUCK/VAN (0-5 TON)	NAVISTAR	1HTSDPNM7RH564151	1994	20,599	NAV		TT1
107819	TT1-TRUCK/VAN (0-5 TON)	TOYOTA	5TENX22N48Z583299	2008	16,208	YOT		TT1
107821	TT1 - TRUCK / VAN (0 - 5 TON)	TOYOTA	5TFRV54118X059117	2008	24,470	ΤΟΥ		TT1
107833	TT1 - TRUCK / VAN (0 - 5 TON)	ТОҮОТА	5TFRY5F13BX114744	2011	33,598	TOY		TT1
107834	TT1-TRUCK/VAN (0-5 TON)	TOYOTA	5TFRY5F17BX115721	2011	33,598	YOī		ТТ1
107848	TT1-TRUCK/VAN (0-5 TON)	ТОУОТА	5TFRY5F17FX178517	2015	39,351	YOT		TT1
107871	TT1 - TRUCK / VAN (0 - 5 TON)	ТОҮОТА	5TFTX4CN9FX068174	2015	21,228	YOT		TTT
107889	TT1 - TRUCK / VAN (0 - 5 TON)	ТОҮОТА	5TFRY5F15JX235998	2018	39,492	ТОҮ		TT1

DUFF&PHELPS AKROLL

Vehicles Report

Grand Total:	Total Member:	Total Site:	108948	126439	129486	Site:	Member: 036902	5
tal:	nber:	* * A Company of the	TT2 - LARGE TRUCK 5+ TONS 210	TT2 - LARGE TRUCK 5+ TONS TRUCK	TT1 - TRUCK / VAN (0 - 5 TON) TUNDRA	THE THE PARTY OF T	036902	Description
	036902		FREIGHTLINER	CHEVROLET	TOYOTA		BARBERS HILL ISD	Make
	BARBERS HILL ISD		3ALACWFC3KDKE2100	2GB2CREG2K1226448	5TFRY5F11LX269245			VIN
the control of the co			2019 08/16/2018	2019 03/27/2020	2020 07/15/2020			Acquired Year Date
6,983,754	6,983,754	6,983,754	77,900 1373025	36,984 1416566	36,411 NKL2718			Vehicle Licens Value Plate
:			TI.	c	{			e Make Alt. Fuel Code
			FGH	CHV	YOT			
			4	-	긕			Vehicle Vehicle Category Type
			TT2	TT2	TT1			Vehicle Vehicle Misc Data

EXHIBIT II

LOSS RUNS

Financials as of 12/17/2020

76 - TEXAS POLITICAL SUBDIVISIONS Policy Period: 09/01/2017 - 08/31/2018

6,647.53	0.00	6,647.53	0.08	170.00	0.00	6,477.53				u	al Overall Totals:	Status Total
3,354.35	0.00	3,354.35	0.00	85.00	0.00	3,269.35				1	Totals:	
							CLOSED IV was backing out of stall when IV driver's foot slipped off of the brakes and struck OV.				And Annual A	
3,354.35	0.00	3,354.35	0.00	85.00	0.00	3,269.35	AUTO LIABILITY PROPERTY DAMAGE!	Auto	12/07/2017	20170070000579	Turze, Diane	201700517
4 —.	Reserves	Less Recov.	Reserves	Paid	Reserves	Paid	Loss Description	Сочетаде	Loss	Claim Number	Claimant Name	Incident Location
Total Incurred	Outstanding	Total Paid	Expense	Expenses	Loss	Loss	Claim Type / Status		Date of			Canat Nambor
1,820,00	0.00	1,820.00	0.00	85.00	0.00	1,735.00				1	Totals:	
							SHISD Bus made a right rurn from the outside lane of Eagle Drive as a mitivan made a wide right rurn from the niside date of Eagle Drive into the Middle School South campus, insured and claimant met at the same point in the entrance drive, causing the f					
1,820.00	0.00	1.820.00	00.0	95.00	9.00	1,735.00	AUTO LIABILITY PROPERTY DAMAGE /	Ацю	10/31/2017	20170070000570	DELACRUZ, FRANK	201700510
Less Recovery		Less Recov.	Reserves	expenses Paid	Reserves	Paid	Loss Description	Сочегаде	Date of Loss	Claim Number	Claimant Name	Event Number Incident Location
1,473.18	0.00	1,473.18	0.00	0.00	0.00	1,473.18					Totals:	
1,4/3.16	0.00	1,473.18	0.00	0.00	0.00	1.472.18	AUTO LABILITY PROPERTY DAMAGE! CLOSED IV was backing out of parking space and put car in drive to beave parking space when OV was backing up at the same time. IV and OV backed into each other.	Auto	10/31/2017	20170070000588	State Farm Mutuel, INS.	2017/00444
Total ! Less R	Outstanding Reserves		Expense Reserves	Expenses Paid	Loss	Loss Paid	Claim Type / Status Loss Description	Coverage	Date of Loss	Claim Number	Claimant Name	Event Number Incident Location
		-1)er	Details by Event and Claim Number			Ü	731 - 1 - BARBERS HILL ISD - BARBERS HILL ISD	731 - 1 - BARBERS

Status Total Closed 3 Oben 0 Sum: 3

Financials as of 12/17/2020

731 - 1 - BARBERS HILL ISD

76 - TEXAS POLITICAL SUBDIVISIONS Policy Period: 09/01/2017 - 08/31/2018

Summary by Coverage and Claim Type for Policy Period: 09/01/2017 - 08/31/2018 for 731 - BARBERS HILL ISD

								-		
6,647.53	0.00	6,647.53	0.00	170.00	0.00	6,477.53	Marian de Perè	æ	Grand Totals for Policy Period:	
			Manager 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	***************************************						
6,647.53	0.00	6,647.53	0.00	170.00	0.00	6,477.53		ω	Overall Totals:	
6,647.53	0.00	6,647.53	0.00	170.00	0.00	6,477,53	09/01/2017 - 08/31/2018	a s	AUTO LIABILITY PROPERTY DAMAGE	Auto
Total Incurred Less Recovery	Outstanding Reserves	Total Paid Less Recovery	Expenses Outstanding	Expenses Paid	Loss Outstanding	Loss Paid	Policy Period	Totals	Claim Type	Coverage

76 - TEXAS POLITICAL SUBDIVISIONS Policy Period: 09/01/2017 - 08/31/2018

Financials as of 12/17/2020

Summary by Coverage, Claim Type and Policy Period: for 731 - BARBERS HILL ISD Claim Type Totals for the Policy Period: 09/01/2017 - 08/31/2018 for 731 - BARBERS HILL ISD

									The second secon	
0.04/.52	6.00	0,047.33	0.00	1,0,00	555	0,4//.53		L	otals for Policy Period:	
,	,	,			3			,		
0,047.53	0.00	0,047.33	0,000	7,0,00	0.50	5.47 (.53	1 STOZETS/SO - /ZOZEDISO 1	ė.	AUTO LIABILITY PROPERTY DAMAGE	Auto
2 2 2 2 2	-	2	3	****	3	*	i comence cabellane			
10000				1		-		. 0000	CITAL 1 JAC	CONCIONE
PASS COUPE	Reserves	Less Recovery	Outstanding	Expenses Paid	Outstanding	Loss Paid	Policy Period	Totals	Claim Type	700000
	0 1000000000000000000000000000000000000		The state of				_			
Total incremed	Outstanding	Total Paid	EXDEDSES		220					
				_			_			

76 - TEXAS POLITICAL SUBDIVISIONS Policy Period: 09/01/2017 - 08/31/2018

Financials as of 12/17/2020

Summary by Coverage, ClaimType Group and Policy Period: for 731 - BARBERS HILL ISD Claim Type Group Totals for the Policy Period: 09/01/2017 - 08/31/2018 for 731 - BARBERS HILL ISD

Coverage	Claim Type Group	Totals	Policy Period	Loss Paid	Loss Outstanding	Expenses Paid	Expenses Outstanding	Less Recovery	Outstanding Reserves	Total Incurred Less Recovery
Auto	AL	3	09/01/2017 - 08/31/2018	6,471.53	0.00	170.00	0.00	6.647.53	0.00	6,647.53
	Totals for Policy Period:	u		6,477.53	0.00	170.00	0.00	6,647.53	0,00	6,647,53
	Grand Totals for Location:	3		6,477.53	0.00	170.00	0.00	6,647.53	0.00	6,647.53

Financials as of 12/17/2020

6,647.53	0.00	6,647.53	0.00	170.00	0.00	6,477.53	ω		Grand Totals:		
6,647.53	0.00	6,647.53	0.00	170.00	0.00	6,477.53	Li		Overall Totals:		
0.00	0.00	0.00	0.00	0.00	0,00	0.00	0 09/01/2017 - 08/31/2018		School Board	BARBERS HILL ISD	j.
0.00	00.0	0.00	0.00	0.00	0.00	0.90	0 09/01/2017 - 08/31/2018		Law Enforcement	BARBERS HILL ISD	j -2
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0 09/01/2017 - 08/31/2018		General Liability	BARBERS HILL ISD	J -14
6,647.53	0.00	5,647.53	00.0	170.00	0.00	6,477.53	3 09/01/2017 - 08/31/2018		Auto	1 BARBERS HILL ISD	p.
Total Incurred	Outstanding Reserves L	Total Paid Less Recovery	Expenses Outstanding	Expenses Paid	Loss Outstanding	Loss Paid	Policy Period	Totals	Coverage	Locations	
				ARBERS MICE 150	112U18 TOT 131 - B	20: 03/03/12/14 - 18/3	Location (of a for the Policy Period: Usin112017 - Us/31/2018 for 731 - SARBERS HILL	Locatio			

Ω

76 - TEXAS POLITICAL SUBDIVISIONS

Financials as of 12/17/2020

5,647.53	0.00	6,647.53	0.00	170.00	0,00	6,477.53	ш	Grand Totals:
0.00	0.00	0.00	0.00	0.00	0,00	0.00	0 09/01/2017 - 08/31/2018	School Board
0.00	0.00	0:00	0.00	0.00	0.00	0.00	0 09/01/2017 - 08/31/2018	Law Enforcement
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0 09/01/2017 - 09/31/2018	General Liability
5,647.53	0.0.0	6,647.53	0.00	170.00	0,00	6,477.53	3 09/01/2017 - 08/31/2018	Auto
Total Incurred Less Recovery	Outstanding Reserves	Total Paid Less Recovery	Expenses Outstanding	Expenses Paid	Loss Outstanding	Loss Paid	ils Policy Period	Coverage Totals
			Policy Years	orted Locations and F	icy Period for All Rep	Report Summary by Coverage and Policy Period for All Reported Locations and Po	Report Summ	



Auto, Liability, and Property Detailed Claims Report as of April 30, 2021

sides of the street. The driver hit the car parked on the right of her with the tail swing of 8,583 4,657 1,000 0 School bus backed into a parked car at a turnaround.				01/2019	18 to 09/	Totals : 09/01/2018 to 09/01/2019
sides of the street. The driver hit the car parked on the right of her with the tail swing of	14,240 8	Close	3/4/19	Lewis*Tabitha	125	2019074546
797 0 1,000 0 Bus 42 attempted to drive between 2 cars parked on both	1,797	Close	10/19/18	Reyes*Marcus	692	2018073755
260 0 1,000 0 Claimant was driving on 565 and MV was coming out of a private street. MV turned right on 565 and swung into CV lane hitting CV	1,260	Close	11/27/18	Berlanga P⁺Maria	456	2018073627
2,188 0 1,000 0 Bus driver made a right turn in the high school parking lot A, and turned too sharp striking the passenger side front bumper of the car causing damage	3,188 2	Close	9/26/18	Roberts*Ashiey	221	2018072966
Contract Number P036902-2018-1 Coverage Period: 09/01/2018 to 09/01/2019						Auto Liability
Fund Recoveries Member Total Accident Description Paid Paid Outstanding Accident Description	Total Fui Incurred Pa	Status	Date of Loss	Claimant Name	Claim Ref.#	Event Number
Coverage Period from September 01, 2018 thru September 01, 2021		191.1 191.1			ISD	Barbers Hill ISD
				 Estimate of damage reserves pending 	amage i	Estimate of c



· tasbriif.org

Auto, Liability, and Property

Detailed Claims Report as of April 30, 2021

*Estimate of damage reserves pending Barbers Hill ISD

Coverage Period from September 01, 2018 thru September 01, 2021

COUNT OF CLAIMS 8	\$,000 p	5,930		27,691	44,606 27,691 5,984		Sec. 1100	Totals: 09/01/2019 to 09/01/2020	019 to 09	Totals : 09/01/2019 to 09/01/2020
CV was parked in front of house. MV was pulling around and did a short turn and clipped CV.	0	1,000	0	2,586	3,586	Close	8/25/20	Prejean, Gabriel	104	2020003673
Bus Driver was backing on inner school road and hit a car that was moving behind her.	0	1,000	0	7,184	8,184	Close	8/21/20	Guseman, Samuel Lawrence	100	2020003667
Bus Driver was backing on inner school road and hit a car that was moving behind her.	0	0	O	0	0	Close	8/21/20	Guseman, Gretchen	99	2020003667
One of our suburban drivers rear-ended an SUV at a yield sign.	0	1,000	1,977	3,431	6,409	Close	3/5/20	Adams, Lindsey	860	2020000786
Driver of S12 ran into the back of a stopped truck.	0	1,000	0	4,362	5,362	Close	3/3/20	Hood, Samuel	800	2020000731
Unit 2 was driving west in left lane, on Lakes of Champions Blvd. and was struck by Unit 1 (school bus).	0	1,000	4,007	10,093	15,100	Close	2/13/20	Wells, Ofelia	578	2020000521
Bus 32 hit the rear of Bus 41 after leaving high school bus loading line up.	5,000	0	0	0	5,000	Open	9/25/19	Guillory, Zaelia	118	2019001924
CV was parked and unattended. MV was pulling through lot and veered too much to the right of their lane and collided with CV.	0	930	0	35	965	Close	10/19/19	Flores, Genaro G.	510	2019001306
Coverage Period: 09/01/2019 to 09/01/2020	902-2019-1	Contract Number P036902-2019-1	Contrac							Auto Liability
Accident Description	Total Outstanding	Member Paid I	Recoveries	Fund Paid	Total Incurred	Status	Date of Loss	Claimant Name	Claim Rof.#	Event Number

🧖 😘 tasbimitorg

Auto, Liability, and Property Detailed Claims Report as of April 30, 2021

COUNT OF CLAIMS 14	30,000		10.641	41,150	92,722 1 41,150 1 10,641 1 10,930 The second	Palaconti.		Totals for Auto Liability:	lability:	Totals for Auto Liability:
COUNT OF CLAIMS 2	25,000	Section 1	27.631 1,631 0 1,000	1,631	27,631	The same of the sa	(Angles of the con-	Totals: 09/01/2020 to 08/31/2021	20 to 08/	Totals: 09/01/2020 to 08/31/2021
School bus driver hit a parked truck near bus stop.	0	1,000	0	1,231	2,231	Close	10/30/20	Serrano, Jose J.	130	2020004634
School Bus Driver hit a student on a bicycle at an intersection.	25,000	0	0	400	25,400	Open	9/21/20	Russom, Richard	369	2020003906
Contract Number P036902-2020-1 Coverage Period: 09/01/2020 to 08/31/2021	902-2020-1	Number P036	Contract							Auto Liability
Coverage Period from September 01, 2018 thru September 01, 2021 Total Accident Description	Coverage Total Outstanding	Member Paid C	Recoveries	Fund Paid	Total Incurred	Status	Date of Loss	* Estimate of damage reserves pending Barbers Hill ISD Event Claim Claimant Name Number Ref. #	amage r SD Claim Ref.#	* Estimate of damage Barbers Hill ISD Event Claim Number Ref. #

នេះប្រក្សដ្ឋិននេះ នៅនៅ**torg**

Auto, Liability, and Property Detailed Claims Report as of April 30, 2021

* Estimate of damage reserves pending Barbers Hill ISD

Number Event

Claim Ref. # Claimant Name Date of Status Total incurred Fund Paid Recoveries Member Paid Total Outstanding Coverage Period from September 01, 2018 thru September 01, 2021 Accident Description

COUNT OF CLAIMS 5	0		0	19,700 16,700 0 3,000	19,700	√ <u> </u>	A STATE OF THE STA	Totals for Auto Physical Damage:	ysical D	Totals for Auto Physical Damage:
Contract Number P036902-2020-1 Coverage Períod: 09/01/2020 to 08/31/2021	6902-2020-1	t Number P03	Contrac					Auto Physical Damage No claims reported for this coverage term.	amage d for thi	Auto Physical Damage No claims reported for th
COUNT OF CLAIMS 5	0	3,000	0	19,700 16,700 0 3,000	19,700			Totals: 09/01/2019 to 09/01/2020) to 09/0	Totals: 09/01/2019 to 09/01/2020
Bus Driver was backing on inner school road and hit a car that was moving behind her.	0	0	0	0	0	Close	8/21/20	Barbers Hill ISD	98	2020003667
Driver of S12 ran into the back of a stopped truck.	0	1,000	0	6,326	7,326	Close	3/3/20	Barbers Hill ISD	799	2020000731
Someone rear ended one of suburbans and fled the scene.	0	1,000	0	3,178	4,178	Close	2/8/20	Barbers Hill ISD	505	2020000456
Bus 32 hit the rear of Bus 41 after leaving high school bus loading line up.	0	0	0	2,541	2,541	Close	9/25/19	Barbers Hill ISD	156	2019001924
Bus 32 hit the rear of Bus 41 after leaving high schoot bus loading line up.	0	1,000	0	4,655	5,655	Close	9/25/19	Barbers Hill ISD	86	2019001924
Coverage Period: 09/01/2019 to 09/01/2020	6902-2019-1	Contract Number P0368	Contrac						amage	Auto Physical Damage
302-2018-1 Coverage Period: 09/01/2018 to 09/01/2019		Contract Number P036902-2018-1	Contrac	Service Control of the Control of th	Control of the Contro			Auto Physical Damage No claims reported for this coverage term.	amage d for thi	Auto Physical Damage No claims reported for th



ະເດດ ຈະການການ tasbrinitorg

Auto, Liability, and Property

Detailed Claims Report as of April 30, 2021

* Estimate of damage reserves pending

Barbers Hill ISD Coverage Period from September 01, 2018 thru September 01, 2021

Event Claim Number Ref. # Claimant Name	Date of Loss	Status	Total Incurred	Fund Paid	Recoveries	Member To Paid Outst	Total Outstanding	Accident Description
General Liability					Contract	Number P036902-	2018-1	Contract Number P036902-2018-1 Coverage Period: 09/01/2018 to 09/01/2019
2018072855 25 Green*Susan	9/6/18	Close	0	o	0	0	0	Ms. Green was exiting the 2nd-3rd grade office when the door caught on the outside mate causing her to trip and fall on her left arm and leg.
Totals: 09/01/2018 to 09/01/2019 estimations income manuferent amount of the contraction		20.00 E	0	0			O STATE OF THE PROPERTY OF THE	COUNT OF CLAIMS
General Liability No claims reported for this coverage term.					Contract	Number P036902	-2019-1	Contract Number P036902-2019-1 Coverage Period: 09/01/2019 to 09/01/2020
General Liability No claims reported for this coverage term.	• • • • • • • • • • • • • • • • • • •	, , , ,		4	Contract	Contract Number P036902-	-2020-1	12-2020-1 Coverage Period: 09/01/2020 to 08/31/2021
Totals for General Liability:		* NOCKANA	COLT. COLD WRITERED OF	0	O O O O O O O O O O O O O O O O O O O		0	COUNT OF CLAIMS 1

CONTROL CASE TASSETTATIONS

Auto, Liability, and Property

Detailed Claims Report as of April 30, 2021

* Estimate of damage reserves pending Barbers Hill ISD

Coverage Period from September 01, 2018 thru September 01, 2021

Privacy & Information Security No claims reported for this coverage term.	Privacy & Information Security No claims reported for this coverage term.	Privacy & Information Security No claims reported for this coverage term.	Event Claim Claimant Name Date of Status Total Fund Number Ref. # Claimant Name Loss Status Incurred Paid
Contract Number P036902-2020-	Contract Number P036902-2019-	Contract Number P036902-2018-1	Fund Recoveries Member Total Accidental Paid Outstanding
Contract Number P036902-2020-1 Coverage Period: 09/01/2020 to 08/31/2021	Contract Number P036902-2019-1 Coverage Period: 09/01/2019 to 09/01/2020	Contract Number P036902-2018-1 Coverage Period: 09/01/2018 to 09/01/2019	Total Accident Description Jutstanding

Printed: 5/11/2021 Page 6 of 8

Strong tashing

Auto, Liability, and Property

Detailed Claims Report as of April 30, 2021

* Estimate of damage reserves pending Barbers Hill ISD

Coverage Period from September 01, 2018 thru September 01, 2021

Event Number Claim Claimant Name Ref. # Loss Date of Status Incurred Total Fund Paid Recoveries Member Paid Outstanding **Accident Description**

School Crisis Coverage

No claims reported for this coverage term.

No claims reported for this coverage term.

School Crisis Coverage

Contract Number P036902-2019-1 Coverage Period: 09/01/2019 to 09/01/2020

Contract Number P036902-2020-1 Coverage Period: 09/01/2020 to 08/31/2021



Soft stable to tasprimforg

Detailed Claims Report as of April 30, 2021 Auto, Liability, and Property

COUNT OF CLAIMS 22	627,568		10,641 13,930 to 10,000 to		1,315,827 663,687		Escori	Grand Total:
COUNT OF CLAIMS	597,568		0 0	605,837 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1,203,405		The property	Totals for SP Legal Liability:
Coverage Period; 09/01/2020 to 08/31/2021	3902-2020-1	Contract Number P036902-2020-1	Contract					SP Legal Liability No claims reported for this coverage term.
COUNT OF CLAIMS	597,568		O STATE O	605,837 0 0 0	1,203,405	H.V.	Si pagawayanii	Totals: 09/01/2019 to 09/01/2020
Plaintiffs allege discrimination and retaliation based on race	597,568 F	0	0	605,837	1,203,405	Open	5/26/20	2020001680 85 Arnold, Everet De'Andre
Coverage Period: 09/01/2019 to 09/01/2020	902-2019-1 (Contract Number P036902-2019-1	Contract					SP Legal Liability
COUNT OF CLAIMS	0				A O		SERVINE.	Totals: 09/01/2018 to 09/01/2019 "พฤษคามาคนกระบายสามาคนกระบายสามาคนกระบายสามาคนกระบายสามาคนกระบายสามาคนกระบายสามาคนกระบายสามาคนกระบายสามาคนกระบายสามาคนกระบายสามาคนกระบายสามาคนกระบายสามาคนกระบายสามาคนกระบายสามาคนกระบายส
Claimant alleges shewas terminated based on her race.	0 0	0	0	0	0	Close	6/12/19	2019075894 115 Wiltz, Chestisha
Coverage Period: 09/01/2018 to 09/01/2019		Contract Number P036902-2018-1	Contract					SP Legal Liability
Accident Description	Total A	Member Paid C	Recoveries	Fund Paid	Total Incurred	Status	Date of Loss	Event Claim Claimant Name Number Ref. #
Coverage Period from September 01, 2018 thru September 01, 20:	Coverage Pe							* Estimate of damage reserves pending Barbers Hill ISD