

April 28, 2022

2022
CASUALTY INSURANCE SPECIFICATIONS

for

BARBERS HILL INDEPENDENT SCHOOL DISTRICT

RFP NO. #22005

RENEWAL DATE: SEPTEMBER 1, 2022

Prepared By:

RWL GROUP

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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 services submitted under this Proposal at 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 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 at 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
5. 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 QUESTIONNAIRE

FORM CIQ

For vendor doing business with local governmental entity

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

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

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

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

OFFICE USE ONLY

Date Received

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

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

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

Name of Officer

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

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

☐ Yes

☐ No

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

☐ Yes

☐ No

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

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

7

Signature of vendor doing business with the governmental entity

Date

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.

Local Government Code § 176.001(1-a): "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 ISD**FELONY CONVICTION NOTICE**

Statutory citation covering notification of criminal history of vendor is found in the Texas Education Code §44.034.

Felony Conviction Notification

Texas Education Code §44.034, Notification of Criminal History, Subsection (a), states “ a person or business entity that enters into a contract with a school district must give advance notice to the district if the person or an owner or operator of the business entity has been convicted of a felony. The notice must include a general description of the conduct resulting in the conviction of a felony.” Subsection (b) states “ a school district may terminate a contract with a person or business entity failed to give notice as required by subsection (a) or misrepresented the conduct resulting in the conviction. The school district must compensate the person or business entity for services performed before the termination of the contract.”

This Notice is NOT required of a Publicly-Held Corporation.

I, the undersigned agent for the firm named below, certify that the information concerning notification of felony convictions has been reviewed by me and the following information furnished is true to the best of my knowledge.

Vendor's Name: _____

Authorized Company Official's Name (Printed): _____

- A. My firm is a publicly held corporation; therefore, this reporting requirement is not applicable.

Signature of Company Official

- B. My firm is not owned nor operated by anyone who has been convicted of a felony:

Signature of Company Official

- C. My firm is owned or operated by the following individual(s) who has/have been convicted of a felony:

Name of Felon (s): _____

Details of Conviction(s): _____

Signature of Company Official

SECTION II

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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, 2022.

B. NOTICE

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

1. 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.
2. 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.
3. 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. Amy Presley
Purchasing Coordinator
Barbers Hill ISD
PO Box 1108
Mont Belvieu, TX 77580
9600 Eagle Drive, Mont Belvieu, TX 77523
Phone: 281-576-2221 Ext. 1268 E-mail: amy.presley@bhisd.net

C. TIME-FRAME

1. The specifications will be available for proposers beginning at 9:00 a.m. on Thursday, April 28, 2022, at the Purchasing Department of the School Administration Building (address above) as well as on the District's website: <https://www.bhisd.net/departments/finance-tax-office/purchasing> .
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 Monday, May 2, 2022. They may be mailed or sent via e-mail. A copy should also be sent to Amy Presley at Barbers Hill ISD. Market request forms that are received after 5:00 p.m. on Monday, May 2, 2022, will also be considered pursuant to provision G.7 herein.
3. RWL Group will assign markets to agents beginning on Wednesday, May 4, 2022.
4. The last day for questions is Friday, July 8, 2022. (Please refer to E.3.)

5. One copy of each proposal must be delivered to both Amy Presley and Carolyn Miller either via regular mail or e-mail by no later than 2:00 p.m. on Monday, July 25, 2022, in a sealed envelope. Each envelope should be clearly labeled "RFP # 22-005 CASUALTY INSURANCE PROPOSAL."
6. 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.
7. The sealed envelopes will be opened at 2:00 p.m. on Monday, July 25, 2022, at the Barbers Hill ISD Purchasing Office.
7. **Virtual interviews with viable proposers will be conducted on Monday, August 1, 2022, at a time to be determined.**
8. Selected proposers will be recommended at the August 22, 2022, Board meeting.
9. Binders are to be provided by no later than Tuesday, August 30, 2022.
10. All policies are to be effective September 1, 2022.
11. Policies are to be delivered no later than Friday, December 2, 2022.

D. COMMUNICATION

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

Carolyn A. Miller, President and Senior Consultant
RWL Group
300 North Coit Road, Suite 810
Richardson, Texas 75080
Phone: 972-907-9095 or 512-904-0048 E-Mail: carolyn@rwlgroup.com
2. Amy Presley 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. Presley. Inspections may be coordinated through Ms. Presley (contact information in Part B on previous page).

E. PROPOSALS

1. 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 USPS or e-mail), not later than Friday, July 8, 2022 with a copy to Amy Presley 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 method listed below.

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 and/or intermediaries will **not** be assigned.
3. The Market Request Form should be completed and mailed or sent via e-mail to Carolyn Miller at RWL Group, on or prior to 5:00 p.m. on Monday, May 2, 2022, subject to provision G.5.a-c. all inclusive. A copy of this form should also be sent to Amy Presley at Barbers Hill ISD.
4. RWL Group will begin assigning markets on Wednesday, May 4, 2022, 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 on Thursday, May 5, 2022. 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.** Supplemental markets will be assigned beginning Friday, May 6, 2022.
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.
9. 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 e-mailed 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 Monday, August 1, 2022, at a time to be determined. 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 – 2022 CASUALTY RFP MARKET REQUEST FORM

Agency: _____

Name of Agent: _____

Address: _____

Telephone #: _____ Fax #: _____

E-Mail Address: _____

RANKED PREFERENCE	COMMERCIAL GENERAL LIABILITY
1.	
2.	
3.	
4.	
5.	

RANKED PREFERENCE	EDUCATOR'S LEGAL LIABILITY EMPLOYMENT PRACTICEES LIABILITY	AUTOMOBILE LIABILITY AND AUTO PHYSICAL DAMAGE
1.		
2.		
3.		
4.		
5.		

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 "Qualifications" and "Servicing Criteria" in Section I. Each proposer must clearly and specifically address all of the criteria requested in these sections.

Authorized Signature

Company

Date

BARBERS HILL ISD

CLAIMS SERVICES FORM

1. What is the location of the office that will be handling the Barbers Hill ISD account?

2. Is there 24-hour claims service? _____ Yes _____ No
3. Will the School District be consulted on the disposition of all claims over \$5,000?

_____ Yes _____ No
4. Will Barbers Hill ISD receive detailed quarterly loss runs which show each claimant's name, date of accident, description of injury, paid, reserved and total incurred losses by line of coverage and department, plus a summary of aggregate losses for each previous year in which you provided the coverage?

_____ Yes _____ No
7. Please attach copies of claims reporting guidelines with which the insured must comply and samples of all claim-reporting forms used.
8. 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.
9. Please provide any additional information you feel would be relevant.
10. Please provide a specimen copy of your MIS Claims Report.

Authorized Signature

Company

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.

Authorized Signature

Company

Date

SECTION III

MINIMUM UNDERWRITING REQUIREMENTS AND PROPOSAL FORMS

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SECTION III

A. GENERAL UNDERWRITING REQUIREMENTS APPLICABLE TO ALL LINES OF COVERAGE

1. **Named Insured:** The named insured for all coverages shall be Barbers Hill ISD.
2. **Cancellation and Renewal:**
 - a. 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.
3. **General Insurance Provisions and Extensions:**
 - a. The effective date of the insurance program is to be September 1, 2022.
 - 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.
 - c. Flat (unauditable) premium basis is preferred. If not available, a composite rate, based on payrolls, is preferred for liability.
5. **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:

1. Named Insured as outlined in Section II 1. _____ Yes _____ No
2. Effective date of insurance program is September 1, 2022. _____ Yes _____ No
3. Sixty (60)-day cancellation and non-renewal notice. _____ Yes _____ No
4. Notice of claims provisions as outlined in Section II 3.b. _____ Yes _____ No
5. Failure to disclose provision as outlined in Section II 3.c. _____ Yes _____ No
6. Automatic coverage for new organizations per Section II 3.d. _____ Yes _____ No
7. Indicate term of program(s) quoted (1, 2 or 3 years) and any special renewal provisions.

8. Specify payment terms and any available installment plans.

8. Specimen policy forms and endorsements are included for all lines of insurance.

_____ Yes _____ No

Authorized Signature

Company

Date

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.
- j. 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.

- l. 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.
- t. 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.
- x. 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. Proposed Insurer _____
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:
 - a. Premises _____ Yes _____ No
 - b. Operations _____ Yes _____ No
 - c. Contractual _____ Yes _____ No
 - d. Products/Completed Operations _____ Yes _____ No
 - e. Independent Contractors _____ Yes _____ No
4. Please show premiums for the following:

	Per-Occurrence Deductibles		
Combined Single Limit	\$0	\$1,000	\$2,500
\$1,000,000 Each Occ			
\$2,000,000 Gen Agg			
\$1,000,000 Products/ Completed Operations			

5. Does deductible include allocated claims expenses? _____ Yes _____ No
6. Indicate if the following extensions of coverage are included, and additional premium if any:
 - a. Athletic participation coverage
_____ Yes _____ No _____ Premium
 - b. Automatic waiver of subrogation
_____ Yes _____ No _____ Premium
 - c. Blanket contractual liability
_____ Yes _____ No _____ Premium
 - d. Personal injury including mental anguish, injury, shock, and humiliation
_____ Yes _____ No _____ Premium
 - Coverage for employment-related offenses
_____ Yes _____ No _____ Premium
 - e. Automatic additional insured provision
_____ Yes _____ No _____ Premium
 - f. Host liquor liability coverage
_____ Yes _____ No _____ Premium
 - g. Modified definition of occurrence (intentional acts)
_____ Yes _____ No _____ Premium

Policy to 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."

_____ Yes _____ No _____ Premium

- Page 18
Barbers Hill ISD Casualty Specifications -- 2022
Prepared by RWL Group

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.

Authorized Signature

Company

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:

<u>Coverage</u>	<u>Covered Auto Symbol</u>	<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

2. 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 vehicles not included in 2.a. above at ACV limits and a \$50,000 per-occurrence maximum deductible.
3. Quote hired car auto physical damage at a \$50,000 limit and \$1,000 deductible.
4. Coverage should be extended to include:
 - a. Coverage for fellow-employee liability claims.
 - b. Contractual liability coverage for *insured contracts*.
 - c. 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.
 - i. Automatic coverage for newly acquired vehicles subject to annual adjustment.
 - j. Mexico limited coverage.
5. Please use a 1.0 experience modifier for this exposure.

PROPOSAL FORM FOR AUTOMOBILE LIABILITY & PHYSICAL DAMAGE

1. Proposed Insurer _____
2. Annual Premiums:

Automobile Liability

Limits	Deductibles		
	\$0	\$500	\$1,000
\$100,000 Per Person/ \$300,000 Per Acc/BI			
\$100,000 Property Dmg			
\$1,000,000 Per Acc/CSL			

Physical Damage (Specified Vehicles Per Schedule)

Limit	Deductibles			
	Collision \$500	Comprehensive \$500	Collision \$1,000	Comprehensive \$1,000
Actual Cash Value				

Catastrophe Physical Damage for APD on Vehicles Not Otherwise Included for Physical Damage

Limits	Comprehensive Deductible	
	\$50,000	Other
ACV		

Hired Car Auto Physical Damage

Limits	\$1,000 Deductible
\$50,000	

3. Covered auto symbols used for:

Automobile Liability _____

Physical Damage _____
4. Please indicate if extensions of coverage are included and additional premium, if any:
 - a. Coverage for fellow-employee liability claims.

_____ Yes _____ No _____ Premium
 - b. Coverage for contractual liability.

_____ Yes _____ No _____ Premium
 - c. Insured contract definition includes short-term rentals.

_____ Yes _____ No _____ Premium
 - d. Employees as additional insureds for non-owned and hired cars.

_____ Yes _____ No _____ Premium
 - e. Blanket waiver of subrogation.

_____ Yes _____ No _____ Premium
 - f. Liability from pollutants released from covered vehicle.

_____ Yes _____ No _____ Premium

- g. Coverage for punitive damages.
_____ Yes _____ No _____ Premium
- h. Automatic additional insureds.
_____ Yes _____ No _____ Premium
- i. Automatic coverage for newly acquired vehicles.
_____ Yes _____ No _____ Premium
- j. Mexico limited coverage endorsements.
_____ Yes _____ No _____ Premium
5. What experience modifier, if any, was used in this quotation? _____
6. Please indicate if premium quoted is flat or auditable and composite rate.

7. Please indicate method of premium payment (monthly, quarterly, annually, etc.)

8. Indicate the term of the coverage _____
If more than one year, are rates fixed? _____ Yes _____ No
9. Is your quote contingent on writing any other line(s)? _____ Yes _____ No
If so, what line(s) _____

10. Are specimen policy forms and endorsements included? _____ Yes _____ No

Authorized Signature

Company Name

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 II--Minimum Underwriting Requirements.

Authorized Signature

Company Name

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.
6. 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).
 - h. A non-imputation provision is requested with respect to the application for insurance and the exclusions.
 - i. Claims arising out of desegregation or integration issues.
 - j. 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.
 - l. 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.
17. If there is a hammer clause, it should be no more than 80/20.

PROPOSAL FORM FOR EDUCATOR'S LEGAL LIABILITY

1. Proposed Insurer _____
2. Please show premiums for the following:

	SIR/Deductibles (Without Retro Date)		
Limits (Per-Occ and Agg)	\$2,500	\$5,000	\$10,000
\$1,000,000/\$2,000,000			
\$2,000,000/\$2,000,000			

3. Is coverage written on an occurrence basis? _____ Yes _____ No
If yes, is tail coverage included for _____?
4. If coverage is claims-made, does the policy cover prior acts without a retroactive date restriction?
_____ Yes _____ No
If not, what is the retroactive date? _____
5. Does coverage provide twelve-month extended discovery provision?
_____ Yes _____ No
If so, what is the cost to exercise? _____
Can this clause be exercised by the School District in the event the School District chooses to cancel?
or not renew? _____ Yes _____ No
6. Is defense coverage in addition to policy limits? _____ Yes _____ No
State exceptions, if any. _____
7. Are punitive, exemplary and multiple damages covered? _____ Yes _____ No
If no, indicate additional premium to buy back this coverage. _____
8. Does the policy include coverage for insured vs. insured claims?
_____ Yes _____ No
9. Does the policy include coverage for employment-related practices?
_____ Yes _____ No
10. Is coverage included for the following:
 - a. Negligence, errors, omissions, breach of duty, malfeasance, misfeasance, nonfeasance, or any act of any insured. _____ Yes _____ No
 - b. Civil rights violations. _____ Yes _____ No
 - c. Claims against attorney, architect, medical personnel, psychologist, counselor, accountant, notary, etc., acting within the scope of professional duties. _____ Yes _____ No
 - d. Claims seeking other than monetary relief. _____ Yes _____ No

- e. Faulty preparation of RFP specifications. _____ Yes _____ No
- f. Claims from intentional acts. _____ Yes _____ No
- g. Defense in the case of questionable or possibly excluded claims (duty to defend).
_____ Yes _____ 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 (including bodily injury/property damage).
_____ Yes _____ No
- l. Sexual abuse/molestation/harassment (excluding bodily injury/property damage).
_____ Yes _____ No
11. Will defense coverage apply on a "first-dollar" basis? _____ Yes _____ No
12. If defense costs are not on a "first-dollar" basis, will cost incurred by the School District apply toward meeting the deductible? _____ Yes _____ No
13. Is coverage on a "pay-on-behalf-of" basis? _____ Yes _____ No
14. Does the policy provide the following supplementary payments?
- a. Premiums on appeal bond _____ Yes _____ No
- b. Interest on judgments _____ Yes _____ No
- c. Expenses incurred in assisting the School District in defense of a claim
_____ Yes _____ No
- Are these in addition to the policy limits? _____ Yes _____ No
- Comments: _____

15. Is coverage provided for corporal punishment with no bodily injury and property damage exclusion?
_____ Yes _____ No
- Explain: _____

16. Is coverage provided for sexual misconduct, including abuse, molestation, and harassment with no bodily injury and property damage exclusion? _____ Yes _____ No
- Explain: _____

17. Is knowledge of occurrence endorsement included? _____ Yes _____ No

18. Please answer each item as follows: YES means covered while acting within the scope of the School District's duties with no limitations; NO means not covered under this policy for any coverage arts regardless of the scope of duties; and LIMITED means coverage may be available while acting within the scope of duties, but limitations are noted in the attached sheet.

- a. Who is insured? _____ School District as legal entity
- _____ Trustees
- _____ Any legal entity owned or operated by the School District
- b. School District Officials?
- _____ Any elected 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 injury?
- _____ 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

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 Months _____

24 Months _____

36 Months _____

Other _____

20. Does extended reporting option have a bilateral trigger? _____ Yes _____ No

21. Is the notice of claim provision triggered if the School District provides notice of circumstances which could give rise to a future claim? _____ Yes _____ No

If no, please explain. _____

22. Is there a hammer clause? _____ Yes _____ No

If yes, please indicate _____

23. What experience modifier, if any, was used in this quotation? _____

24. Please indicate if premium quoted is flat or auditable and composite rate.

25. Please indicate method of premium payment (monthly, quarterly, annually, etc.)

26. Indicate the term of the coverage _____

If more than one year, are rates fixed? _____ Yes _____ No

27. Is your quote contingent on writing any other line(s)? _____ Yes _____ No

If so, what line(s) _____

28. Are specimen policy forms and endorsements included? _____ Yes _____ No

Authorized Signature

Company

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 exceptions or additions to any item in Section II--Minimum Underwriting Requirements.

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.
2. 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.
4. 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.
12. 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.
16. If a hammer clause is included, it should be no more than 80/20.

PROPOSAL FORM FOR EMPLOYMENT PRACTICES LIABILITY

1. Proposed Insurer _____
2. Indicate premium for the following:

	Self-Insured Retentions/Deductibles (Without Retro Date)		
Per-Event Aggregate Limits	\$2,500	\$5,000	\$10,000
\$1,000,000/\$1,000,000			
\$1,000,000/\$2,000,000			
\$2,000,000/\$2,000,000			
Third-Party Coverage			
\$1,000,000/\$1,000,000			
\$1,000,000/\$2,000,000			
\$2,000,000/\$2,000,000			

3. Is coverage provided on an occurrence or a claims-made form? _____
 If claims-made, indicate the retroactive date, if any. _____
 What is the additional premium to eliminate the retroactive date? _____
4. Is the policy written on a "pay-on-behalf-of" basis? _____ Yes _____ No
5. Does your definition of *loss* encompass defense costs, damages such as front and back wages and benefits (other than insurance plan benefits); judgments for related injury such as mental anguish, mental injury and emotional distress, personal injury arising out of employment and employment contracts? _____ Yes _____ No
 If no, please explain. _____

6. Are defense costs outside the limits? _____ Yes _____ No
7. Does the policy contain an exclusion for any loss covered by other insurance? _____ Yes _____ No
8. Does the policy provide that interrelated wrongful acts which result in multiple claims are subject to one per-event deductible? _____ Yes _____ No
9. Does a hammer clause provision apply? _____ Yes _____ No
 If yes, please indicate _____
10. Are public officials and employees included as insureds? _____ Yes _____ No
 If no, please explain. _____

11. Does your policy cover allegations involving tort liability associated with, but not limited to discrimination, defamation, sexual harassment, or wrongful termination/demotion and retaliation as an insured event? _____ Yes _____ No
If no, please explain. _____

12. Does your policy cover allegations related to the Americans With Disabilities Act? _____ Yes _____ No
If no, please explain. _____

13. Is the notice of claim provision triggered if the School District provides notice of circumstances which could give rise to a future claim? _____ Yes _____ No
If no, please explain. _____

14. Indicate the extended reporting period and the additional cost. _____

15. Does extended reporting option have bilateral trigger? _____ Yes _____ No
16. Does the broker/agency or insurance company provide loss prevention assistance? _____ Yes _____ No
If yes, please describe. _____

17. Does carrier have duty to defend? _____ Yes _____ No
18. Is knowledge of occurrence endorsement included? _____ Yes _____ No
19. Does definition of self-insured retention includes allocated claims expenses? _____ Yes _____ No
20. Does broad definition of claim apply? _____ Yes _____ No
21. Does carrier's staff have experience in this specific area of law? _____ Yes _____ No
22. What experience modifier, if any, was used in this quotation? _____
23. Please indicate if premium quoted is flat or auditable and composite rate. _____

24. Please indicate method of premium payment (monthly, quarterly, 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

Authorized Signature

Company

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.

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

Authorized Signature

Company

Date

F. LAW ENFORCEMENT LIABILITY (Occurrence Form Requested)

1. Coverage on an occurrence form is requested.
2. 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, and \$2,000,000 per-occurrence/\$2,000,000 aggregate.
4. 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 bodily injury, 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
 - 2) 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
 - 8) 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.
- k. Coverage to be applicable to service performed under interlocal cooperative agreements, mutual aid and automatic response contracts, if any.
- l. 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—
 - a. 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. Proposed Insurer _____
2. Named Insured _____
3. Estimated Annual Premium _____

Limits	Self-Insured Retentions/Deductibles		
	\$0	\$5,000	\$10,000
\$1,000,000 Per-Occ/ \$1,000,000 Aggregate			
\$1,000,000 Per-Occ/ \$2,000,000 Aggregate			
\$2,000,000 Per-Occ/ \$2,000,000 Aggregate			

4. Is policy written on an occurrence basis? _____ Yes _____ No
5. Definition of deductible includes allocated claims expenses.
_____ Yes _____ No
6. Please indicate if the following extensions of coverage are included, and additional premium, if any:
 - a. *Occurrence* defined as an accident, happening, or event, and including acts committed to protect life or property.
_____ Yes _____ No _____ Premium
 - b. Bodily injury, personal injury and property damage coverage included.
_____ Yes _____ No _____ Premium
 - c. Punitive and exemplary damages covered.
_____ Yes _____ No _____ Premium
If no, indicate charge to buy back punitive damage coverage.

 - d. Volunteers covered.
_____ Yes _____ No _____ Premium
 - e. Coverage for claims by an insured against another insured.
_____ Yes _____ No _____ Premium
 - f. Definition of Personal Injury includes civil rights.
_____ Yes _____ No _____ Premium
 - g. Knowledge of occurrence endorsement.
_____ Yes _____ No _____ Premium
 - h. Insurer will not seek governmental immunity defense unless agreed to by the School District.
_____ Yes _____ No _____ Premium

- i. "Pay-on-behalf-of" basis.
 _____ Yes _____ No _____ Premium
- j. Coverage applies to service performed under interlocal cooperative agreements.
 _____ Yes _____ No _____ Premium
- k. Liability for bodily injury while in custody of law enforcement officer.
 _____ Yes _____ No _____ Premium
- l. Coverage applies to law enforcement activities anywhere in the United States
 _____ Yes _____ No _____ Premium
- m. Wrongful entry, eviction or other invasion of other rights of primary occupancy.
 _____ Yes _____ No _____ Premium
- n. Libel, slander, entrance in violation of the right of privacy.
 _____ Yes _____ No _____ Premium
- o. Assault and battery.
 _____ Yes _____ No _____ Premium
- p. Liability arising from actual or alleged negligence, errors or omissions, breeches of duty or malfeasance.
 _____ 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
- v. Damage to tangible property in the care, custody or control of the School District.
 _____ Yes _____ No _____ Premium
- w. Misuse of a motor vehicle.
 _____ Yes _____ No _____ Premium
- x. Pays for defense in the case of questionable or possibly excluded claims
 _____ Yes _____ No _____ Premium

- | | | | | |
|-----|--|-----------|----------|---------------|
| y. | Coverage is provided for damages for civil rights violations arising out of the operation, use, maintenance, and management of any automobile, watercraft, or aircraft; i.e., hot pursuit. | _____ Yes | _____ No | _____ Premium |
| z. | False arrest, detention or imprisonment. | _____ Yes | _____ No | _____ Premium |
| aa. | Malicious prosecution. | _____ Yes | _____ No | _____ Premium |
| bb. | Discrimination. | _____ Yes | _____ No | _____ Premium |
| cc. | Humiliation. | _____ Yes | _____ No | _____ Premium |
| 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. | _____ Yes | _____ No | _____ Premium |
| hh. | Care, custody, or control of personal property | _____ Yes | _____ No | _____ Premium |
| 7. | Does coverage apply to allegations related to AIDS? | _____ Yes | _____ No | |
| 8. | Does coverage contain a Product Liability Exclusion? | _____ Yes | _____ No | |
| | If yes, can this exclusion be deleted? | _____ Yes | _____ No | |
| 9. | Are the defense costs covered in addition to the policy limits in the proposed form? | _____ Yes | _____ No | |
| 10. | Will defense coverage apply on a "first-dollar" basis? | _____ Yes | _____ No | |
| | If no, will defense costs apply to the deductible? | _____ Yes | _____ No | |
| 11. | Does the policy provide the following supplementary payments for— | | | |
| a. | Premiums on appeal bonds? | _____ Yes | _____ No | |
| b. | Interest on judgment? | _____ Yes | _____ No | |
| c. | Reasonable first-aid expense? | _____ Yes | _____ No | |
| d. | Expenses incurred in assisting the company in defense of a claim? | _____ Yes | _____ No | |
| e. | Are these in addition to the policy limits? | _____ Yes | _____ No | |

12. Please answer each item. **YES** means covered while acting within the scope of the School District's duties with no limitations. **NO** means not covered under this policy for any coverage parts regardless of the scope of duties. **LIMITED** means coverage may be available while acting within the scope of duties, but **limitations are noted in the attached sheet.**

- a. Who is insured? _____ The School District as a legal entity
_____ Elected officials
_____ Appointed officials
_____ Individual law enforcement officers
_____ Volunteers
_____ Attorneys within the scope of School District duty
- b. Police Professional? _____ Intentional acts
_____ Intentional infliction of emotional stress
_____ Intentional assault and battery
_____ Excessive use of force
_____ False arrest, detention, or imprisonment
_____ Malicious prosecution
_____ Discrimination
_____ Humiliation
_____ False or improper service of process
_____ Civil Rights violations under 42 U.S.C. 1983 and 1985
_____ Attorneys' fees awarded under U.S.C.A. 1988
_____ Intentional or negligent discharge of firearms
_____ Prior occurrences when recorded during policy period

13. What experience modifier, if any, was used in this quotation? _____

14. Please indicate if premium quoted is flat or auditable and composite rate.

15. Please indicate method of premium payment (monthly, quarterly, annually, etc.)

16. Indicate the term of the coverage _____

If more than one year, are rates fixed? _____ Yes _____ No

17. Is your quote contingent on writing any other line(s)? _____ Yes _____ No

If so, what line(s) _____

18. Are specimen policy forms and endorsements included? _____ Yes _____ No

Authorized Signature

Company

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.

Authorized Signature

Company

Date

G. CYBER LIABILITY (STAND ALONE)

1. 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
 - i. Bricking
 - j. 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.
6. There should be no insured versus insured exclusion regarding employee personal information.
7. 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 80/20 is requested, if this clause is applicable.

PROPOSAL FORM FOR CYBER LIABILITY

1. Proposed Insurer

2. Annual Premium:

Coverages/Limits	Deductibles		
	\$5,000	\$10,000	\$25,000
Security/Privacy Data Breach \$1,000,000 \$2,000,000			
Regulatory Media Liability Network Extortion \$1,000,000			
Business Interruption Data Recovery PCI \$1,000,000			
Bricking \$250,000 \$1,000,000			
Social Engineering Fraud \$250,000			
Telephone Fraud \$250,000			

3. Data Breach Costs include:

- | | | |
|-------------------------------------|-----------|----------|
| a. Notification Costs | _____ Yes | _____ No |
| b. Monitoring Costs | _____ Yes | _____ No |
| c. Investigation Costs | _____ Yes | _____ No |
| d. Forensic Costs | _____ Yes | _____ No |
| e. Legal Costs | _____ Yes | _____ No |
| f. Public Relations Costs | _____ Yes | _____ No |
| g. Voluntary Costs | _____ Yes | _____ No |
| h. International Notification Costs | _____ Yes | _____ No |
| i. Breach Response Services | _____ Yes | _____ No |

4. Please indicate if the following coverages are included and any additional premium:

- | | | |
|---|-----------|----------|
| a. Duty to defend. | _____ Yes | _____ No |
| b. Employee personal information and denial of access. | _____ Yes | _____ No |
| c. "Pay-on-behalf of". | _____ Yes | _____ No |
| d. Damage includes punitive, exemplary and multiple awards. | _____ Yes | _____ No |
| e. Extended discovery has a bilateral trigger. | _____ Yes | _____ No |

- | | | |
|----------------------|---------|------|
| Authorized 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.

Authorized Signature

Company

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 EXPOSURE INFORMATION

HUMAN RESOURCES

1. Does the Entity have a human resources department?..... ☒ Yes ☐ No
If yes, total number of staff: 5
If no, attach full details as to how the function is handled.
2. Who is designated to handle all employment-related incidents?
 Name: Barbara Ponder Title: Asst. Supt. of Personnel
3. Are all hiring, promotions, and terminations reviewed and approved by the head of human resources, inside legal counsel or outside employment counsel?..... ☒ Yes ☐ No
If yes, which one: human resources + outside legal
4. Are all prospective employees required to complete a standard employment application prior to hire?..... ☒ Yes ☐ No
If no, attach an explanation.
If yes, answer the questions below:
 - a. Does your application contain an employment at-will statement?..... ☒ Yes ☐ No
 - b. Does your application include authorization to check references and criminal conviction records?..... ☒ Yes ☐ No
 - c. Does your application require a signature attesting that all representations are true?..... ☒ Yes ☐ No
5. Does every employment position have a written job description?..... ☒ 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..... ☒ Yes ☐ No
 - b. Salary administration..... ☒ Yes ☐ No
 - c. Performance appraisal review..... ☒ Yes ☐ No
 - d. Discipline..... ☒ Yes ☐ No
 - e. Discharge/termination..... ☒ Yes ☐ No
 - f. Accommodating the disabled..... ☒ Yes ☐ No
 - g. Reporting, investigating and resolving employee complaints..... ☒ Yes ☐ No
 - h. Time-off policies, including FMLA..... ☒ Yes ☐ No
7. Are there written policies prohibiting discrimination and sexual, and any other forms of 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 to all personnel?..... ☒ Yes ☐ No
If yes, are employees required to sign for the manual/handbook?..... ☒ Yes ☐ No
10. Does an outside employment counsel periodically review all employment practices guidelines, policies and procedures?..... ☒ Yes ☐ No
If yes, when was the most recent review and who conducted it? TASB- annually
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 employees in finding other jobs?..... ☐ Yes ☒ No
12. Does the Entity offer severance pay to terminated or laid off employees?..... ☐ Yes ☒ No
If yes, does the severance agreement include a waiver of the employee's rights to bring a claim against the entity?..... ☐ Yes ☐ No
13. Does the Entity have a written grievance procedure?..... ☒ Yes ☐ No
14. Does the Entity have workplace harassment training for employees?..... ☒ Yes ☐ No
If yes, describe:
15. Does the entity have employment practices training for supervisors in the following:
 - a. Hiring/interviewing..... ☒ Yes ☐ No
 - b. Performance management..... ☒ Yes ☐ No
 - c. Discipline..... ☒ Yes ☐ No
 - d. Workplace harassment..... ☒ Yes ☐ No
 - e. Termination..... ☒ Yes ☐ No

GENERAL LIABILITY EXPOSURE INFORMATION

Please check all of the operational exposures of the Public Entity below.

Note that coverage may not be available for all operations or exposures.

Operation/Exposure	Do you have this exposure?		Is it operated by the Public Entity or subcontracted?		Exposure Information	
	Yes	No	Entity	Subcontracted		
Airports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Number	
Amusement Parks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Annual sales	
Arenas/Convention Centers**	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Area	Seating
Athletic Participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. of participants	
Blasting Operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. of blasts/yr.	
Bleachers/Stadiums/Grandstands>5000 seating**	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Blood Bank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Number	
Camps or Campgrounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Number	
Cemeteries**	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Number	No. of sites
Chemical Spray (weeds)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. of acres	No. of times/yr.
Chemical Spray (insects)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. of acres	No. of times/yr.
Dams/Reservoirs**	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Height Width	Age Construction
Day Care Centers**	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. of centers	No. of children/yr.
EMTs/Paramedics**	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Fire Department**	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. paid	No. volunteer
Fireworks displays**	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. of each year	
Golf Courses**	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. of	Annual sales
Health Department/Mental Health Dept.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. of employees	
Hospitals/Clinics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are you responsible for insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> N
Housing Authority**	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are you responsible for insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> N
Jail, Detention Centers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Landfills/Dump/Refuse Site/Incinerator**	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. of open	No. of closed
Libraries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Number	
Liquor Stores/Taverns**	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Annual Sales Off	On
Mechanical or Electrically Operated Amusement Devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Museums	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Number	
Nursing Homes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are you responsible for insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> N
Piers, Docks, Marinas, Boat Slips/Ramps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Number	Area
Port Authorities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are you responsible for insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> N
Recreational Activities**	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Rifle/Shooting Range**	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Number	Type
Rodeo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Sanitation, Garbage Collection, Recycle Operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. of customers	
Schools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are you responsible for insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> N
Shelters/Youth Homes/Group Homes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Number	Type
Skateboard Facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
SKI Facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. of downhill	No. of cross country
Special Events (fairs, carnivals, festivals, parades)**	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. per year	Type
Streets/Roads/Bridges**	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No. of miles	
Transportation System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are you responsible for insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> N
Utilities: Electric**	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Annual payroll	
Utilities: Gas**	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Annual payroll	
Utilities: Water**	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Annual payroll	
Utilities: Sewer**	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Annual payroll	
Vacant Land	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Acres	
Watercraft/Boats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No.>26 ft.	Receipts
Waterfront Activities** (swimming pools, beaches, lakes, reservoirs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Water slide**	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Zoos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Number	
Describe all other exposures not listed above						

*Please attach a copy of your standard contract for subcontracted operations.

© Complete separate submission for these exposures.

58026 Ed. 06-2003 Exposure List

FINANCIAL INFORMATION			
What is your latest bond rating (Moody's or Standard & Poor's) <i>A++</i>		What was (were) your previous bond rating(s)?	
Please attach a complete copy of the Entity's current budget (Including Government and Proprietary funds).			
Has it been approved?.....		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
What has been the total budget for the past three years?			
Year	Revenues	Expenditures	Surplus/(Deficit)
20-21	116,782,059	125,994,143	(9,212,584)
19-20	93,558,229	98,417,262	(4,859,033)
18-19	85,470,999	91,099,755	(5,628,756)
Have any budget deficits occurred in the past three years?.....		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, please describe on a separate sheet of paper, along with the reasons/conditions leading to deficit.			

Barbers Hill ISD Budget Summary

		2017-2018	2018-2019	2019-2020	2020-2021	*2021-2022
Enrollment Count		5,390	5,587	5,950	6,657	6,677
Revenue						
	Local and Intermediate Sources	62,416,097	72,587,431	71,989,060	89,993,791	82,323,915
	State Program Revenues	6,116,449	6,813,568	6,040,142	19,542,779	15,798,393
	Federal Program Revenues	355,000	405,000	787,553	765,000	765,000
	Other Sources	3,672,472	3,906,008	3,925,247	0	0
	Total Revenue	72,560,018	83,712,007	82,742,002	110,301,570	98,887,308
Expenditures						
11	Instruction	34,750,803	37,497,935	42,005,668	48,339,635	52,117,215
12	Instruction Resources & Media Services	654,081	681,553	607,342	655,884	641,141
13	Curriculum & Instructional Staff Development	1,113,010	1,468,756	1,551,016	1,612,715	1,792,431
21	Instructional Leadership	316,627	924,719	934,641	496,935	690,420
23	School Leadership	3,277,450	3,378,394	3,262,818	4,212,910	4,620,787
31	Guidance, Counseling & Evaluation Services	2,189,054	2,337,223	2,428,678	3,212,862	3,625,125
32	Social Work Services	78,964	83,106	199,231	316,934	625,049
33	Health Services	769,015	837,068	893,822	1,046,631	1,125,993
34	Student (Pupil) Transportation	2,148,521	2,268,265	2,451,962	2,735,275	3,056,265
35	Food Services	0	0	17,327	420	429
36	Cocurricular/Extracurricular Activities	2,224,461	2,263,379	2,317,273	2,407,187	2,449,242
41	General Administration	2,311,231	2,453,379	2,541,680	2,941,369	3,570,462
51	Plant Maintenance & Operation	7,207,333	7,619,433	8,366,368	8,887,632	9,084,989
52	Security and Monitoring Services	438,398	538,175	635,939	797,244	884,619
53	Data Processing Services	1,201,033	1,202,035	1,246,493	1,483,133	1,558,579
61	Community Services	26,100	27,835	30,600	50,300	72,700
71	Debt Service	0	3,921,499	0	0	0
81	Facility Acquisition/Construction	0	0	20,810	14	21
91	Contracted Instructional Services Between Schools	7,500,000	11,300,000	8,240,400	13,600,000	4,670,000
95	Payments to Juvenile Justice Alternative Ed. Prg.	0	0	0	0	0
98	CH 313 Ad Valorem Tax	0	0	0	3,597,563	3,231,051
99	Inter-governmental Charges not in Other Data Codes	587,000	639,000	670,000	707,000	758,000
00	Other Uses	3,672,472	3,906,008	3,925,247	0	0
Total adopted expenditure budget		\$70,465,553	\$83,347,762	\$82,347,315	\$97,101,643	\$94,574,518
Difference in Revenue/Expenditure		\$2,094,465	\$364,245	\$394,687	\$13,199,927	\$4,312,790
Per Pupil Allotment		\$11,001	\$12,196	\$11,795	\$12,003	\$12,981

Object Code 6491- Statutorily Required Public Notices \$1,500 \$1,500 \$1,500
 Gross Payroll \$50,786,811 \$55,253,155 \$60,757,168 \$69,275,070 \$75,819,897
 *Adopted 06/28/21

EDUCATOR'S LEGAL LIABILITY APPLICATION



Educators Legal Liability Application-New

Limits Desired: _____

Effective Date: _____

EDUCATORS LEGAL LIABILITY (ELL) _____

TO COMPLETE APPLICATION, YOU MUST SUBMIT (check if provided with this form):

- ☐ Most Recent Audited Financial Statement
☒ Loss Runs from Current Carrier

INSTRUCTIONS: Please complete all portions of this application completely, truthfully and accurately. If you do not understand a question, please contact United Educators for clarification. United Educators will rely on the information you supply in this application to respond to the Educational Organization's request for a quotation. Review of this application does not bind United Educators to issue a policy.

FULL LEGAL NAME AND ADDRESS OF THE EDUCATIONAL ORGANIZATION:

Barbers Hill Independent School District
9600 Eagle Drive
Mont Belvieu TX 77523

The undersigned is an authorized representative of the organization and all persons or concerns applying for renewal of the expiring policy. The undersigned declares that all information provided is complete, truthful and accurate.

BY: _____
(Signature of officer of organization applying for coverage) (Please print or type name)

TITLE: _____ DATE: _____

Representative of Educational Organization who should receive insurance company notices:

Name: _____ Title: _____
Telephone: _____ Fax: _____ Email: _____

Submitting Insurance Agent Must Complete:	Send Completed Application to:
Person to contact:	United Educators Insurance, a Reciprocal Risk Retention Group Two Wisconsin Circle, Suite 1040 Chevy Chase, MD 20815 Phone: 301-907-4908 Fax: 301-907-8620 Web: WWW.UE.ORG
Address:	
Phone number:	
Fax number:	
Email:	
Licensed Insurance Broker? <input type="checkbox"/> Yes <input type="checkbox"/> No	
License number:	

TYPE OF ORGANIZATION/IRS TAX STATUS					
<input checked="" type="checkbox"/> Independent school	<input type="checkbox"/> community/vo-tech college	<input type="checkbox"/> museum/cultural organization			
<input type="checkbox"/> private college/university	<input type="checkbox"/> association (see below)*	<input type="checkbox"/> other (see below)*			
<input type="checkbox"/> public college/university	<input type="checkbox"/> foundation				
<input type="checkbox"/> 501(c)(3)	<input type="checkbox"/> Public Entity	<input type="checkbox"/> Other (describe):			
*If "association," do you provide accrediting services? No <input type="checkbox"/> Yes <input type="checkbox"/>					
*If "other," copies of the following must be provided to process application (check if provided with this submission): <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Articles of Incorporation</td> </tr> <tr> <td><input type="checkbox"/> Corporate Bylaws</td> </tr> <tr> <td><input type="checkbox"/> Web address</td> </tr> </table>			<input type="checkbox"/> Articles of Incorporation	<input type="checkbox"/> Corporate Bylaws	<input type="checkbox"/> Web address
<input type="checkbox"/> Articles of Incorporation					
<input type="checkbox"/> Corporate Bylaws					
<input type="checkbox"/> Web address					

CURRENT COVERAGE			
Title of Policy: <input type="checkbox"/> D&O <input type="checkbox"/> EPLI <input type="checkbox"/> ELL (check all that apply)	Name of Insurer:		
Expiration Date:	Limit of Liability:		
Self-Insured Retention (Entity):	Annual Premium:		
Has any similar insurance been declined, canceled or non-renewed in the past five years? If "yes," please explain (use an additional sheet if needed): <table border="0" style="width: 100%;"> <tr> <td>No <input type="checkbox"/></td> <td>Yes <input type="checkbox"/></td> </tr> </table>		No <input type="checkbox"/>	Yes <input type="checkbox"/>
No <input type="checkbox"/>	Yes <input type="checkbox"/>		

COMMERCIAL ACTIVITIES	
Does the Educational Organization or any affiliate:	Annual Expenditures:
Develop, manufacture or sell products or services for commercial use?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> \$ _____
License any patent for commercial use?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> \$ _____
Own or manage any for-profit commercial operations?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> \$ _____
If "yes," please explain (use an additional sheet if needed):	

ACADEMIC PROGRAM CHANGES	
Have any degree or certification programs been created or eliminated in the past two years, or are any such changes under consideration or planned within the next 12 months?	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>
If "yes," please explain and include (use an additional sheet if needed):	
<input checked="" type="checkbox"/> Degree or certification programs <i>created</i> and number of students enrolled in each <input checked="" type="checkbox"/> Degree or certification programs <i>eliminated</i> and number of students, faculty and staff affected in each	

Amy Presley

From: Kari Sager <Kari.Sager@bhisd.net>
Sent: Thursday, March 24, 2022 8:02 AM
To: Amy Presley
Cc: Natasha Holden
Subject: Certifications

Here is a list of all the certification we offer:

Lee College Certificate of Completion- Computer-Aided Drafting and Design
Education Aid I
ACA -Adobe Certified Associate (Photo Shop, Premiere)
MOS(Word, Excel, PPT, Outlook)
ADW D1.1 Structural Steel
AWS D9.1 Sheet Metal
NCCER CORE Safety
Osha 30 Construction
Osha 30 General
EKG (Electro Cardiogram) Certificate
PCT (Patient Care Tech) Certificate
Hunter's Safety
Benz School of Floral Design
Certified Solid Works Associate
AMSA Food Safety & Science Certification
AMSA Meat Selection & Cookery Certification
ServSafe Manager

Kari Sager

*Career and Technology Coordinator
Barbers Hill ISD
281.576.2221 x1217
kari.sager@bhisd.net*

CHANGES IN ADMINISTRATION AND STAFF		
In what year were the individuals in the following (or equivalent) positions appointed:		
President:	VP of Finance/Administration:	Chief Academic Officer:
Have any of these individuals announced their resignation or departure from your institution?		President [] VP of Finance/Administration [] Chief Academic Officer []
Have there been any reductions in workforce during the past two years, or are any under consideration or planned within the next 12 months?		No <input checked="" type="checkbox"/> Yes []
If "yes," please explain (use an additional sheet if needed) including:		
<input checked="" type="checkbox"/> Positions eliminated <input checked="" type="checkbox"/> Number of employees affected in each job category		

EXTERNAL REVIEW		
Regional accreditation by: <u>TEA</u>		
Within the last two years and with respect to the Educational Institution:		
Has any accrediting body threatened or taken probationary action?	No <input checked="" type="checkbox"/> Yes []	
Has any athletic association threatened or taken disciplinary action?	No <input checked="" type="checkbox"/> Yes []	
Within the last two years has any Degree Program:		
Sought accreditation?	No <input checked="" type="checkbox"/> Yes []	
Lost accreditation?	No <input checked="" type="checkbox"/> Yes []	
Been unable to obtain accreditation?	No <input checked="" type="checkbox"/> Yes []	
Become provisionally accredited?	No <input checked="" type="checkbox"/> Yes []	
Been placed on probationary status by an accrediting agency?	No <input checked="" type="checkbox"/> Yes []	
If "yes," please explain (use an additional sheet if needed):		

MERGERS, ACQUISITIONS AND CLOSURES		
Have there been any acquisitions, mergers or new entities in the past two years, or are any planned within the next 12 months?	No <input checked="" type="checkbox"/> Yes []	
Will the educational organization or any of its affiliates, departments or divisions close within the next 12 months or are any such closures under consideration?	No <input checked="" type="checkbox"/> Yes []	
If "yes," please explain (use an additional sheet if needed):		

AFFILIATES		
Do you desire coverage for any affiliates or related organizations?	No <input checked="" type="checkbox"/> Yes []	
<input checked="" type="checkbox"/> All for-profit affiliates must be scheduled for coverage to apply. <input checked="" type="checkbox"/> Non-profit affiliates not included in the audited financial statement provided with this submission must be scheduled for coverage to apply.		
If "yes," please complete Addendum A		

STATISTICAL INFORMATION		
Current Student Enrollment:	Full time: _____	Part time: _____ Fall FTE: _____
Current Faculty Count:	Full time: <u>1065</u>	Part time: <u>5</u> Faculty FTE: <u>1070</u>
Current Faculty Tenure Amount:	Total tenured: <u>n/a</u>	Total tenure track: <u>n/a</u>
Estimated Percentage of Unionized:	Faculty: <u>0</u> %	Staff: <u>0</u> %

POLICIES, PROCEDURES AND TRAINING			
Please state the dates you most recently completed a comprehensive review and/or update of your discrimination and harassment policies and practices:			
	Date of latest comprehensive review	Latest comprehensive update	
Discrimination	<u>June 2020</u>	<u>July 2021</u>	
Harassment	<u>June 2020</u>	<u>July 2021</u>	
Please state the date(s) on which your written policies on discrimination and harassment were most recently disseminated to all students, faculty, administrators and staff. If available electronically on a continuous basis (such as a web site), please so indicate:			
	Date discrimination policy disseminated	Date harassment policy disseminated	
Students	<u>website</u>	<u>—</u>	
Faculty	<u>safe schools annually</u>	<u>—</u>	
Administrators	<u>—</u>	<u>—</u>	
Staff	<u>—</u>	<u>—</u>	
Please state the date(s) on which you most recently conducted training programs on discrimination and harassment for each of the following groups, and the approximate percentage of each category who participated:			
	Date	Percent participating	Type of training
Faculty	<u>9/1/21</u>	<u>100%</u>	Discrimination <input checked="" type="checkbox"/> Harassment <input checked="" type="checkbox"/>
Administrators	<u>—</u>	<u>—</u>	Discrimination <input checked="" type="checkbox"/> Harassment <input checked="" type="checkbox"/>
Staff	<u>—</u>	<u>—</u>	Discrimination <input checked="" type="checkbox"/> Harassment <input checked="" type="checkbox"/>
Other than the direct supervisor, who reviews employee terminations in advance (e.g. human resources department, general counsel) for proposed terminations within each of the following groups:			
Faculty?	Administrators?	Staff?	
<u>HR + outside counsel</u>	<u>—</u>	<u>—</u>	
Which groups are entitled to use written grievance and/or mediation procedures to help resolve employment disputes? (Check here [] if written grievance and/or mediation procedures are not available.)		Faculty <input checked="" type="checkbox"/> Administrators <input checked="" type="checkbox"/> Staff <input checked="" type="checkbox"/>	
If grievance/mediation procedures are available, please indicate the estimated total number of employment related disputes reported in the last 12 months:		<u>0</u>	

ADDENDUM A
New Affiliates and Subsidiaries

NAME OF ENTITY:		
Description of Entity (purpose, nature of operations, control, whether goods/services are sold, etc.):		
<input type="checkbox"/> For-profit <input type="checkbox"/> Not-for-profit	Date established/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? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, state number of your trustees on its board:	Is a financial statement for this affiliate attached to this application? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this a Medical Facility? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please indicate number of:		
Physicians: _____		Allied Health personnel: _____
Physicians who are Educational Organization faculty members: _____		

NAME OF ENTITY:		
Description of Entity (purpose, nature of operations, control, whether goods/services are sold, etc.):		
<input type="checkbox"/> For-profit <input type="checkbox"/> Not-for-profit	Date established/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? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, state number of your trustees on its board:	Is a financial statement for this affiliate attached to this application? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this a Medical Facility? <input type="checkbox"/> No <input type="checkbox"/> 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

Refer to Specs

ADDENDUM B		
Loss History and Supplemental Claims Information		
In the past five years has there been any:		
Suit alleging a wrongful act against any insured?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Claim regarding hiring, remuneration, promotion or termination of an employee?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
EEOC (or equivalent) complaint, inquiry or investigation?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Allegation against directors, trustees or officers?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Allegation of educational malpractice, including failure to educate, supervise or negligent academic counseling?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Allegation of libel, slander, invasion of privacy or humiliation?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Allegation of intellectual property violations, such as patent or copyright infringement or misappropriation of ideas?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Claim alleging wrongful acts that resulted in payment of defense expense, settlements or judgments?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Notice given to an insurer of any claim or potential claim under any similar policy of insurance?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
If "yes," to any of the above questions, please complete Supplemental Claims Information section for each claim or potential claim in the last five years.		

Supplemental Claims Information		
Claimant(s):	Date of Occurrence:	
Insurer (if any):		
Description of claim or incident (including assessment of liability, potential damages, and status of settlement negotiations):		
Current status:	<input type="checkbox"/> incident	<input type="checkbox"/> in suit <input type="checkbox"/> closed (date:)
Indemnity:	Defense:	Total incurred:
paid: \$	paid: \$	\$
reserved: \$	reserved: \$	

Supplemental Claims Information		
Claimant(s):	Date of Occurrence:	
Insurer (if any):		
Description of claim or incident (including assessment of liability, potential damages, and status of settlement negotiations):		
Current status:	<input type="checkbox"/> incident	<input type="checkbox"/> in suit <input type="checkbox"/> closed (date:)
Indemnity:	Defense:	Total incurred:
paid: \$	paid: \$	\$
reserved: \$	reserved: \$	

Supplemental Claims Information		
Claimant(s):	Date of Occurrence:	
Insurer (if any):		
Description of claim or incident (including assessment of liability, potential damages, and status of settlement negotiations):		
Current status:	<input type="checkbox"/> incident	<input type="checkbox"/> in suit <input type="checkbox"/> closed (date:)
Indemnity:	Defense:	Total incurred:
paid: \$	paid: \$	\$
reserved: \$	reserved: \$	

PLEASE DUPLICATE PAGE OR ATTACH ADDITIONAL SHEETS AS NEEDED

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.

INSURANCE COVERAGE AND LIMITS Refer to S.P.C.S.					
Limit of Liability Requested Per Claim/Total Limit					
<input type="checkbox"/> \$500,000/\$500,000	<input type="checkbox"/> \$1,000,000/\$1,000,000	<input type="checkbox"/> \$2,000,000/\$2,000,000	<input type="checkbox"/> Other \$		
Deductible/Retention					
<input type="checkbox"/> \$15,000	<input type="checkbox"/> Other \$				
Do you currently carry Employment Practices Liability Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No					
If yes, please provide information regarding current options:					
Insurer		Limits: Per claim/Aggregate			
Retro Date	Deductible	Policy Period	Premium		
EMPLOYEE INFORMATION					
1. Number of employees currently:					
Full-time	Part-time	Leased	Temporary	Volunteers	Total
1065	5	—	—	—	1070
2. Number of employees over the past three (3) years:					
1 Year Prior		2 Years Prior		3 Years Prior	
1011		879		843	
3. Number of employees terminated in the past three (3) years:					
1 Year Prior		2 Years Prior		3 Years Prior	
5		3		3	
4. Number of employees who left voluntarily over the past three (3) years:					
1 Year Prior		2 Years Prior		3 Years Prior	
86		70		73	
5. Have there been any employee layoffs, terminations, workforce reductions, or retirements, including those resulting from any type of restructure or privatization of service, within the last 12 months? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
If yes, attach full details including the date, number of employees involved, job categories involved and the terms of severance.					
6. Do you anticipate any employee layoffs, terminations, workforce reductions, or retirements, including those resulting from any type of restructure or privatization of service, within the next 12 months? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
If yes, attach full details including the date, number of employees involved, job categories and the terms of severance.					
7. What percentage of employees are union members? 0%					

LAW ENFORCEMENT LIABILITY APPLICATION

LAW ENFORCEMENT LIABILITY							
COVERAGE AND LIMITS							
<input type="checkbox"/> Occurrence <input type="checkbox"/> Claims Made		Retroactive Date	Has there been continuous Claims Made coverage back to the requested Retroactive Date? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Limits of Liability	Each Wrongful Act Limit	Total Limit	Each Wrongful Act Deductible				
Option 1	\$	\$	\$				
Option 2	\$	\$	\$				
GENERAL UNDERWRITING INFORMATION							
Is department accredited or working toward accreditation from the Commission on Accreditation for Law Enforcement Agencies?			Percentage completed:				
Accredited: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Working toward: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			%				
Department contact person: <u>Shane McBride</u>							
Do you contract law enforcement to any public or private entity? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, send a copy of the contract.							
Are you part of any mutual law enforcement assistance agreements between political subdivisions? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Describe: <u>MOU w/ MBPD, City of Baytown PD</u>							
Do you participate in a drug task force? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, how many officers participate? _____		Is your entity or officer designated as the commander/leader of the drug task force? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, who is?				
Is the task force a separate entity? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Does the task force have its own budget? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does it have its own insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate carrier and limits:				
Identify significant operations within your legal jurisdiction such as colleges, institutions, military installations, major medical centers, sports arenas, concert halls, defense contractors, etc: 							
Does the agency own/operate any watercraft? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Please describe the number, type and uses of the watercraft:							
EMPLOYEE CLASSIFICATION (Give number of employees by classification)							
GROUP 1 EMPLOYEES	No.	GROUP 2 EMPLOYEES	No.	GROUP 3 EMPLOYEES	No.	GROUP 4 EMPLOYEES	No.
Full-time officers, detectives, investigators and sergeants (including the chief, sheriff and deputies)	7	Part-time/reserve/auxiliary/court officers armed, or with arrest authority	0	Animal Control Personnel	0	Other unarmed law enforcement personnel (includes clerical, cooks, and other unarmed personnel not included elsewhere)	1
Police Dogs	0	Full-time jailers	0	Dispatchers	0		
		Part-time jailers	0	Jail Medical Personnel/ Coroners	0		
				School Crossing Guards	0	Other unarmed jail personnel (includes clerical, cooks, and other unarmed jail personnel not included elsewhere)	0
				Unarmed part-time/reserve/auxiliary officers without arrest authority	0		

DEPARTMENT POLICIES AND PROCEDURES			
Does the agency have a policy and procedure manual? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Date of last overall revision of your policy and procedure manual: <u>9/1/21</u>	Is the manual distributed to all personnel? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
How often is the manual reviewed with personnel? <u>annually</u>		Who conducts the review? <u>Chief</u>	Are employees required to sign off? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the applicant have written policies governing the following:			
	Policy Description	Date Written	Date of Last Revision
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Use of Force	<u>9/2014</u>	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Firearms & Less Than Lethal Weapons		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Vehicular Pursuits		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Patrol Driving and Response		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Domestic Violence Response		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service of Warrant		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Transportation of Prisoners		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Arrests and Investigatory Stops		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Searches		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Motor Vehicle Stops & Searches		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Canines		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Sexual Harassment		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Use of Volunteers <u>N/A</u>		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Secondary Employment & Off-Duty Powers (moonlighting)		
Have the policies and procedures been reviewed by legal counsel? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Name of counsel:	

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

EDUCATION AND TRAINING		
Identify the background checks required prior to hiring:		
<input checked="" type="checkbox"/> Motor Vehicle Records	<input checked="" type="checkbox"/> Criminal Check	<input type="checkbox"/> Other _____
<input type="checkbox"/> Psychological Screening	<input type="checkbox"/> Reference Check	<input type="checkbox"/> _____
<input checked="" type="checkbox"/> Educational Verification	<input checked="" type="checkbox"/> Employment History Check	<input type="checkbox"/> _____
Describe formal training for new officers (BLET and FTO):		
modified FTO		
Describe formal training requirements for experienced officers joining the department (FTO):		
Describe in-service training requirements for department members:		
40 hrs min. of 2 yrs.		
Training Requirement	New Officers	Annual In-Service Training
Number of Academy (BLET) Training Hours	—	
Number of Field Training (FTO) Hours	—	
Annual In-Service Training Hours		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Firearms Training and Qualification Frequency of Qualification: 1 per year	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Impact Weapon Training and Certification	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Chemical Agency (Oleocapsicum) Training and Certification	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
High Speed Pursuit Driving Update		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Department Policy and Procedure Update		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Constitutional Use of Force Update		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Legislative and Case Law Update		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
How often do you use reserve/auxiliary officers?		
<input type="checkbox"/> Every day <input type="checkbox"/> At least once a week <input type="checkbox"/> At least once a month <input checked="" type="checkbox"/> Other: as needed		
Duties of reserve/auxiliary officers:		
<input type="checkbox"/> Traffic Control <input type="checkbox"/> Civil Disturbance <input checked="" type="checkbox"/> Crowd Control <input checked="" type="checkbox"/> Other: additional security		
Describe the training program for reserve/auxiliary officers:		

CYBER LIABILITY APPLICATION



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.

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

1. GENERAL INFORMATION

(a) Applicant's Name: Barbers Hill 1SD

(b) Principal Address:

Street: 9600 Eagle Dr.

City: State: Zip Code: Mont Belvieu TX 77523

(c) Year Established: 1999

(d) Number of Employees: 1070

(e) Website Addresses: www.bhisd.net

(f) Provide the following information.

Use Fiscal Year basis			
Total Revenue (\$'s)	<input type="text"/>	<input type="text"/>	<input type="text"/>

- (g) Have there been any changes to the Applicant's primary business operations and/or organizational structure during the past 12 months? Yes ☐ No ☒

If "Yes," please describe in detail:

- (h) Is the Applicant currently planning to or has planned to be involved in a merger, acquisition or divestment in the next or past 12 months (whether or not such transaction was actually completed)? Yes ☐ No ☒

If "Yes," please describe in detail:

- (i) Please provide the updated contact information for the Applicant's Risk Manager, if changed during the past 12 months. If none, please state.

Name:

Phone:

Email Address:

Please provide the contact information for the Applicant's Chief Information Security Officer (or equivalent position), if changed during the past 12 months. If none, please state.

Name:

Phone:

Email Address:

2. PERSONALLY IDENTIFIABLE INFORMATION (PII)

- (a) Please quantify (by number of individual records) the Personally Identifiable Information (PII)* the Applicant currently stores, processes or transacts within its Network. (If unable to provide an exact number, please provide a best estimate, and describe the methodology for arriving at this estimate.) Number

Methodology: students plus staff

- * Personally Identifiable Information is information from which an individual may be uniquely and reliably identified, including, but not limited to an individual's name, address, telephone number, in combination with their social security number, account relationships, account numbers, passwords, PIN numbers, credit or debit card numbers, biometric information, Nonpublic Personal Information as defined by the Gramm-Leach Bliley Act of 1999, or Personal Health Information ("PHI") as defined by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA").

Please indicate any changes with regard to the Applicant's transmission of PII in the last year:

Technology Assets	Full Disk Encrypted?	List Encryption Software and Bit Level	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 <input type="checkbox"/> No <input checked="" type="checkbox"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Business Applications (if hosts PII)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Servers	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Desktops	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Laptops	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Mobile Devices	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Backups	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other: cameras servers (specify)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

3. PAYMENT CARD TRANSACTIONS

- (a) Does the Applicant currently handle, accept, process, store, or transmit any payment by credit, debit or ATM cards (whether directly or through a third party service provider)? Yes ☒ No ☐

If "No," please skip to Section 5.

* everything is pw protected but only encrypted if offsite.

If "Yes", complete the following:

1. Please quantify the number of credit, debit, or ATM transactions handled, accepted, processed, or transmitted annually?
 2. Please quantify the total number of credit, debit, or ATM cards stored directly on your network:
 3. What percentage of revenues is derived from card transactions (relative to cash)? %
- (b) Are you compliant with the most recent Payment Card Industry – Data Security Standards (PCI-DDS)? Yes ☐ 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 date it was completed:
 3. Do you outsource your credit card processing? Yes ☒ No ☐
 4. If "Yes," is the processor PCI compliant with applicable PCI- DDS? Yes ☐ No ☐
- (c) Does PII reside on the Applicant's Point Of Sale systems at any time during a credit card transaction? Yes ☐ No ☐
1. If "Yes," how long does PII reside on such systems?
 2. Is the information encrypted during that time? Yes ☐ No ☐
 3. If Applicant has retail locations, how are such locations electronically connected to Applicant's corporate headquarters:
 4. If you process card transactions at multiple locations, are those transactions independently transmitted at each location for processing or are they centrally aggregated for transmission externally?

5. NETWORK SECURITY – FIREWALL AND INTRUSION DETECTION

- (a) Have there been any changes with regard to the Applicant's Firewall within the last year? Yes ☐ No ☒
- If "Yes," please describe in detail:
- (b) Have there been any changes with regard to the Applicant's IDS/IPS within the last year? Yes ☒ No ☐
- If "Yes," please describe in detail: New Firewall 7/21
Pa local to 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:

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 ☐ No ☒
If "Yes," please describe in detail:

- (b) Have there been any changes with regard to the Applicant's data leakage controls within the last year? Yes ☐ No ☒
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

- ☒ Performed by external vendors *CDW-G + Reg 4 service center*
☒ Performed at least annually
☒ 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 ☒ No ☐

8. NETWORK SECURITY – ANTI-VIRUS, SPAM, AND SPYWARE 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? Yes ☐ No ☐
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.):

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 ☒

If "Yes", please describe in detail:

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? Yes ☐ No ☒

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 ☒

If "Yes", please describe in detail:

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 ☒

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? Yes ☐ No ☒

If "Yes", please describe in detail:

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 ☒

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:

16. PROFESSIONAL SERVICES LIABILITY - (ONLY COMPLETE IF YOU ARE REQUESTING COVERAGE IN ADDITION TO NETWORK SECURITY AND PRIVACY - If "No," please skip to Section 20.)

- (a) Please describe any changes in the Applicant's services that are anticipated to take place within the next 12 months (If "None," please state "N/A"):
- (b) Please provide the estimated annual revenues derived from your professional services within the next 12 months: \$

17. CONTRACTS AND AGREEMENTS

- (a) List the five largest client contracts (in terms of revenue produced) in the last three (3) years. Include the name of party contracting with, a description of the product or services provided by the Applicant under such contract, the estimated total contract value (revenue received by the Applicant), and the duration of each contract.

Client Name	Products and/or Services	Total Contract Value	Duration

- (b) Have there been any changes with regard to the Applicant's contractual procedures: Yes ☐ No ☐
If "Yes", please describe in detail:

18. QUALITY CONTROL

- (a) Have there been any changes with regard to the Applicant's quality control procedures? Yes ☐ No ☒
If "Yes", please describe in detail:

19. THIRD PARTY CONTRACTORS AND VENDORS

- (a) What percentage of services is performed by "third party" contractors? 20 %
- (b) Please describe the usage of independent contractors in connection with the services or products proposed for coverage under the Policy: e-rate + construction projects
- (c) Have there been any changes with regard to the Applicant's contractual requirements for independent contractors and/or vendors? Yes ☐ No ☒
If "Yes", please describe in detail:

20. ACTUAL OR POTENTIAL CLAIMS

- (a) During the last year, have any claims, suits or regulatory proceedings been brought against any party insured, or proposed to be insured, under this Policy? Yes ☐ No ☒

(b) Since the submission date of the last Application submitted to the Insurer, has there been any change in the status of any claim, suit, circumstance, allegation, or regulatory proceeding previously reported under a Technology Errors and Omissions or Privacy Liability policy issued by a carrier other than the Insurer? Yes ☐ No ☐

(c) Is any party insured, or proposed to be insured, under this Policy, currently aware of any fact, situation or circumstance which could give rise to a claim, suit or regulatory proceeding against any proposed insured, which has not already been reported to the Insurer? Yes ☐ No ☐

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 FACILITATING 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 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."

VEHICLE SCHEDULE

BARBERS HILL ISD VEHICLE SCHEDULE FOR RFP #22-005

	Year	Make	Model	Description	VIN	Purchase Price	Make Code	Vehicle Type
1	2000	FREIGHTLINER		BB2 - BUS SEATING 21+	4UZABRDTXFCGH0941	94,506.00	FGH	BB2
2	2002	FREIGHTLINER		BB2 - BUS SEATING 21+	4UZAABWBV42CJ30650	43,758.00	FGH	BB2
3	2002	THOMAS		BB2 - BUS SEATING 21+	4UZAABWBV02CJ59482	47,261.00	THO	BB2
4	2007	BLUE BIRD		BB2 - BUS SEATING 21+	1BAKGCKA27F239045	67,999.00	BLB	BB2
5	2007	BLUE BIRD		BB2 - BUS SEATING 21+	1BAKGCKA07F239044	67,999.00	BLB	BB2
6	2007	BLUE BIRD		BB2 - BUS SEATING 21+	1BAKGCKA47F239046	67,999.00	BLB	BB2
7	2007	BLUE BIRD		BB2 - BUS SEATING 21+	1BAKGCKA67F239047	67,999.00	BLB	BB2
8	2008	BLUE BIRD		BB2 - BUS SEATING 21+	1BAKGCKA68F247456	76,309.00	BLB	BB2
9	2011	BLUE BIRD		BB2 - BUS SEATING 21+	1BAKGC5A8BF281871	102,169.00	BLB	BB2
10	2011	BLUE BIRD		BB2 - BUS SEATING 21+	1BAKGC5AXB281872	102,169.00	BLB	BB2
11	2011	INTERNATIONAL		BB2 - BUS SEATING 21+	4DRBUAAN5BB261253	78,670.00	INT	BB2
12	2013	BLUE BIRD		BB2 - BUS SEATING 21+	1BAKGC5A0DF290048	110,908.00	BLB	BB2
13	2014	BLUE BIRD		BB2 - BUS SEATING 21+	1BAKGCB46EF299147	100,114.00	BLB	BB2
14	2014	BLUE BIRD		BB2 - BUS SEATING 21+	1BAKGCEPF299152	90,963.00	BLB	BB2
15	2014	BLUE BIRD		BB2 - BUS SEATING 21+	1BAKGCEPF299153	90,963.00	BLB	BB2
16	2014	BLUE BIRD		BB2 - BUS SEATING 21+	1BAKGCEPF299154	90,963.00	BLB	BB2
17	2015	BLUE BIRD		BB2 - BUS SEATING 21+	1BAKGCPA7FF305841	99,139.00	BLB	BB2
18	2015	FREIGHTLINER		BB2 - BUS SEATING 21+	4UZABRDT3FCFW6733	93,706.00	FGH	BB2
19	2015	FREIGHTLINER		BB2 - BUS SEATING 21+	4UZABRDT5FCFW6734	93,706.00	FGH	BB2
20	2016	FREIGHTLINER		BB2 - BUS SEATING 21+	4UZABRDT0GCGS5013	91,467.00	FGH	BB2
21	2016	FREIGHTLINER		BB2 - BUS SEATING 21+	4UZABRDT1GCGS5019	91,462.00	FGH	BB2
22	2016	FREIGHTLINER		BB2 - BUS SEATING 21+	4UZABRDT2GCGS5014	91,467.00	FGH	BB2
23	2016	FREIGHTLINER		BB2 - BUS SEATING 21+	4UZABRDT4GCGS5015	91,462.00	FGH	BB2
24	2016	FREIGHTLINER		BB2 - BUS SEATING 21+	4UZABRDT5GCGS5010	91,462.00	FGH	BB2
25	2016	FREIGHTLINER		BB2 - BUS SEATING 21+	4UZABRDT5GCGS5011	91,462.00	FGH	BB2
26	2016	FREIGHTLINER		BB2 - BUS SEATING 21+	4UZABRDT6GCGS5016	91,462.00	FGH	BB2
27	2016	FREIGHTLINER		BB2 - BUS SEATING 21+	4UZABRDT8GCGS5017	91,462.00	FGH	BB2
28	2016	FREIGHTLINER		BB2 - BUS SEATING 21+	4UZABRDT9GCGS5012	91,462.00	FGH	BB2
29	2016	FREIGHTLINER		BB2 - BUS SEATING 21+	4UZABRDTXGCGS5018	91,462.00	FGH	BB2

BARBERS HILL ISD VEHICLE SCHEDULE FOR RFP #22-005

30	2016	FREIGHTLINER		BB2 - BUS SEATING 21+	4UZABRE3XGCGS5034	106,768.00	FGH	BB2
31	2017	FREIGHTLINER		BB2 - BUS SEATING 21+	4UZABRDT0HCHS9633	91,862.00	FGH	BB2
32	2017	FREIGHTLINER		BB2 - BUS SEATING 21+	4UZABRDT2HCHS9634	91,862.00	FGH	BB2
33	2017	FREIGHTLINER		BB2 - BUS SEATING 21+	4UZABRDT4HCHS9635	91,862.00	FGH	BB2
34	2017	FREIGHTLINER		BB2 - BUS SEATING 21+	4UZABRDT5HCHS9630	91,862.00	FGH	BB2
35	2017	FREIGHTLINER		BB2 - BUS SEATING 21+	4UZABRDT6HCHS9636	91,862.00	FGH	BB2
36	2017	FREIGHTLINER		BB2 - BUS SEATING 21+	4UZABRDT7HCHS9631	91,862.00	FGH	BB2
37	2017	FREIGHTLINER		BB2 - BUS SEATING 21+	4UZABRDT9HCHS9632	91,862.00	FGH	BB2
38	2017	FREIGHTLINER		BB2 - BUS SEATING 21+	4UZABRE32HCHU9896	112,001.00	FGH	BB2
39	2017	FREIGHTLINER		BB2 - BUS SEATING 21+	4UZABRE34HCHU9897	108,268.00	FGH	BB2
40	2017	FREIGHTLINER		BB2 - BUS SEATING 21+	4UZABRE38HCJD1555	108,627.00	FGH	BB2
41	2018	FREIGHTLINER		BB2 - BUS SEATING 21+	4UZABPDT3JCJG1722	90,940.85	FGH	BB2
42	2018	FREIGHTLINER		BB2 - BUS SEATING 21+	4UZABRFC5JCJV5255	94,294.00	FGH	BB2
43	2018	FREIGHTLINER		BB2 - BUS SEATING 21+	4UZABRFC7JCJV5256	94,545.85	FGH	BB2
44	2018	FREIGHTLINER		BB2 - BUS SEATING 21+	4UZABRFC9JCJV5257	94,545.85	FGH	BB2
45	2019	FREIGHTLINER		BB2 - BUS SEATING 21+	4UZABRG15KCKU4645	109,961.00	FGH	BB2
46	2020	BUS	C2-341TS	BB2 - BUS SEATING 21+	4UZABRFC1LCLV3706	101,984.00	BUS	BB2
47	2020	BUS	C2-341TS	BB2 - BUS SEATING 21+	4UZABRFC3LCLV3707	101,984.00	BUS	BB2
48	2020	BUS	C2-341TS	BB2 - BUS SEATING 21+	4UZABRFCXLCLV3705	101,984.00	BUS	BB2
49	2020	THOMAS	C2-341TS	BB2 - BUS SEATING 21+	4UZABRFC5LC5V3708	102,784.00	THO	BB2
50	2020	THOMAS	C2-341TS	BB2 - BUS SEATING 21+	4UZABRG16LCLW9493	116,476.00	THO	BB2
51	2021	THOMAS	BUS	BB2 - BUS SEATING 21+	4UZABPFC1MCMR3860	94,428.00	THO	BB2
52	2021	THOMAS	BUS	BB2 - BUS SEATING 21+	4UZABRFC0MCMR3862	100,998.00	THO	BB2
53	2021	THOMAS	C2	BB2 - BUS SEATING 21+	4UZABRFC2MCME1564	100,995.00	THO	BB2
54	2021	THOMAS	C2	BB2 - BUS SEATING 21+	4UZABRFC4MCME1565	100,995.00	THO	BB2
55	2021	THOMAS	BUS	BB2 - BUS SEATING 21+	4UZABRFC9MCMR3861	100,998.00	THO	BB2
56	2023	FREIGHTLINER	BUS	BB2 - BUS SEATING 21+	4UZABPFC5PCNS5357	95,802.00	FGH	BB2
57	2004	CHEVROLET	Suburban	CC1 - CAR / SUV	3GNEC16Z54G175507	29,462.75	CHV	CC1
58	2008	FORD	Police Car	CC1 - CAR / SUV	2FAFP71V08X119341	26,881.63	FRD	CC1
59	2010	FORD	Police Car	CC1 - CAR / SUV	2FABP7BV8AX127464	28,342.39	FRD	CC1
60	2011	CHEVROLET	Suburban	CC1 - CAR / SUV	1GNSCHE08BR294969	33,873.75	CHV	CC1
61	2011	TOYOTA		CC1 - CAR / SUV	4T4BF3EK4BR204087	20,500.75	TOY	CC1

BARBERS HILL ISD VEHICLE SCHEDULE FOR RFP #22-005

62	2013	CHEVROLET	Suburban	CC1 - CAR / SUV	1GNSCHE06DR322870	35,100.00	CHV	CC1
63	2013	FORD	Police Car	CC1 - CAR / SUV	1FAHP2M84DG115102	23,644.00	FRD	CC1
64	2015	CHEVROLET	TR	CC1 - CAR / SUV	1GC4KYC82FF664124	39,970.00	CHV	CC1
65	2015	CHEVROLET	Suburban	CC1 - CAR / SUV	1GNSCHECXFR278921	36,023.75	CHV	CC1
66	2015	TOYOTA		CC1 - CAR / SUV	4T4BF1FK5FR509235	21,328.23	TOY	CC1
67	2016	CHEVROLET	Suburban	CC1 - CAR / SUV	1GNSCGEC1GR138266	41,000.00	CHV	CC1
68	2016	CHEVROLET	Suburban	CC1 - CAR / SUV	1GNSCGEC9GR137513	41,000.00	CHV	CC1
69	2016	CHEVROLET	Suburban	CC1 - CAR / SUV	1GNSCGECXGR138301	41,000.00	CHV	CC1
70	2017	FORD	K8A	CC1 - CAR / SUV	1FM5K8AR1HGE39959	35,920.70	FRD	CC1
71	2018	CHEVROLET	Suburban	CC1 - CAR / SUV	1GNSCGEC0JR330611	40,250.00	CHV	CC1
72	2018	CHEVROLET	Suburban	CC1 - CAR / SUV	1GNSCGEC9JR328842	40,250.00	CHV	CC1
73	2018	CHEVROLET	Suburban	CC1 - CAR / SUV	1GNSCGEC9JR328856	40,250.00	CHV	CC1
74	2018	CHEVROLET	Suburban	CC1 - CAR / SUV	1GNSCGECXJR328879	40,250.00	CHV	CC1
75	2018	CHEVROLET	Suburban	CC1 - CAR / SUV	1GNSCGECXJR328915	40,250.00	CHV	CC1
76	2019	CHEVROLET	TAHOE-POLICE	EV1 - EMERGENCY OR HIGHLY MODIFIED SERVICE VEHICLE	1GNLDEC1KR402565	43,355.00	CHV	EV1
77	2021	CHEVROLET	TAHOE C150	CC1 - CAR / SUV	1GNSCLED1MR411395	44,744.00	CHV	CC1
78	2021	CHEVROLET	TAHOE	CC1 - CAR / SUV	1GNSCLED3MR393255	45,143.58	CHV	CC1
79	2021	CHEVROLET	TAHOE C150	CC1 - CAR / SUV	1GNSCLED5MR311865	48,299.00	CHV	CC1
80	1998	CHEVROLET		TT1 - TRUCK / VAN (0 - 5 TON)	1GBGC24R9WE172151	20,352.17	CHV	TT1
81	2000	CHEVROLET		TT1 - TRUCK / VAN (0 - 5 TON)	1GCEC14V7YE386617	16,777.44	CHV	TT1
82	2000	CHEVROLET		TT1 - TRUCK / VAN (0 - 5 TON)	1GCGC24R3YR212943	19,353.29	CHV	TT1
83	2002	CHEVROLET		TT1 - TRUCK / VAN (0 - 5 TON)	1GBGC24U32Z136916	24,160.72	CHV	TT1
84	2002	CHEVROLET		TT1 - TRUCK / VAN (0 - 5 TON)	1GCEC14V52E189825	17,992.93	CHV	TT1
85	2003	CHEVROLET		TT1 - TRUCK / VAN (0 - 5 TON)	1GBHC24U83Z165429	21,300.00	CHV	TT1
86	2004	CHEVROLET		TT1 - TRUCK / VAN (0 - 5 TON)	1GCHK23U54F163608	15,000.00	CHV	TT1
87	2005	CHEVROLET		TT1 - TRUCK / VAN (0 - 5 TON)	1GCEC14T55Z336477	16,880.10	CHV	TT1
88	2007	CHEVROLET		TT1 - TRUCK / VAN (0 - 5 TON)	1GCCS149878114247	11,500.00	CHV	TT1
89	2008	CHEVROLET	Van	TT1 - TRUCK / VAN (0 - 5 TON)	1GCGG29C281127809	20,166.95	CHV	TT1
90	2009	CHEVROLET		TT1 - TRUCK / VAN (0 - 5 TON)	1GNFC16059R195351	33,518.75	CHV	TT1
91	2010	CHEVROLET	Van	TT1 - TRUCK / VAN (0 - 5 TON)	1GCUGAD46A1122695	17,590.00	CHV	TT1
92	2015	CHEVROLET		TT1 - TRUCK / VAN (0 - 5 TON)	1GB0CUEG1FZ552782	29,800.00	CHV	TT1

BARBERS HILL ISD VEHICLE SCHEDULE FOR RFP #22-005

93	2015	CHEVROLET		TT1 - TRUCK / VAN (0 - 5 TON)	1GB0CUEGXFZ552697	29,800.00	CHV	TT1
94	2015	CHEVROLET		TT1 - TRUCK / VAN (0 - 5 TON)	1GC4KYC83FF665816	39,970.00	CHV	TT1
95	2016	CHEVROLET		TT1 - TRUCK / VAN (0 - 5 TON)	1GB0CUEG6GZ369184	30,650.00	CHV	TT1
96	2016	CHEVROLET		TT1 - TRUCK / VAN (0 - 5 TON)	1GB0CUEG7GZ366634	30,650.00	CHV	TT1
97	2019	CHEVROLET	SILVERADO 2500	TT1 - TRUCK / VAN (0 - 5 TON)	2GC2CREG2K1129584	35,357.00	CHV	TT1
98	2019	CHEVROLET	SILVERADO 2500	TT1 - TRUCK / VAN (0 - 5 TON)	2GC2CREG9K1127945	35,357.00	CHV	TT1
99	2022	CHEVROLET	TRUCK-4 WD CREW CAB	TT1 - TRUCK / VAN (0 - 5 TON)	1GC1YLE70NF192304	34,500.00	CHV	TT1
100	2002	FORD		TT1 - TRUCK / VAN (0 - 5 TON)	1FTRX17L62NA89653	7,800.65	FRD	TT1
101	2009	FORD		TT1 - TRUCK / VAN (0 - 5 TON)	1FTWW33R49EB28584	34,817.42	FRD	TT1
102	2015	FORD	Van	TT1 - TRUCK / VAN (0 - 5 TON)	NM0LS7E72F1220780	21,434.15	FRD	TT1
103	2015	FORD	Van	TT1 - TRUCK / VAN (0 - 5 TON)	NM0LS7F71F1180237	22,537.07	FRD	TT1
104	2021	FORD	F350	TT1 - TRUCK / VAN (0 - 5 TON)	1FT8W3DT7MEC71752	46,390.00	FRD	TT1
105	1994	NAVISTAR		TT1 - TRUCK / VAN (0 - 5 TON)	1HTSDPNM7RH564151	20,599.00	NAV	TT1
106	2008	TOYOTA		TT1 - TRUCK / VAN (0 - 5 TON)	5TENX22N48Z583299	16,208.29	TOY	TT1
107	2008	TOYOTA		TT1 - TRUCK / VAN (0 - 5 TON)	5TFRV54118X059117	24,470.00	TOY	TT1
108	2011	TOYOTA		TT1 - TRUCK / VAN (0 - 5 TON)	5TFRY5F13BX114744	33,598.21	TOY	TT1
109	2011	TOYOTA		TT1 - TRUCK / VAN (0 - 5 TON)	5TFRY5F17BX115721	33,598.20	TOY	TT1
110	2015	TOYOTA		TT1 - TRUCK / VAN (0 - 5 TON)	5TFRY5F17FX178517	39,350.94	TOY	TT1
111	2015	TOYOTA		TT1 - TRUCK / VAN (0 - 5 TON)	5TFTX4CN9FX068174	21,228.40	TOY	TT1
112	2018	TOYOTA		TT1 - TRUCK / VAN (0 - 5 TON)	5TFRY5F15JX235998	39,491.67	TOY	TT1
113	2020	TOYOTA	TUNDRA	TT1 - TRUCK / VAN (0 - 5 TON)	5TFRY5F11LX269245	36,411.00	TOY	TT1
114	2019	CHEVROLET	TRUCK	TT2 - LARGE TRUCK 5+ TONS	2GB2CREG2K1226448	36,983.75	CHV	TT2
115	2019	FREIGHTLINER	210	TT2 - LARGE TRUCK 5+ TONS	3ALACWFC3KDK2100	77,900.00	FGH	TT2
116	2015	MACK	TRUCK	TT2 - LARGE TRUCK 5+ TONS	1M1AWC9Y6FM050267	38,500.00	MAC	TT2

EXHIBIT II

LOSS RUNS



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Auto, Liability, and Property

Detailed Claims Report as of April 12, 2022

* Estimate of damage reserves pending

Barbers Hill ISD

Coverage Period from September 01, 2018 thru August 31, 2022

Event Number	Claim Ref. #	Claimant Name	Date of Loss	Status	Total Incurred	Fund Paid	Recoveries	Member Paid	Total Outstanding	Accident Description
Auto Liability					Contract Number P036902-2018-1 Coverage Period: 09/01/2018 to 09/01/2019					
2018072966	221	Roberts*Ashley	9/26/18	Close	3,188	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
2018073627	456	Berlanga P*Maria	11/27/18	Close	1,260	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
2018073755	692	Reyes*Marcus	10/19/18	Close	1,797	797	0	1,000	0	Bus 42 attempted to drive between 2 cars parked on both sides of the street. The driver hit the car parked on the right of her with the tail swing of
2019074546	125	Lewis*Tabitha	3/4/19	Close	14,240	8,583	4,657	1,000	0	School bus backed into a parked car at a turnaround.
Totals : 09/01/2018 to 09/01/2019					20,485	11,828	4,657	4,000	0	COUNT OF CLAIMS 4



TASB Risk Management Fund

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Auto, Liability, and Property

Detailed Claims Report as of April 12, 2022

* Estimate of damage reserves pending

Barbers Hill ISD

Coverage Period from September 01, 2018 thru August 31, 2022

Event Number	Claim Ref. #	Claimant Name	Date of Loss	Status	Total Incurred	Fund Paid	Recoveries	Member Paid	Total Outstanding	Accident Description
Auto Liability					Contract Number P036902-2019-1 Coverage Period: 09/01/2019 to 09/01/2020					
2019001306	510	Flores, Genaro G.	10/19/19	Close	965	35	0	930	0	CV was parked and unattended. MV was pulling through lot and veered too much to the right of their lane and collided with CV.
2019001924	118	Guillory, Zaelia	9/25/19	Open	16,000	7,746	0	1,000	7,254	Bus 32 hit the rear of Bus 41 after leaving high school bus loading line up.
2020000521	578	Wells, Ofelia	2/13/20	Close	15,100	10,093	4,007	1,000	0	Unit 2 was driving west in left lane, on Lakes of Champions Blvd. and was struck by Unit 1 (school bus).
2020000731	800	Hood, Samuel	3/3/20	Close	5,362	4,362	0	1,000	0	Driver of S12 ran into the back of a stopped truck.
2020000786	860	Adams, Lindsey	3/5/20	Close	6,409	3,431	1,977	1,000	0	One of our suburban drivers rear-ended an SUV at a yield sign.
2020003667	99	Guseman, Gretchen	8/21/20	Close	0	0	0	0	0	Bus Driver was backing on inner school road and hit a car that was moving behind her.
2020003667	100	Guseman, Samuel Lawrence	8/21/20	Close	8,184	7,184	0	1,000	0	Bus Driver was backing on inner school road and hit a car that was moving behind her.
2020003673	104	Prejean, Gabriel	8/25/20	Close	3,586	2,586	0	1,000	0	CV was parked in front of house. MV was pulling around and did a short turn and clipped CV.
Totals : 09/01/2019 to 09/01/2020					55,606	35,437	5,984	6,930	7,254	COUNT OF CLAIMS 8



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Auto, Liability, and Property

Detailed Claims Report as of April 12, 2022

* Estimate of damage reserves pending

Barbers Hill ISD

Coverage Period from September 01, 2018 thru August 31, 2022

Event Number	Claim Ref. #	Claimant Name	Date of Loss	Status	Total Incurred	Fund Paid	Recoveries	Member Paid	Total Outstanding	Accident Description
Auto Liability					Contract Number P036902-2020-1 Coverage Period: 09/01/2020 to 08/31/2021					
2020003906	369	Russom, Richard	9/21/20	Open	61,700	1,610	0	0	60,090	School Bus Driver hit a student on a bicycle at an intersection.
2020004634	130	Serrano, Jose J.	10/30/20	Close	2,231	1,231	0	1,000	0	School bus driver hit a parked truck near bus stop.
2021009709	954	Burns, Lafayette	5/18/21	Close	2,823	1,823	0	1,000	0	School bus hit parked vehicle.
Totals : 09/01/2020 to 08/31/2021					66,753	4,663	0	2,000	60,090	COUNT OF CLAIMS 3

Auto Liability					Contract Number P036902-2021-002 Coverage Period: 09/01/2021 to 08/31/2022					
2021015633	162	Wilson, Chad	9/7/21	Close	11,834	10,834	0	1,000	0	CV was driving on Lakes of Champions Blvd when MV made a wide RT turn into Barbers Hill Elementary South.
2021019886	117	Galaviz, Jason	9/30/21	Close	1,385	385	0	1,000	0	CV was on Eagle Dr about to turn into Barbers Hill HS when MV rear-ended CV
2021026317	554	West, James	12/17/21	Close	5,793	4,793	0	1,000	0	One of our buses hit a parked car in the high school parking lot on 12/17/2021
2021026652	597	Way Engineering, LTD	9/22/21	Open	3,500	2,678	0	0	822	Claimant's vehicle parked in TSU parking lot. Member was driving thru parking lot. Member did not take a wide enough turn and hit claimants vehicle wi
Totals : 09/01/2021 to 08/31/2022					22,512	18,690	0	3,000	822	COUNT OF CLAIMS 4



Auto, Liability, and Property

Detailed Claims Report as of April 12, 2022

* Estimate of damage reserves pending

Barbers Hill ISD

Coverage Period from September 01, 2018 thru August 31, 2022

Event Number	Claim Ref. #	Claimant Name	Date of Loss	Status	Total Incurred	Fund Paid	Recoveries	Member Paid	Total Outstanding	Accident Description
Totals for Auto Liability :					165,356	70,618	10,641	15,930	68,166	COUNT OF CLAIMS
										19



Auto, Liability, and Property

Detailed Claims Report as of April 12, 2022

* Estimate of damage reserves pending

Barbers Hill ISD

Coverage Period from September 01, 2018 thru August 31, 2022

Event Number	Claim Ref. #	Claimant Name	Date of Loss	Status	Total Incurred	Fund Paid	Recoveries	Member Paid	Total Outstanding	Accident Description
Auto Physical Damage							Contract Number P036902-2018-1		Coverage Period: 09/01/2018 to 09/01/2019	
No claims reported for this coverage term.										
Auto Physical Damage							Contract Number P036902-2019-1		Coverage Period: 09/01/2019 to 09/01/2020	
2019001924	86	Barbers Hill ISD	9/25/19	Close	5,655	4,655	0	1,000	0	Bus 32 hit the rear of Bus 41 after leaving high school bus loading line up.
2019001924	156	Barbers Hill ISD	9/25/19	Close	2,541	2,541	0	0	0	Bus 32 hit the rear of Bus 41 after leaving high school bus loading line up.
2020000456	505	Barbers Hill ISD	2/8/20	Close	4,178	3,178	0	1,000	0	Someone rear ended one of suburbans and fled the scene.
2020000731	799	Barbers Hill ISD	3/3/20	Close	7,326	6,326	0	1,000	0	Driver of S12 ran into the back of a stopped truck.
2020003667	98	Barbers Hill ISD	8/21/20	Close	0	0	0	0	0	Bus Driver was backing on inner school road and hit a car that was moving behind her.
Totals : 09/01/2019 to 09/01/2020					19,700	16,700	0	3,000	0	COUNT OF CLAIMS 5



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Auto, Liability, and Property

Detailed Claims Report as of April 12, 2022

* Estimate of damage reserves pending

Barbers Hill ISD

Coverage Period from September 01, 2018 thru August 31, 2022

Event Number	Claim Ref. #	Claimant Name	Date of Loss	Status	Total Incurred	Fund Paid	Recoveries	Member Paid	Total Outstanding	Accident Description
Auto Physical Damage					Contract Number P036902-2020-1 Coverage Period: 09/01/2020 to 08/31/2021					
2021009709	953	Barbers Hill ISD	5/18/21	Close	0	0	0	0	0	School bus hit parked vehicle.
2021014171	134	Barbers Hill ISD	8/23/21	Close	10,308	0	10,308	0	0	School bus was stopped on FM 3180 heading northbound. A vehicle pulled from a private drive in front of the bus, and was struck by a southbound car.
Totals : 09/01/2020 to 08/31/2021					10,308	0	10,308	0	0	COUNT OF CLAIMS 2

Auto Physical Damage

Contract Number P036902-2021-002 Coverage Period: 09/01/2021 to 08/31/2022

No claims reported for this coverage term.

Totals for Auto Physical Damage :	30,009	16,700	10,308	3,000	0	COUNT OF CLAIMS 7
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Auto, Liability, and Property

Detailed Claims Report as of April 12, 2022

* Estimate of damage reserves pending

Barbers Hill ISD

Coverage Period from September 01, 2018 thru August 31, 2022

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

Contract Number P036902-2018-1

Coverage Period: 09/01/2018 to 09/01/2019

2018072855	25	Green*Susan	9/6/18	Close	0	0	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.
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Totals : 09/01/2018 to 09/01/2019

0

0

0

0

0

COUNT OF CLAIMS

1

General Liability

Contract Number P036902-2019-1

Coverage Period: 09/01/2019 to 09/01/2020

No claims reported for this coverage term.

General Liability

Contract Number P036902-2020-1

Coverage Period: 09/01/2020 to 08/31/2021

No claims reported for this coverage term.

General Liability

Contract Number P036902-2021-002

Coverage Period: 09/01/2021 to 08/31/2022

2022001186	152	Medina, Alonso	1/13/22	Close	0	0	0	0	0	Student broke arm on the playground
2022001186	154	Medina, Alonso	1/13/22	Close	0	0	0	0	0	Student broke arm on the playground

Totals : 09/01/2021 to 08/31/2022

0

0

0

0

0

COUNT OF CLAIMS

2

Totals for General Liability :

0

0

0

0

0

COUNT OF CLAIMS

3



Auto, Liability, and Property

Detailed Claims Report as of April 12, 2022

* Estimate of damage reserves pending

Barbers Hill ISD

Coverage Period from September 01, 2018 thru August 31, 2022

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

Contract Number P036902-2018-1 Coverage Period: 09/01/2018 to 09/01/2019

No claims reported for this coverage term.

Privacy & Information Security

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

No claims reported for this coverage term.

Privacy & Information Security

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

No claims reported for this coverage term.

Privacy & Information Security

Contract Number P036902-2021-002 Coverage Period: 09/01/2021 to 08/31/2022

No claims reported for this coverage term.



Auto, Liability, and Property

Detailed Claims Report as of April 12, 2022

* Estimate of damage reserves pending

Barbers Hill ISD

Coverage Period from September 01, 2018 thru August 31, 2022

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

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

No claims reported for this coverage term.

School Crisis Coverage

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

No claims reported for this coverage term.

School Crisis Coverage

Contract Number P036902-2021-002 Coverage Period: 09/01/2021 to 08/31/2022

No claims reported for this coverage term.



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Auto, Liability, and Property

Detailed Claims Report as of April 12, 2022

* Estimate of damage reserves pending

Barbers Hill ISD

Coverage Period from September 01, 2018 thru August 31, 2022

Event Number	Claim Ref. #	Claimant Name	Date of Loss	Status	Total Incurred	Fund Paid	Recoveries	Member Paid	Total Outstanding	Accident Description	
SP Legal Liability					Contract Number P036902-2018-1					Coverage Period: 09/01/2018 to 09/01/2019	
2019075894	115	Wiltz, Chestisha	6/12/19	Close	0	0	0	0	0	Claimant alleges shewas terminated based on her race.	
Totals : 09/01/2018 to 09/01/2019					0	0	0	0	0	COUNT OF CLAIMS 1	
SP Legal Liability					Contract Number P036902-2019-1					Coverage Period: 09/01/2019 to 09/01/2020	
2020001680	85	Arnold, Everet De'Andre	5/26/20	Open	1,203,405	908,643	0	2,500	292,262	Plaintiffs allege discrimination and retaliation based on race	
Totals : 09/01/2019 to 09/01/2020					1,203,405	908,643	0	2,500	292,262	COUNT OF CLAIMS 1	
SP Legal Liability					Contract Number P036902-2020-1					Coverage Period: 09/01/2020 to 08/31/2021	
No claims reported for this coverage term.											
SP Legal Liability					Contract Number P036902-2021-002					Coverage Period: 09/01/2021 to 08/31/2022	
2022004495	466	MBMF Financial Interests LP	2/25/22	Open	1	0	0	0	1	Plaintiff alleges the District terminated the contract early.	
Totals : 09/01/2021 to 08/31/2022					1	0	0	0	1	COUNT OF CLAIMS 1	
Totals for SP Legal Liability :					1,203,406	908,643	0	2,500	292,263	COUNT OF CLAIMS 3	



Auto, Liability, and Property

Detailed Claims Report as of April 12, 2022

* Estimate of damage reserves pending

Barbers Hill ISD

Coverage Period from September 01, 2018 thru August 31, 2022

Event Number	Claim Ref. #	Claimant Name	Date of Loss	Status	Total Incurred	Fund Paid	Recoveries	Member Paid	Total Outstanding	Accident Description
Grand Total:					1,398,771	995,961	20,950	21,430	360,429	COUNT OF CLAIMS
										32



TEXAS ASSOCIATION
OF PUBLIC SCHOOLS

Property and Liability Fund

Claim Experience Report

Member: Barbers Hill ISD

As Of: 15-Apr-2022

Fund Year: 2021

September 1, 2021 - August 31, 2022

Printed: 15-Apr-2022 9:39:56 AM

Claim #	Date of Loss	Claimant	Status	Description	Incurred	Paid	Recoveries	Outstanding Reseves	Deductible Incurred
Crime									
					0.00	0.00	0.00	0.00	0.00
No claims reported for this line of coverage									
Totals	Claim Count		0		0.00	0.00	0.00	0.00	0.00
Educators' Legal Liability									
					0.00	0.00	0.00	0.00	0.00
No claims reported for this line of coverage									
Totals	Claim Count		0		0.00	0.00	0.00	0.00	0.00
General Liability									
					0.00	0.00	0.00	0.00	0.00
No claims reported for this line of coverage									
Totals	Claim Count		0		0.00	0.00	0.00	0.00	0.00
Property									
					0.00	0.00	0.00	0.00	0.00
No claims reported for this line of coverage									
Totals	Claim Count		0		0.00	0.00	0.00	0.00	0.00
Property-Equipment Breakdown									
					0.00	0.00	0.00	0.00	0.00
No claims reported for this line of coverage									
Totals	Claim Count		0		0.00	0.00	0.00	0.00	0.00
Vehicle Liability									
					0.00	0.00	0.00	0.00	0.00
No claims reported for this line of coverage									
Totals	Claim Count		0		0.00	0.00	0.00	0.00	0.00
Vehicle Physical Damage									
					0.00	0.00	0.00	0.00	0.00
No claims reported for this line of coverage									
Totals	Claim Count		0		0.00	0.00	0.00	0.00	0.00



**TEXAS ASSOCIATION
OF PUBLIC SCHOOLS**

Property and Liability Fund

Claim Experience Report

Member: Barbers Hill ISD

As Of: 15-Apr-2022

Fund Year: 2020

September 1, 2020 - August 31, 2021

Printed: 15-Apr-2022 9:39:56 AM

Claim #	Date of Loss	Claimant	Status	Description	Incurred	Paid	Recoveries	Outstanding Reseves	Deductible Incurred
Crime									
No claims reported for this line of coverage					0.00	0.00	0.00	0.00	0.00
Totals	Claim Count	0			0.00	0.00	0.00	0.00	0.00
Educators' Legal Liability									
No claims reported for this line of coverage					0.00	0.00	0.00	0.00	0.00
Totals	Claim Count	0			0.00	0.00	0.00	0.00	0.00
General Liability									
No claims reported for this line of coverage					0.00	0.00	0.00	0.00	0.00
Totals	Claim Count	0			0.00	0.00	0.00	0.00	0.00
Property									
No claims reported for this line of coverage					0.00	0.00	0.00	0.00	0.00
Totals	Claim Count	0			0.00	0.00	0.00	0.00	0.00
Property-Equipment Breakdown									
No claims reported for this line of coverage					0.00	0.00	0.00	0.00	0.00
Totals	Claim Count	0			0.00	0.00	0.00	0.00	0.00
Vehicle Liability									
No claims reported for this line of coverage					0.00	0.00	0.00	0.00	0.00
Totals	Claim Count	0			0.00	0.00	0.00	0.00	0.00
Vehicle Physical Damage									
No claims reported for this line of coverage					0.00	0.00	0.00	0.00	0.00
Totals	Claim Count	0			0.00	0.00	0.00	0.00	0.00



TEXAS ASSOCIATION
OF PUBLIC SCHOOLS

Property and Liability Fund

Claim Experience Report

Member: Barbers Hill ISD
As Of: 15-Apr-2022

Fund Year: 2019 September 1, 2019 - August 31, 2020

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Claim #	Date of Loss	Claimant	Status	Description	Incurred	Paid	Recoveries	Outstanding Reseves	Deductible Incurred
Crime									
No claims reported for this line of coverage					0.00	0.00	0.00	0.00	0.00
Totals	Claim Count	0			0.00	0.00	0.00	0.00	0.00
Educators' Legal Liability									
No claims reported for this line of coverage					0.00	0.00	0.00	0.00	0.00
Totals	Claim Count	0			0.00	0.00	0.00	0.00	0.00
General Liability									
No claims reported for this line of coverage					0.00	0.00	0.00	0.00	0.00
Totals	Claim Count	0			0.00	0.00	0.00	0.00	0.00
Property									
No claims reported for this line of coverage					0.00	0.00	0.00	0.00	0.00
Totals	Claim Count	0			0.00	0.00	0.00	0.00	0.00
Property-Equipment Breakdown									
No claims reported for this line of coverage					0.00	0.00	0.00	0.00	0.00
Totals	Claim Count	0			0.00	0.00	0.00	0.00	0.00
Vehicle Liability									
No claims reported for this line of coverage					0.00	0.00	0.00	0.00	0.00
Totals	Claim Count	0			0.00	0.00	0.00	0.00	0.00
Vehicle Physical Damage									
No claims reported for this line of coverage					0.00	0.00	0.00	0.00	0.00
Totals	Claim Count	0			0.00	0.00	0.00	0.00	0.00



TEXAS ASSOCIATION
OF PUBLIC SCHOOLS

Property and Liability Fund

Claim Experience Report

Member: Barbers Hill ISD
As Of: 15-Apr-2022

Fund Year: 2018 September 1, 2018 - August 31, 2019

Printed: 15-Apr-2022 9:39:56 AM

Claim #	Date of Loss	Claimant	Status	Description	Incurred	Paid	Recoveries	Outstanding Reseves	Deductible Incurred
Crime									
No claims reported for this line of coverage					0.00	0.00	0.00	0.00	0.00
Totals	Claim Count	0			0.00	0.00	0.00	0.00	0.00
Educators' Legal Liability									
No claims reported for this line of coverage					0.00	0.00	0.00	0.00	0.00
Totals	Claim Count	0			0.00	0.00	0.00	0.00	0.00
General Liability									
No claims reported for this line of coverage					0.00	0.00	0.00	0.00	0.00
Totals	Claim Count	0			0.00	0.00	0.00	0.00	0.00
Property									
No claims reported for this line of coverage					0.00	0.00	0.00	0.00	0.00
Totals	Claim Count	0			0.00	0.00	0.00	0.00	0.00
Property-Equipment Breakdown									
No claims reported for this line of coverage					0.00	0.00	0.00	0.00	0.00
Totals	Claim Count	0			0.00	0.00	0.00	0.00	0.00
Vehicle Liability									
No claims reported for this line of coverage					0.00	0.00	0.00	0.00	0.00
Totals	Claim Count	0			0.00	0.00	0.00	0.00	0.00
Vehicle Physical Damage									
No claims reported for this line of coverage					0.00	0.00	0.00	0.00	0.00
Totals	Claim Count	0			0.00	0.00	0.00	0.00	0.00



TEXAS ASSOCIATION
OF PUBLIC SCHOOLS

Property and Liability Fund

Claim Experience Report

Member: Barbers Hill ISD
As Of: 15-Apr-2022

Fund Year: 2017 September 1, 2017 - August 31, 2018

Printed: 15-Apr-2022 9:39:56 AM

Claim #	Date of Loss	Claimant	Status	Description	Incurred	Paid	Recoveries	Outstanding Reseves	Deductible Incurred
Crime									
No claims reported for this line of coverage					0.00	0.00	0.00	0.00	0.00
Totals	Claim Count	0			0.00	0.00	0.00	0.00	0.00
Educators' Legal Liability									
No claims reported for this line of coverage					0.00	0.00	0.00	0.00	0.00
Totals	Claim Count	0			0.00	0.00	0.00	0.00	0.00
General Liability									
No claims reported for this line of coverage					0.00	0.00	0.00	0.00	0.00
Totals	Claim Count	0			0.00	0.00	0.00	0.00	0.00
Property									
No claims reported for this line of coverage					0.00	0.00	0.00	0.00	0.00
Totals	Claim Count	0			0.00	0.00	0.00	0.00	0.00
Property-Equipment Breakdown									
No claims reported for this line of coverage					0.00	0.00	0.00	0.00	0.00
Totals	Claim Count	0			0.00	0.00	0.00	0.00	0.00
Vehicle Liability									
No claims reported for this line of coverage					0.00	0.00	0.00	0.00	0.00
Totals	Claim Count	0			0.00	0.00	0.00	0.00	0.00
Vehicle Physical Damage									
No claims reported for this line of coverage					0.00	0.00	0.00	0.00	0.00
Totals	Claim Count	0			0.00	0.00	0.00	0.00	0.00