



Always Innovating

**South  
Texas ISD**

**RIO GRANDE VALLEY | GRADES 6-12**

100 MED HIGH DR., MERCEDES, TX 78570

P: 956.565.2454

**STISD.NET**

Dear Prospective Vendors:

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

**ITEM: Property & Liability Insurance**

**BID NUMBER: RFP 24-002**

**EFFECTIVE DATES: 2022-2023 SCHOOL YEAR**

Sealed proposals will be received no later than **2:00 PM, Tuesday, March 21, 2023.** Bids must be plainly marked on the outside of envelope **SEALED Proposal: RFP 24-002, Property & Liability Insurance.** STISD, Business Office, 100 Med High Drive, Mercedes, Texas, 78570 or delivered to the STISD, Business Office, at the same address. **Bids must be made on the enclosed bid document. Faxed or emailed bids will not be accepted.**

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

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

All contracts will be made through STISD Purchase Orders.

Proposals received without proper signature will not be accepted.

Your proposal will be appreciated.

Sincerely,

Marla R. Knaub,  
Assistant Superintendent for Finance & Operations

MARCO ANTONIO LARA, JR., ED.D.  
Superintendent

MARLA R. KNAUB  
Assistant Superintendent for Finance & Operations

EFRAIN GARZA  
Deputy Superintendent

LISSA FRAUSTO, MBA, SPHR  
Assistant Superintendent for Human Resources

**SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT  
RFP 24-002 PROPERTY AND LIABILITY INSURANCE**

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**SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT  
RFP 24-002 PROPERTY AND LIABILITY INSURANCE**

**ACKNOWLEDGEMENT OF RECEIPT**

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

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

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

SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT

BUSINESS OFFICE

100 MED HIGH DRIVE, MERCEDES, TX 78570

PHONE (956) 565-2454

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

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

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

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

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

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

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

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

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

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

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

**SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT  
RFP 24-002 PROPERTY AND LIABILITY INSURANCE**

**GENERAL REQUIREMENTS AND INSTRUCTIONS**

**A. INFORMATION**

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

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

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

**B. LEGAL**

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

**C. COMMUNICATION**

1. Proposals are to be sealed in an envelope clearly labeled ***“RFP 24-002 – Property & Liability Insurance”***. Proposer is required to provide one (1) original and (1) copy of proposal (clearly marked), and (1) digital copy on a USB drive sealed and submitted to:

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

**SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT  
RFP 24-002 PROPERTY AND LIABILITY INSURANCE**

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

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

Marla Knaub

Assistant Superintendent for Finance & Operations

South Texas Independent School District

100 Med High Drive

Mercedes, TX 78570

TEL: 956-565-2454

**D. COMMUNICATION WITH DISTRICT MEMBERS**

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

**E. TIME FRAME**

1. The Request for Proposal package will be available for download from our website at <https://www.stisd.net/community/public>
2. Vendors **WILL NOT** be notified of additional information/addenda postings. It is the vendor's responsibility to view the web page regularly, or prior to submitting a proposal response, to ensure that no addenda or additional information have been issued for the solicitation.
3. Proposals **one (1) original and one (1) copy and (1) digital copy on a USD drive** must be delivered to South Texas ISD, Business Office, 100 Med High Drive, Mercedes, TX 78570, no later than 2:00 PM, Tuesday, March 21, 2023 in a sealed envelope, clearly marked:

**RFP 24-002 – Property & Liability Insurance**

4. The proposals will be opened in public at 2:00 PM, Tuesday, March 21, 2023. The proposals shall be opened in a manner to avoid disclosure of contents to competing vendors and the contents shall be kept secret during the process of proposal negotiations.
5. The parties submitting the selected proposals will be notified on or about March 28, 2023 of the District's decision.
6. The contract effective date is April 1, 2023 to March 31, 2024.
7. Insurance Binders are to be delivered no later than March 31, 2023.
8. Policies or coverage documents are to be provided to the District by April 1, 2023.
9. The District reserves the right to not pay any premium until valid policies or coverage documents are received by District.

**F. PROPOSALS**

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

**SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT  
RFP 24-002 PROPERTY AND LIABILITY INSURANCE**

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

**G. DISQUALIFICATION AND REJECTION OF PROPOSALS**

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

**H. SELECTION OF VENDOR**

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

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

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

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

**I. TERMS OF AGREEMENTS**

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

**For the term April 1, 2023 to March 31, 2024**

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

**J. QUALIFICATION OF INSURERS**

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

**SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT  
RFP 24-002 PROPERTY AND LIABILITY INSURANCE**

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

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

**K. AGENT MINIMUM QUALIFICATIONS**

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

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

**L. COPIES OF POLICIES**

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

**M. AUTHORIZED SIGNATURE**

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

**SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT  
RFP 24-002 PROPERTY AND LIABILITY INSURANCE**

**QUESTIONNAIRE**

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

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

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

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





**SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT  
RFP 24-002 PROPERTY AND LIABILITY INSURANCE**

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

**A. BACKGROUND INFORMATION**

1. Copy of claims experience is attached
2. Copy of current policy declaration schedule is attached.
3. Current list of Building and Contents is attached.
4. Summarized property schedule on replacement cost basis with valuation date of September 1, 2020 is attached. Total replacement cost value is the following:

Building Physical Property	\$ 147,793,544
Building Personal Property	\$ 15,657,495
	<b>\$ 157,451,039</b>

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

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

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

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

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

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

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

Insurance Company: ☐Yes ☐No

A. M. Best

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

Risk Pool: ☐Yes ☐No

Financial Information: ☐Yes ☐No

**SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT  
RFP 24-002 PROPERTY AND LIABILITY INSURANCE**

**C. COVERAGE PROVISIONS**

1. Policy Limits

- a) Overall Limits \$ \_\_\_\_\_
- b) Coinsurance Limit \_\_\_\_\_ %
- c) Extra Expense \$ \_\_\_\_\_
- d) Loss of Revenue \$ \_\_\_\_\_
- e) Theft \$ \_\_\_\_\_

2. Is automatic coverage for newly acquired property provided: ☐ Yes ☐ No

If yes, please attach description.

3. Does coverage include equipment breakdown? ☐ Yes ☐ No

If yes, please attach description.

4. Is there additional deductible or exclusion for "named storms"? ☐ Yes ☐ No

If yes, please attach description. Also, please provide additional proposal to cover this risk.

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

Description

Premium

1. Building and Personal Property

a. Duplicate Current Coverage

(Attach complete coverage information)

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

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

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

Period 04/01/2024 to 03/31/2025

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

Period 04/01/2025 to 03/31/2026

b. Alternate Coverage

(Attach complete coverage information)

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

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

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

Period 04/01/2024 to 03/31/2025

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

Period 04/01/2025 to 03/31/2026

**Options:**

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

**SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT  
RFP 24-002 PROPERTY AND LIABILITY INSURANCE**

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

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

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

\_\_\_\_\_  
Address

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

\_\_\_\_\_

\_\_\_\_\_  
Date

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

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

**SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT  
RFP 24-002 PROPERTY AND LIABILITY INSURANCE**

**GENERAL LIABILITY INSURANCE**

**A. BACKGROUND INFORMATION**

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

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

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

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

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

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

Insurance Company: ☐Yes ☐No

A. M. Best

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

Risk Pool: ☐Yes ☐No

Financial Information: ☐Yes ☐No

**SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT  
RFP 24-002 PROPERTY AND LIABILITY INSURANCE**

**C. COVERAGE PROVISIONS**

1. Policy Limits	Per Occurrence	Aggregate
a) Overall Policy Limits	\$ _____	\$ _____
b) General Liability	\$ _____	\$ _____
c) Personal & Advertising Injury	\$ _____	\$ _____
d) Employee Benefits	\$ _____	\$ _____

- 2 Is Corporal Punishment covered? ☐ Yes ☐ No  
If yes, please describe: \_\_\_\_\_

- 3 Does coverage include libel, slander and defamation of character? ☐ Yes ☐ No  
If yes, please describe: \_\_\_\_\_

4. Describe basis for payment of judgment & defense costs: \_\_\_\_\_

**D. QUOTATION**

<u>Description</u>	<u>Premium</u>
1. Duplicate Current Coverage	
a. Duplicate Current Coverage (Attach complete coverage information)	
First Year Premium	\$ _____
Period 04/01/2023 to 03/31/2023	
Second Year Premium	\$ _____
Period 04/01/2024 to 03/31/2024	
Third Year Premium	\$ _____
Period 04/01/2025 to 03/31/2025	
b. Alternate Coverage (Attach complete coverage information)	
First Year Premium	\$ _____
Period 04/01/2023 to 03/31/2024	
Second Year Premium	\$ _____
Period 04/01/2024 to 03/31/2025	
Third Year Premium	\$ _____
Period 04/01/2025 to 03/31/2026	

**SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT  
RFP 24-002 PROPERTY AND LIABILITY INSURANCE**

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

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

\_\_\_\_\_  
Address

\_\_\_\_\_

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

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

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

\_\_\_\_\_  
Date

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

**SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT  
RFP 24-002 PROPERTY AND LIABILITY INSURANCE**

**EDUCATORS & SCHOOL LEADERS LIABILITY INSURANCE**

**A. BACK GROUND INFORMATION**

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

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

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

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

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

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

Insurance Company: ☐Yes ☐No

A. M. Best

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

Risk Pool: ☐Yes ☐No

Financial Information: ☐Yes ☐No



**SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT  
RFP 24-002 PROPERTY AND LIABILITY INSURANCE**

**C. COVERAGE PROVISIONS**

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

**SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT  
RFP 24-002 PROPERTY AND LIABILITY INSURANCE**

**D. QUOTATION**

<u>Description</u>	<u>Premium</u>
1. Duplicate Current Coverage (Attach complete coverage information)	
First Year Premium	\$ _____
Period 04/01/2023 to 03/31/2024	
Second Year Premium	\$ _____
Period 04/01/2024 to 03/31/2025	
Third Year Premium	\$ _____
Period 04/01/2025 to 03/31/2026	
2. Alternate Coverage (Attach complete coverage information)	
First Year Premium	\$ _____
Period 04/01/2023 to 03/31/2024	
Second Year Premium	\$ _____
Period 04/01/2024 to 03/31/2025	
Third Year Premium	\$ _____
Period 04/01/2025 to 03/31/2026	

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

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

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

\_\_\_\_\_  
Address

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

\_\_\_\_\_

\_\_\_\_\_  
Date

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

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

**SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT  
RFP 24-002 PROPERTY AND LIABILITY INSURANCE**

**AUTOMOBILE LIABILITY & PHYSICAL DAMAGE**

**A. BACKGROUND INFORMATION**

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

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

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

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

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

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

Insurance Company: ☐Yes ☐No

A. M. Best

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

Risk Pool: ☐Yes ☐No

Financial Information: ☐Yes ☐No

**C. COVERAGE PROVISIONS**

1. Policy Limits	Per Occurrence	Aggregate
		\$

**SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT  
RFP 24-002 PROPERTY AND LIABILITY INSURANCE**

- a. Bodily Injury & Property Damage      \$ \_\_\_\_\_
- b. Physical Damage                              \$ \_\_\_\_\_ \$ \_\_\_\_\_
- c. Auto Medical Payments                      \$ \_\_\_\_\_ \$ \_\_\_\_\_
- d. Uninsured & Underinsured Motorist      \$ \_\_\_\_\_ \$ \_\_\_\_\_

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

Yes ☐      No ☐

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

\_\_\_\_\_

Does coverage include employees as covered parties for rental vehicles?

Yes ☐      No ☐

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

\_\_\_\_\_

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

<u>Description</u>	<u>Premium</u>
1. Duplicate Current Coverage (Attach complete coverage information)	
First Year Premium	\$ _____
Period 04/01/2023 to 03/31/2024	
Second Year Premium	\$ _____
Period 04/01/2024 to 03/31/2025	
Third Year Premium	\$ _____
Period 04/01/2025 to 03/31/2026	
2. Alternate Coverage (Attach complete coverage information)	
First Year Premium	\$ _____
Period 04/01/2023 to 03/31/2024	
Second Year Premium	\$ _____
Period 04/01/2024 to 03/31/2025	
Third Year Premium	\$ _____
Period 04/01/2025 to 03/31/2026	

**SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT  
RFP 24-002 PROPERTY AND LIABILITY INSURANCE**

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

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

\_\_\_\_\_  
Address

\_\_\_\_\_

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

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

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

\_\_\_\_\_  
Date

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

**SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT  
RFP 24-002 PROPERTY AND LIABILITY INSURANCE**

**UMBRELLA LIABILITY INSURANCE**

**A. BACKGROUND INFORMATION**

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

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

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

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

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

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

Risk Pool: ☐Yes ☐No

Financial Information: ☐Yes ☐No

**C. COVERAGE PROVISIONS**

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

**D. QUOTATION**

<u>Description</u>	<u>Premium</u>
1. Duplicate Current Coverage (Attach complete coverage information)	
First Year Premium	\$ _____
Period 04/01/2023 to 03/31/2024	
Second Year Premium	\$ _____
Period 04/01/2024 to 03/31/2025	
Third Year Premium	\$ _____

**SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT  
RFP 24-002 PROPERTY AND LIABILITY INSURANCE**

Period 04/01/2025 to 03/31/2026

**2. Alternate Coverage**

(Attach complete coverage information)

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

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

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

Period 04/01/2024 to 03/31/2025

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

Period 04/01/2025 to 03/31/2026

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

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

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

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
Date

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

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

**SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT  
RFP 24-002 PROPERTY AND LIABILITY INSURANCE**

**CRIME INSURANCE**

**A. BACKGROUND INFORMATION**

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

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

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

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

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

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

Insurance Company: ☐Yes ☐No

A. M. Best

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

Risk Pool: ☐Yes ☐No

Financial Information: ☐Yes ☐No

**C. COVERAGE PROVISIONS**

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



**SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT  
RFP 24-002 PROPERTY AND LIABILITY INSURANCE**

**D. QUOTATION**

<u>Description</u>	<u>Premium</u>
1. Duplicate Current Coverage (Attach complete coverage information)	
First Year Premium	\$ _____
Period 04/01/2023 to 03/31/2024	
Second Year Premium	\$ _____
Period 04/01/2024 to 03/31/2025	
Third Year Premium	\$ _____
Period 04/01/2025 to 03/31/2026	
2. Alternate Coverage (Attach complete coverage information)	
First Year Premium	\$ _____
Period 04/01/2023 to 03/31/2024	
Second Year Premium	\$ _____
Period 04/01/2024 to 03/31/2025	
Third Year Premium	\$ _____
Period 04/01/2025 to 03/31/2026	

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

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

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

\_\_\_\_\_  
Address

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

\_\_\_\_\_

\_\_\_\_\_  
Date

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

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

**SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT  
RFP 24-002 PROPERTY AND LIABILITY INSURANCE**

**ACCIDENT COVERAGE**

**A. BACKGROUND INFORMATION**

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

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

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

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

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

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

Insurance Company: ☐Yes ☐No

A. M. Best

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

Risk Pool: ☐Yes ☐No

Financial Information: ☐Yes ☐No

**C. COVERAGE PROVISIONS**

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

**D. QUOTATION**

<u>Description</u>	<u>Premium</u>
1. Duplicate Current Coverage (Attach complete coverage information)	
First Year Premium	\$ _____
Period 04/01/2023 to 03/31/2024	
Second Year Premium	\$ _____
Period 04/01/2024 to 03/31/2025	
Third Year Premium	\$ _____
Period 04/01/2025 to 03/31/2026	
2. Alternate Coverage	

**SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT  
RFP 24-002 PROPERTY AND LIABILITY INSURANCE**

(Attach complete coverage information)

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

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

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

Period 04/01/2024 to 03/31/2025

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

Period 04/01/2025 to 03/31/2026

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

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

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

\_\_\_\_\_  
Address

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

\_\_\_\_\_

\_\_\_\_\_  
Date

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

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

**SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT  
RFP 24-002 PROPERTY AND LIABILITY INSURANCE**

**PROPOSAL SUBMITTAL FORMAT**

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

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

**SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT  
RFP 24-002 PROPERTY AND LIABILITY INSURANCE**

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

**FELONY CONVICTION NOTICE**

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

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

THIS NOTICE IS NOT REQUIRED OF A PUBLICLY-HELD CORPORATION

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

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

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

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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

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

**SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT  
RFP 24-002 PROPERTY AND LIABILITY INSURANCE**

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

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

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

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

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

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

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

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

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

\_\_\_\_\_  
ADDRESS

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

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

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

\_\_\_\_\_  
DATE

**SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT  
NON-COLLUSIVE BIDDING CERTIFICATE  
BID ACCEPTANCE FORM**

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By submission of this bid or proposal, the Bidder certifies that:

1. The undersigned affirms that they are duly authorized to execute this contract;
2. This bid or proposal has been independently arrived at without collusion with any other Bidder or with any Competitor;
3. This bid or proposal has not been knowingly disclosed and will not be knowingly disclosed, prior to the opening of bids, or proposals for this project, to any other Bidder, Competitor or potential competitor;
4. No attempt has been or will be made to induce any other person, partnership or corporation to submit or not to submit a bid or proposal;
5. The person signing this bid or proposal certifies that he has fully informed himself regarding the accuracy of the statements contained in this certification, and under the penalties being applicable to the Bidder as well as to the person signing in its behalf.

**Signature below certifies accuracy of answers to all sections on this page.**

---

FIRM NAME

---

DOING BUSINESS AS (dba)

---

ADDRESS

---

CITY, STATE, ZIPCODE

---

TELEPHONE NUMBER

---

FAX NUMBER

---

EMAIL ADDRESS

---

SIGNATURE OF COMPANY OFFICIAL AUTHORIZING THIS PROPOSAL

---

COMPANY OFFICIAL (PRINT NAME)

---

OFFICIAL TITLE/POSITION

# **SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT RFP 24-002 PROPERTY AND LIABILITY INSURANCE**

## **CERTIFICATE OF INTERESTED PARTIES – FORM 1295**

### **Definitions and Instructions for Completing Form 1295**

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

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

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

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

### **Instructions to Vendors:**

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

### **Definitions:**

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

### **Resources:**

#### **Form 1295 Frequently Asked Questions:**

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



**CERTIFICATE OF INTERESTED PARTIES**

**FORM 1295**

**OFFICE USE ONLY**

Complete Nos. 1 - 4 and 6 if there are interested parties.  
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**1** Name of business entity filing form, and the city, state and country of the business entity's place of business.

**2** Name of governmental entity or state agency that is a party to the contract for which the form is being filed.

**3** Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.

4 Name of Interested Party	City, State, Country (place of business)	Nature of Interest (check applicable)	
		Controlling	Intermediary

**5** Check only if there is **NO** Interested Party. ☐

**6 UNSWORN DECLARATION**

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

\_\_\_\_\_  
Signature of authorized agent of contracting business entity  
(Declarant)

**ADD ADDITIONAL PAGES AS NECESSARY**

# Request for Taxpayer Identification Number and Certification

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

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

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

## Part I Taxpayer Identification Number (TIN)

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

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

Social security number									
				-				-	
or									
Employer identification number									
				-					

## Part II Certification

Under penalties of perjury, I certify that:

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

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

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

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

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

## Purpose of Form

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

- Form 1099-INT (interest earned or paid)

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

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

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

# CONFLICT OF INTEREST QUESTIONNAIRE

FORM CIQ

For vendor doing business with local governmental entity

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

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

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

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

## OFFICE USE ONLY

Date Received

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

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

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

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

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

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

☐ Yes

☐ No

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

☐ Yes

☐ No

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

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

7

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

\_\_\_\_\_  
Date

# Conflict of Interest Questionnaire - EXAMPLE PAGE

All individuals or companies being paid by STISD are REQUIRED to complete this form

## 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.



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## **Vendor Certifications**

### **Agreement Funded by U.S. Federal Grant**

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#### **1. Felony Conviction Notification**

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

**Initial where applicable.**

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

---

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

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

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

**OR**

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

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#### **3. Debarment and Suspension**

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

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#### **4. Confidential/Copyrighted Information**

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





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**Vendor Certifications**  
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**5. Declaration of Business Location- TEC 44.031(b)(8)**

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

☐ A. Has its principal place of business in the State of Texas; **OR**

☐ B. Employs at least 500 persons in the State of Texas; **OR**

☐ C. Principal place of business is not in the State of Texas: \_\_\_\_\_  
(City, State)

---

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

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

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

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**7. Delinquent Taxpayers**

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

☐ I am not a delinquent taxpayer to South Texas ISD

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

---

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

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

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

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

☐ I am neither.

---

**9. Buy American Provisions**

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

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

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

---

**11. Non Collusion Statement**

By signing below, {Proposer} certifies and represents to South Texas ISD that {Proposer} has not offered, conferred, or agreed to confer any pecuniary benefit, as defined by Section 1.07(a)(6) of the Texas Penal Code, or any other thing of value, as consideration for the receipt of information or any special treatment or advantage relating to this proposal; the {Proposer} also certifies and represents that

## **Vendor Certifications**

### **Agreement Funded by U.S. Federal Grant**

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

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

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

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

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

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

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

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

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#### **14. Equal Employment Opportunity**

In fulfilling its obligations under the Agreement, Proposer shall comply with E.O. 11246, "Equal Employment Opportunity," as amended by E.O. 11375, "Amending Executive Order 11246 Relating to Equal Employment Opportunity," and as supplemented by regulations at 41 CFR part 60, "Office of Federal Contract Compliance Programs, Equal Employment Opportunity, Department of Labor."

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#### **15. Rights to Inventions Made Under a Contract or Agreement**



**Vendor Certifications**  
**Agreement Funded by U.S. Federal Grant**

To the extent that the Agreement requires the performance of experimental, developmental or research work, Proposer agrees that the District shall have rights in any resulting invention in accordance with 37 CFR part 401, "Rights to Inventions Made by Nonprofit Organizations and Small Business Firms Under Government Grants, Contracts and Cooperative Agreements," and any implementing regulations issued by the District from which received financial assistance to carry out the work contemplated by the Agreement.

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**16. Clean Air Act (42 U.S.C. § 7401 et seq.) and the Federal Water Pollution Control Act (33 U.S.C. § 1251 et seq.), as amended**

In the event that the fees payable to Proposer under the Agreement exceed \$100,000, Proposer agrees to comply with all applicable standards, orders or regulations issued pursuant to the Clean Air Act (42 U.S.C. § 7401 et seq.) and the Federal Water Pollution Control Act as amended (33 U.S.C. § 1251 et seq.). Violations shall be reported to the Awarding Agency and the Regional Office of the Environmental Protection Agency (EPA).

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**17. Byrd Anti-Lobbying Amendment (31 U.S.C. § 1352)**

In the event that the fees payable to Proposer under the Agreement exceed \$100,000, Proposer shall file the certification required under 31 U.S.C. § 1352. Each tier shall certify to the tier above that it will not and has not used Federal appropriated funds to pay any person or organization for influencing or attempting to influence an officer or employee of any agency, a member of Congress, officer or employee of Congress, or an employee of a member of Congress in connection with obtaining any Federal contract, grant or any other award covered by 31 U.S.C. § 1352. Each tier shall also disclose any lobbying with non-Federal funds that takes place in connection with obtaining any Federal award. Such disclosures shall be forwarded from tier to tier up to the Proposer.

---

**18. Access to Records**

Proposer agrees that the Inspector General of the District or any of their duly authorized representatives shall have access to any books, documents, papers and records of the Proposer that are directly pertinent to Proposer's discharge of its obligations under the Agreement for the purpose of making audits, examinations, excerpts and transcriptions.

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**19. Applicability to Selected Vendors**

Proposer agrees that all contracts it awards pursuant to the Agreement shall be bound by the foregoing terms and conditions.

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

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

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

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

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

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

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

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

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



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RIO GRANDE VALLEY | GRADES 7-12

Phone: 956.565.2454

Web: [www.stisd.net](http://www.stisd.net)

100 Med High Drive, Mercedes, TX 78570

## ACH Vendor Direct Deposit Form

<b>Section 1: Payee Information (all information is REQUIRED)</b>			
Payee Name		TIN/EIN or SS#	
Payment Address	City	State	Zip Code
Accounting/ACH Contact Name			
Email Address for Remittance Advice *Required*		Phone Number	

<b>Section 2: Financial Institution Information (all information is REQUIRED)</b>			
Financial Institution Name			
Financial Institution Address	City	State	Zip Code
Routing Transit Number**	Customer Account Number	Type of Account	
		<input type="radio"/> Checking	<input type="radio"/> Savings

\*\* Please provide the 9 digit bank routing number from a check. The routing number from a deposit slip is invalid.

**Submit a copy of voided check or bank verification with this form.**

<b>Section 3: Authorization for Direct Deposit Setup (REQUIRED)</b>		
I (we) hereby authorize South Texas Independent School District, hereinafter to initiate automatic credit entries, and if necessary, to initiate automatic debit entries for adjustments for any credit entries in error to my (our) account identified below, and the financial institution named below to credit and/or debit the same to such account, for payment of goods and/or services.		
This authorization is to remain in full force and effect until South Texas Independent School District has received written notification of its termination in such manner as to afford South Texas ISD and the Financial Institution a reasonable opportunity to act on it.		
Authorized Signature	Printed Name	Date

**\*\*NOTE\*\*** This form will not be processed unless we receive the voided check and/or bank verification letter.

**SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT**  
**Building Contents Statement of Values**

EXHIBIT A

Loc.#	Bldg #	Bldg Name -if applicable (mandatory)	Address including street number (mandatory)	City	County	State	ZIP Code	Occupancy Description (mandatory)	ISO Code	Protection Class	SQ FT (mandatory)	Year Built (mandatory)	Admin	100% Building Value (mandatory)	100% Contents Value (mandatory) Furniture and Equipment	Total Location Value
1	1	Administration	100-700 Med High Dr	Mercedes	Hidalgo	Texas	78570	Administration	5	6	6,248	1987	Admin	760,607	88,733	849,340
1	2	Shipping/Receiving Whse	100-700 Med High Dr	Mercedes	Hidalgo	Texas	78570	Transportation, Warehouse and Service Center	3	6	7,800	1988	Bus Barn	394,268	45,996	440,264
1	3	Med High School	700 Med High Dr	Mercedes	Hidalgo	Texas	78570	Medical High School	5	6	91,069	1985	Med High	17,610,652	2,054,473	19,665,125
1	4	Science Academy	900 Med High Drive	Mercedes	Hidalgo	Texas	78570	Main Education Building	5	6	73,029	1992	Sci	7,001,249	861,771	7,863,020
1	7	Biblioteca Las Americas	100-700 Med High Dr	Mercedes	Hidalgo	Texas	78570	Library "Las Americas"	5	6	33,706	1998	Library	4,171,987	486,707	4,658,694
1	9	Portable Sp Ed Building	100-700 Med High Drive	Mercedes	Hidalgo	Texas	78570	SPED Portable Building	1PC	6	1,440	2012		25,000	5,000	30,000
1	10	Portable Tech/Food Serv. Bldg.	100-700 Med High Drive	Mercedes	Hidalgo	Texas	78570	Technology Portable	1PC	6	1,440	2012		19,000	5,000	24,000
1	1a	Building	100-700 Med High Dr	Mercedes	Hidalgo	Texas	78570	New Maintenance Building	5	6	5,650	2006	Bus Barn	919,915	107,118	1,027,033
1	2b	Portable Maint. Office 2	100-700 Med High Dr	Mercedes	Hidalgo	Texas	78570	Maintenance Office (Portable)	1PC	6	1,440	1991		31,000	5,000	36,000
1	3b	Med High School	700 Med High Drive	Mercedes	Hidalgo	Texas	78570	Pavillion	5	6	1,660	2007	Med High	108,000		108,000
1	40	Science Academy	900 Med High Drive	Mercedes	Hidalgo	Texas	78570	Career & Technology Building	5	6	11,124	2007	Sci	1,246,520	145,420	1,391,940
1	4E	Science Academy	900 Med High Drive	Mercedes	Hidalgo	Texas	78570	Farmers Memorial Gymnasium	5	6	16,160	2008	Sci	1,453,068	403,421	1,856,487
1		Med High School admin	701 Med High Dr	Mercedes	Hidalgo	Texas	78570	Med HS Admin Laba 10/27/14	5	6	24,997	2014	Med High	Incl above	Incl	
1		Storage Building	700 Med High Drive	Mercedes	Hidalgo	Texas	78570	Storage Building	6	6	302	2010	Med High	14,000		14,000
1		Med High School	700 Med High Drive	Mercedes	Hidalgo	Texas	78570	HVAC Upgrade				2018	Med High	1,017,999		1,017,999
1		New Vacant Strip Center	7001 West Expressway B3	Mercedes	Hidalgo	Texas	78570	Vacant building to be converted to Admin Offices			40,540	2017	New Admin	11,904,788		11,904,788
1		New Administration Marquee	7001 West Expressway B3	Mercedes	Hidalgo	Texas	78570	New Administration Marquee				2022	New Admin		369,564	369,564
1		Science Academy	900 Med High Drive	Mercedes	Hidalgo	Texas	78570	Ruben Hinojosa Innovation Lab			30,666	2018	Sci	6,100,639	711,705	6,812,344
1		Mercedes Vocational Bldg Renovation	900 Med High Drive	Mercedes	Hidalgo	Texas	78570	Mercedes Vocational Bldg				2021	Sci	674,735	78,715	753,450
1		Portable Maint Office 1	100-700 Med High Dr	Mercedes	Hidalgo	Texas	78570	Maintenance Office (Portable)	1PC		1,440	1991		30,000	5,000	35,000
1		Portable Classroom 1	100-700 Med High Drive	Mercedes	Hidalgo	Texas	78570	Portable Classroom 1	2PC	6	1,504	1985		17,000	5,000	22,000
1		Portable Classroom 2	100-700 Med High Drive	Mercedes	Hidalgo	Texas	78570	Portable Classroom 2	1PC	6	1,200	1985		17,000	5,000	22,000
1		Electrical Building	700 Med High Drive	Mercedes	Hidalgo	Texas	78570	Electrical Building	5	6	210	1985		12,000	5,000	17,000
1		Fire Pump Building	900 Med High Drive	Mercedes	Hidalgo	Texas	78570	Fire Pump Building	5	6	161	1990		15,000	4,000	19,000
1		Electrical Building	900 Med High Drive	Mercedes	Hidalgo	Texas	78570	Electrical Building	5	6	161	1992		15,000	4,000	19,000
1		Mechanical Building	900 Med High Drive	Mercedes	Hidalgo	Texas	78570	Mechanical Building	5	6		1992		11,000	1,000	12,000
Total for Mercedes Campus:														34,957,426	6,170,492	41,127,918
2	9A	Beta High School	510 S. Sugar Rd.	Edinburg	Hidalgo	Texas	78539	Main High School Building	5	4	72,543	1998		11,281,291	1,116,172	12,600,131
2		BETA Admin Renovation	510 S. Sugar Rd.	Edinburg	Hidalgo	Texas	78539	Administration Renovation	5	4		2016		Incl above		
2		BETA Admin	510 S. Sugar Rd.	Edinburg	Hidalgo	Texas	78539		5	4		2016		500,906		500,906
2		BETA Campus	510 S. Sugar Rd.	Edinburg	Hidalgo	Texas	78539		5	4		2017		590,527	58,436	648,963
2	10	Edinburg Campus	510 S. Sugar Rd.	Edinburg	Hidalgo	Texas	78539	BETA Parking Lot Renovations	5	4		1986		2,036,000	237,521	2,273,521
2	10A	Edinburg Campus	510 S. Sugar Rd.	Edinburg	Hidalgo	Texas	78539	Gymnasium	5	4	12,939	1980		1,053,000	122,844	1,175,844
2	10B	Edinburg Campus	510 S. Sugar Rd.	Edinburg	Hidalgo	Texas	78539	Albert Hughes Bldg	5	4	1,484	1987		2,744,000	320,117	3,064,117
2	11	Gateway to the World	510 S. Sugar Rd.	Edinburg	Hidalgo	Texas	78539	Cafeteria	5	4	16,670	1998		2,410,000	28,453	2,438,453
2		BETA Campus	510 S. Sugar Rd.	Edinburg	Hidalgo	Texas	78539	Chiller Building	5	4	1,332	2012		1,551,000		1,551,000
2		STPA Restroom Renovation	724 S. Sugar Rd.	Edinburg	Hidalgo	Texas	78539	STPA Restroom Renovation	5	4		1987		168,577		168,577
2	12	STPA Jr. High	724 S. Sugar Rd.	Edinburg	Hidalgo	Texas	78539	Main Junior High	5	4	42,635	1975		6,253,000	729,480	6,982,480
2		Administration Building	724 S. Sugar Rd.	Edinburg	Hidalgo	Texas	78539	Administration Building	5	4	6,323	2009		939,000	109,544	1,048,544
2		Romero M Villareal Bldg	724 S. Sugar Rd.	Edinburg	Hidalgo	Texas	78539	Romero M. Villareal Building	5	4	16,718	2010		2,390,000	278,819	2,668,819
2	13	Transportation Building	724 S. Sugar Rd.	Edinburg	Hidalgo	Texas	78539	Transportation Building	3	4	4,000	2009		271,000	31,615	302,615
2	13A	Storage Building 1	724 S. Sugar Rd.	Edinburg	Hidalgo	Texas	78539	Storage Building 1	1	4	494	1985		23,000		23,000
2		Storage Building 2	724 S. Sugar Rd.	Edinburg	Hidalgo	Texas	78539	Storage Building 2	1	4	240	1990		11,000		11,000
2		Storage Building 3	724 S. Sugar Rd.	Edinburg	Hidalgo	Texas	78539	Storage Building 3	1	4	240	1990		11,000		11,000
2		STPA Campus	724 S. Sugar Rd.	Edinburg	Hidalgo	Texas	78539	Gymnasium Building	5	4	17,469	2009		2,716,000	116,851	2,832,851
2		STPA Jr. High	724 S. Sugar Rd.	Edinburg	Hidalgo	Texas	78539	Main Junior High	5	4		2018		46,288		46,288
2		Beta High School	510 S. Sugar Rd.	Edinburg	Hidalgo	Texas	78539	Main High School Building	5	4		2018		88,688		88,688
2		World Scholars	510 S. Sugar Rd.	Edinburg	Hidalgo	Texas	78539	Marquee (Sign)	5	4		2019			80,000	80,000
2		Edinburg Bus Barn/Maint Bldg	724 S. Sugar Rd.	Edinburg	Hidalgo	Texas	78539	Edinburg Bus Barn/Maint Building	5	4		2021		2,496,000	150,205	2,646,205
2		Preparatory Parking Lot Expansion	724 S. Sugar Rd.	Edinburg	Hidalgo	Texas	78539	Preparatory Parking Lot Expansion	5	4		2021		266,577		266,577
2		Edinburg Restroom Facility	724 S. Sugar Rd.	Edinburg	Hidalgo	Texas	78539	Edinburg Restroom Facility	5	4		2021		245,000		245,000
Total for Edinburg Campus:														38,104,315	3,679,997	41,784,312
3	1	Rising Scholars Academy	151 S. Helen Moore Rd	San Benito	Cameron	Texas	78586	Classrooms	4	5	37,590	1980		5,824,000		5,824,000
3	2	Gymnasium Building	151 S. Helen Moore Rd	San Benito	Cameron	Texas	78586	Gym	4	5	13,580	1998		1,914,000	223,289	1,990,000
3	3	Life Skills Building	151 S. Helen Moore Rd	San Benito	Cameron	Texas	78586	Life Skills Building	4	5	8,952	1986		1,197,000	139,643	1,450,000
3	4	Medical/Technology Bldg	151 S. Helen Moore Rd	San Benito	Cameron	Texas	78586	Medical/Technology Building	4	5	13,936	2004		2,012,000	234,722	2,472,000
3	5	Pavilion	151 S. Helen Moore Rd	San Benito	Cameron	Texas	78586	Pavilion	5	5	3,111	2006		93,000		93,000
3	6	Maint. Stage Bldg 1	151 S. Helen Moore Rd	San Benito	Cameron	Texas	78586	Maintenance Storage Building 1	5	5	768	1991		34,000		34,000
3	7	Maint. Stage Bldg 2	151 S. Helen Moore Rd	San Benito	Cameron	Texas	78586	Maintenance Storage Building 2	5	5	600	1991		26,000		26,000
3	8	Maintenance Building	151 S. Helen Moore Rd	San Benito	Cameron	Texas	78586	Maintenance Building	5	5	7,500	1996		369,000	43,048	460,000
3	9	Cafeteria & Dressing Room Project	151 S. Helen Moore Rd	San Benito	Cameron	Texas	78586	Cafeteria & Dressing Rm Project	5	5	15,467	2016		3,824,874	446,213	4,271,087
3	10	Gym re-roofing	151 S. Helen Moore Rd	San Benito	Cameron	Texas	78586	Gym re-roofing				2016		357,595		357,595
3	11	Cafeteria Canopy	151 S. Helen Moore Rd	San Benito	Cameron	Texas	78586	Cafeteria Canopy				2016		72,614		72,614
3	12	Restroom Renovation	151 S. Helen Moore Rd	San Benito	Cameron	Texas	78586	Restroom Renovation				2016		168,577		168,577
3	13	RSA Jr. High	151 S. Helen Moore Rd	San Benito	Cameron	Texas	78586	Main Junior High				2018		47,288		47,288
Total San Benito Campus:														15,939,948	1,766,347	17,706,294
4		So Tx Medical Academy	10650 Expressway 77 North	Olmito	Cameron	Texas	78575	Main High School Building			181,000	2015		31,751,128	2,444,862	34,195,990
		So Tx Medical Academy	10651 Expressway 77 North	Olmito	Cameron	Texas	78575	Gymnasium				2015		Incl above		
		So Tx Medical Academy	10652 Expressway 77 North	Olmito	Cameron	Texas	78575	Bus Barn				2015		1,440,727	896,795	2,337,522
		So Tx Medical Academy	10653 Expressway 77 North	Olmito	Cameron	Texas	78575	Simulation Lab				2016			90,167	90,167
		So Tx Medical Academy	10654 Expressway 77 North	Olmito	Cameron	Texas	78575	Manaquins				2016		189,929		189,929
		So Tx Medical Academy	10655 Expressway 77 North	Olmito	Cameron	Texas	78575	Ambulance Simulator				2016		62,300		62,300
		So Tx Medical Academy	10656 Expressway 77 North	Olmito	Cameron	Texas	78575	Dental Program				2016		227,717		227,717
		So Tx Medical Academy	10657 Expressway 77 North	Olmito	Cameron	Texas	78575	Canopy Ambulance				2017		28,600		28,600
Total for Olmito Campus:														33,191,855	3,940,369	37,132,224
Total All Campuses:														141,793,644	15,657,495	157,451,039
Grand Total Value All Campuses:														141,793,644	15,657,495	157,451,039
Comments:																
21 ISO Construction Codes are the following:																
Code		Description														
1	Frame	5 Modified Fire Restrictive														
1PC	Portable Classrooms	6 Fire Resistive														
1	Uncoated Masonry-Brick															
3	Non Combustible-Brick															
6	Masonry Non Combustible															
STISD - SOV 22-23 (Hidalgo City & Cameron City, Last Rev:02.23.23)																

South Texas Independent School District								
Auto Schedule 2/21/2023								
EXHIBIT B								
Unit #	Year	Make	Model (incl. seating capacity on buses)	Bus or Vehicle #	VIN	County	Class Code	Original Cost New
1	1995	Chevrolet	Pickup	1GCEC1427SZ280526	Pickup	Cameron	1499	\$ 12,765
2	1998	International	77-P Bus	1HVBABN9WH548116	77-P Bus	Cameron	6184	\$ 42,699
3	1998	International	77-P Bus	1HVBABN2WH548118	77-P Bus	Cameron	6184	\$ 42,699
4	1998	International	77-P Bus	1HVBABN4WH548119	77-P Bus	Cameron	6184	\$ 42,699
5	1998	International	77-P Bus	1HVBABM4WH555997	77-P Bus	Cameron	6184	\$ 45,275
6	1999	International	65-P Bus	1HVBABN1XH259023	65-P Bus	Cameron	6184	\$ 47,135
7	1999	International	65-P Bus	1HVBABN3XH259024	65-P Bus	Hidalgo	6184	\$ 47,135
8	1999	International	65-P Bus	1HVBABN7YH262364	65-P Bus	Hidalgo	6184	\$ 47,135
9	1999	International	65-P Bus	1HVBABN9YH262365	65-P Bus	Cameron	6184	\$ 47,135
10	1999	International	53-P Bus	1HVBABM9XH262369	53-P Bus	Cameron	6183	\$ 51,640
11	1999	International	53-P Bus	1HVBABM5XH262370	53-P Bus	Hidalgo	6183	\$ 51,640
12	1999	International	53-P Bus	1HVBABM5XH262367	53-P Bus	Hidalgo	6183	\$ 51,640
13	1999	International	53-P Bus	1HVBABM7XH262368	53-P Bus	Cameron	6183	\$ 51,640
14	2001	Dodge	Pickup	1B7HC16Z81S738477	Pickup	Cameron	1499	\$ 14,016
15	2003	International	59-P Bus	4DRBRABL3B952504	59-P Bus	Hidalgo	6183	\$ 53,831
16	2003	International	59-P Bus	4DRBRABL23B952501	59-P Bus	Cameron	6183	\$ 53,831
17	2003	International	59-P Bus	4DRBRABL43B952502	59-P Bus	Cameron	6183	\$ 53,831
18	2003	International	59-P Bus	4DRBRABL53B957904	59-P Bus	Cameron	6183	\$ 57,670
19	2003	International	59-P Bus	4DRBRABL73B957905	59-P Bus	Cameron	6183	\$ 57,670
20	2003	International	59-P Bus	4DRBRABL93B957906	59-P Bus	Hidalgo	6183	\$ 57,670
21	2003	International	59-P Bus	4DRBRABL03B957907	59-P Bus	Cameron	6183	\$ 57,670
22	2004	International	71-P Bus	4DRBRABNX4B969131	71-P Bus	Cameron	6184	\$ 59,892
23	2004	International	71-P Bus	4DRBRABN14B969132	71-P Bus	Cameron	6184	\$ 59,892
24	2004	International	71-P Bus	4DRBRABN34B969133	71-P Bus	Cameron	6184	\$ 59,892
25	2004	International	71-P Bus	4DRBRABN54B969134	71-P Bus	Hidalgo	6184	\$ 59,892
26	2005	International	71-P Bus	4DRBUAFN55B153910	71-P Bus	Hidalgo	6184	\$ 63,482
27	2005	International	71-P Bus	4DRBUAFN75B153911	71-P Bus	Cameron	6184	\$ 63,482
28	2005	International	71-P Bus	4DRBUAFN95B153912	71-P Bus	Cameron	6184	\$ 63,482
29	2005	International	71-P Bus	4DRBUAFN05B153913	71-P Bus	Cameron	6184	\$ 63,482
30	2005	Chevrolet	Pickup	1GCHC24U85E235789	Pickup	Cameron	1499	\$ 17,024
31	2005	Chevy Van	Van	1GCGG25V051174940	Van	Cameron	1499	\$ 15,761
32	2006	International	53-P Bus	4DRBUAFLX6B330967	53-P Bus	Cameron	6183	\$ 64,090
33	2006	International	53-P Bus	4DRBUAFL16B330968	53-P Bus	Cameron	6183	\$ 64,090
34	2006	International	71-P Bus	4DRBUAFN16B330969	71-P Bus	Hidalgo	6184	\$ 67,125
35	2006	International	71-P Bus	4DRBUAFN86B330970	71-P Bus	Cameron	6184	\$ 67,125
36	2006	Chevrolet	24-P Bus	1GBJG312461148564	24-P Bus	Hidalgo	6183	\$ 45,386
37	2006	Chry-Jeep	SUV	1J4GK48K16W176660	SUV	Cameron	7398	\$ 16,867
38	2006	Big Tex	Trailer	16VNX162762C35242	Trailer	Cameron	69499	\$ 1,650
39	2007	Chevrolet	24-P Bus	1GBJG312971166236	24-P Bus	Cameron	6183	\$ 47,761
40	2008	International	71-P Bus	4DRBUAFNX8B547634	71-P Bus	Cameron	6184	\$ 73,533
41	2008	International	71-P Bus	4DRBUAFN18B547635	71-P Bus	Cameron	6184	\$ 73,533
42	2008	International	71-P Bus	4DRBUAFN38B547636	71-P Bus	Cameron	6184	\$ 73,533
43	2008	International	71-P Bus	4DRBUAFN58B547637	71-P Bus	Cameron	6184	\$ 73,533
44	2008	International	71-P Bus	4DRBUAFNX8B539971	71-P Bus	Hidalgo	6184	\$ 76,165
45	2008	International	71-P Bus	4DRBUAFN38B539973	71-P Bus	Cameron	6184	\$ 76,165
46	2008	International	71-P Bus	4DRBUAFN58B539974	71-P Bus	Cameron	6184	\$ 76,165
47	2008	International	71-P Bus	4DRBUAFN78B539975	71-P Bus	Cameron	6184	\$ 76,165
48	2008	Thomas	71-P Bus	1T7YN4E2781101910	71-P Bus	Cameron	6184	\$ 92,219
49	2008	International	71-P Bus	4DRBUAFN88B539970	71-P Bus	Cameron	6184	\$ 77,625
50	2008	International	71-P Bus	4DRBUAFN18B539972	71-P Bus	Cameron	6184	\$ 77,625
51	2008	Chevrolet	Van	1GCGG25C481120771	Van	Hidalgo	1499	\$ 19,276
52	2009	Thomas	18-P Bus	1GBJG316791166273	18-P Bus	Cameron	6183	\$ 56,511
53	2009	Chevrolet	Pickup	1GCEC14X49Z175919	Pickup	Cameron	1499	\$ 16,983
54	2009	PJ	Maintenance Trailer	4P5UB1827A1138711	Maintenance Trailer	Hidalgo	68499	\$ 1,050
55	2009	Chevrolet	Ambulance	1GBJK84619E146620	Ambulance	Cameron	7919	\$ 62,300
56	2010	International	72-P Bus	4DRBUSKN7AB178913	72-P Bus	Hidalgo	6184	\$ 80,915
57	2010	International	72-P Bus	4DRBUSKN9AB178914	72-P Bus	Hidalgo	6184	\$ 80,915
58	2010	International	72-P Bus	4DRBUSKN0AB178915	72-P Bus	Hidalgo	6184	\$ 80,915
59	2010	International	72-P Bus	4DRBUSKN2AB178916	72-P Bus	Cameron	6184	\$ 80,915
60	2010	International	72-P Bus	4DRBUSKN6AB178918	72-P Bus	Cameron	6184	\$ 80,915
61	2010	Freightliner	18-P Bus	1GB6G3AG5A1123411	18-P Bus	Cameron	6182	\$ 50,607
62	2010	Freightliner	18-P Bus	1GB6G3AG3A1122824	18-P Bus	Cameron	6182	\$ 50,607
63	2010	Freightliner	18-P Bus	1GB6G3AG4A1122850	18-P Bus	Cameron	6182	\$ 50,607
64	2010	Freightliner	18-P Bus	1GB6G3AG6A1122851	18-P Bus	Hidalgo	6182	\$ 50,607
65	2010	Big Tex	Welding Trailer	16VAX1019A2A59821	Welding Trailer	Hidalgo	68499	\$ 995
66	2011	International	71-P Bus	4DRBUSKN6B318774	71-P Bus	Hidalgo	6184	\$ 80,880
67	2011	International	71-P Bus	4DRBUSKN8B318775	71-P Bus	Hidalgo	6184	\$ 80,880
68	2011	Blue Bird	71-P Bus	1BAKGC5A6BF279519	71-P Bus	Cameron	6184	\$ 101,774

South Texas Independent School District								
Auto Schedule 2/21/2023								
EXHIBIT B								
Unit #	Year	Make	Model (incl. seating capacity on buses)	Bus or Vehicle #	VIN	County	Class Code	Original Cost New
69	2011	Blue Bird	71-P Bus	1BAKGC5A2BF279520	71-P Bus	Cameron	6184	\$ 101,774
70	2011	International	71-P Bus	4DRBUSKNXB318776	71-P Bus	Cameron	6184	\$ 80,880
71	2011	International	71-P Bus	4DRBUSKN1BB318777	71-P Bus	Cameron	6184	\$ 80,880
72	2011	Chevrolet	16-P Bus	1GB3G3BG0B1113002	16-P Bus	Cameron	6182	\$ 55,335
73	2011	Chevrolet	16-P Bus	1GB3G3BG0B1111938	16-P Bus	Cameron	6182	\$ 55,335
74	2011	International	71-P Bus	4DRBUAAN2CB397244	71-P Bus	Cameron	6184	\$ 80,880
75	2012	Thomas	18-P Bus	1GB3G3BG0B1112156	18-P Bus	Cameron	6182	\$ 50,935
76	2012	Thomas	18-P Bus	1GB3G3BG2B1112465	18-P Bus	Cameron	6182	\$ 50,935
77	2012	Thomas	18-P Bus	1GB3G3BG5B1112105	18-P Bus	Cameron	6182	\$ 50,935
78	2012	International	71-P Bus	4DRBUSKN4CB696500	71-P Bus	Cameron	6184	\$ 96,492
79	2012	International	71-P Bus	4DRBUSKN6CB696501	71-P Bus	Cameron	6184	\$ 96,492
80	2012	International	71-P Bus	4DRBUSKN8CB696502	71-P Bus	Cameron	6184	\$ 96,492
81	2012	International	71-P Bus	4DRBUSKNXC696503	71-P Bus	Cameron	6184	\$ 96,492
82	2012	International	71-P Bus	4DRBUSKN1CB696504	71-P Bus	Cameron	6184	\$ 96,492
83	2012	International	71 Passenger Bus	4DRBUAAN2CB397261	71 Passenger Bus	Cameron	6184	\$ 87,322
84	2012	International	71 Passenger Bus	4DRBUAAN4CB397262	71 Passenger Bus	Cameron	6184	\$ 87,322
85	2012	International	71 Passenger Bus	4DRBUAAN6CB397294	71 Passenger Bus	Cameron	6184	\$ 87,322
86	2013	Chevrolet Equinox	4-Dr SUV	2GNFLDE36D6126377	4-Dr SUV	Cameron	7398	\$ 26,600
87	2014	Chevrolet	Impala (Admin)	2G1125S38E9195032	Impala (Admin)	Hidalgo	7398	\$ 29,972
88	2014	Chevrolet	Silverado 2 WD PU	1GCNCPEH4EZ195740	Silverado 2 WD PU	Cameron	1499	\$ 22,900
89	2014	International	71-Passenger Bus #19	4DRBUAAN1EB015322	71-Passenger Bus #19	Hidalgo	6184	\$ 89,614
90	2014	International	71-Passenger Bus #20	4DRBUAAN3EB015323	71-Passenger Bus #20	Hidalgo	6184	\$ 89,614
91	2014	International	71-Passenger Bus #21	4DRBUAAN5EB015324	71-Passenger Bus #21	Hidalgo	6184	\$ 89,614
92	2014	International	71-Passenger Bus #22	4DRBUAAN7EB015325	71-Passenger Bus #22	Hidalgo	6184	\$ 89,614
93	2014	Chevrolet	Express 25 Van (Maintenance)	1GCWGFCA5E1140317	Express 25 Van (Maintenance)	Hidalgo	1499	\$ 25,269
94	2014	International	Integrated CE S Bus	4DRBUAANXE015352	Integrated CE S Bus	Cameron	6184	\$ 90,352
95	2014	International	Integrated CE 5 Bus	4DRBUAAN7EB015356	Integrated CE 5 Bus	Cameron	6184	\$ 90,352
96	2014	International	Integrated CE 5 Bus	4DRBUAAN2EB015359	Integrated CE 5 Bus	Cameron	6184	\$ 90,352
97	2014	International	71-Passenger Bus	4DRBUAAN2EB482099	71-Passenger Bus	Cameron	6184	\$ 88,852
98	2016	Shop Made	Trailer	N/A	Trailer	Hidalgo	68499	\$ 2,000
99	2017	International	Integrated CE 5 Bus	4DRBUC8N1HB283499	Integrated CE 5 Bus	Hidalgo	6184	\$ 90,540
100	2017	International	Integrated CE 5 Bus	4DRBUC8N4HB283500	Integrated CE 5 Bus	Hidalgo	6184	\$ 90,540
101	2017	Big Tex	Maintenance Trailer	16VDX1024H5039097	Maintenance Trailer	Hidalgo	68499	\$ 2,164
102	2018	International	77-P Bus	4DRBUC8N9JB441867	77-P Bus	Hidalgo	6184	\$ 89,175
103	2018	International	77-P Bus	4DRBUC8N0JB441868	77-P Bus	Hidalgo	6184	\$ 89,175
104	2018	International	77-P Bus	4DRBUC8N2JB441869	77-P Bus	Hidalgo	6184	\$ 89,175
105	2018	International	77-P Bus	4DRBUC8N9JB441870	77-P Bus	Hidalgo	6184	\$ 89,175
106	2018	International	77-P Bus	4DRBUC8N0JB441871	77-P Bus	Cameron	6184	\$ 89,175
107	2018	International	77-P Bus	4DRBUC8N2JB441872	77-P Bus	Cameron	6184	\$ 89,175
108	2018	International	77-P Bus	4DRBUC8N4JB441873	77-P Bus	Cameron	6184	\$ 89,175
109	2018	International	77-P Bus	4DRBUC8N6JB441874	77-P Bus	Cameron	6184	\$ 89,175
110	2018	International	77-P Bus	4DRBUC8N8JB441875	77-P Bus	Hidalgo	6184	\$ 89,175
111	2018	International	77-P Bus	4DRBUC8N9JB441876	77-P Bus	Hidalgo	6184	\$ 89,175
112	2018	Wells Cargo	Transportation Trailer	571BE1622JM025423	Transportation Trailer	Cameron	68499	\$ 4,429
113	2018	Chevrolet	Silverado 2WD Pickup	1GCRNCNEH6JZ183508	Silverado 2WD Pickup	Cameron	1499	\$ 22,756
114	2018	Chevrolet	Silverado 2WD Pickup	1GCRNCNEHJZ181440	Silverado 2WD Pickup	Hidalgo	1499	\$ 22,756
115	2018	Chevrolet	Express Van	1GCWGAFG2J1165396	Express Van	Hidalgo	1499	\$ 27,548
116	2018	Lark United	Trailer	571BE1620JM027199	Trailer	Cameron	68499	\$ 4,329
117	2018	Lark United	Trailer	571BE1625JM028297	Trailer	Hidalgo	68499	\$ 4,429
118	2019	International	48-P Bus	4DRBUC8N9KB480654	48-P Bus	Cameron	6183	\$ 106,700
119	2019	International	50- P Bus	4DRBUC8N4KB480643	50- P Bus	Cameron	6183	\$ 97,153
120	2019	International	50-P Bus	4DRBUC8N6KB480644	50-P Bus	Hidalgo	6183	\$ 97,153
121	2019	International	50- P Bus	4DRBUC8N8KB480645	50- P Bus	Hidalgo	6183	\$ 97,153
122	2019	International	50-P Bus	4DRBUC8N9KB480646	50-P Bus	Hidalgo	6183	\$ 97,153
123	2019	International	50- P Bus	4DRBUC8N1KB480647	50- P Bus	Hidalgo	6183	\$ 97,153
124	2019	JLG	Trailer	5DYAA41L5KC009046	Trailer	Hidalgo	68499	\$ 9,700
125	2019	Chevrolet	Silverado LD 2WD Pickup	2GCRNCNEC1K1141813	Silverado LD 2WD Pickup	Cameron	1499	\$ 24,240
126	2020	Chevrolet	Impala	1G11Z5S32LU102114	Impala	Cameron	73987	\$ 24,515
127	2020	International	48 Pass Bus-wheelchair lift	4DRBUC8N6LB076423	48 Pass Bus-wheelchair lift	Cameron	6183	\$ 105,885
128	2020	International	44 Pass Bus	4DRBUC8N5LB077157	44 Pass Bus	Cameron	6184	\$ 97,145
129	2020	International	44 Pass Bus	4DRBUC8N7LB077158	44 Pass Bus	Cameron	6184	\$ 97,145
130	2020	International	44 Pass Bus	4DRBUC8N9LB077159	44 Pass Bus	Cameron	6184	\$ 97,145
131	2020	International	44 Pass Bus	4DRBUC8N5LB077160	44 Pass Bus	Cameron	6184	\$ 97,145
132	2020	International	44 Pass Bus	4DRBUC8N7LB077161	44 Pass Bus	Cameron	6184	\$ 97,145
133	2021	International	Intergrated CE S Bus	4DRBUC8N1MB871655	Intergrated CE S Bus	Cameron	6184	\$ 95,433
134	2021	International	Intergrated CE S Bus	4DRBUC8N3MB871656	Intergrated CE S Bus	Cameron	6184	\$ 95,433
135	2021	International	Intergrated CE S Bus	4DRBUC8N6MB871554	Intergrated CE S Bus	Cameron	6184	\$ 101,730
136	2021	International	Intergrated CE S Bus	4DRBUC8N5MB871657	Intergrated CE S Bus	Cameron	6184	\$ 95,433

South Texas Independent School District								
Auto Schedule 2/21/2023								
EXHIBIT B								
		TIV:	\$	10,641,888	* Only indicate original cost new on units requiring auto physical damage			
Unit #	Year	Make	Model (incl. seating capacity on buses)	Bus or Vehicle #	VIN	County	Class Code	Original Cost New
137	2021	International	Intergrated CE S Bus	4DRBUC8N4MB871553	Intergrated CE S Bus	Cameron	6184	\$ 101,730
138	2021	International	Intergrated CE S Bus	4DRBUC8N7MB876567	Intergrated CE S Bus	Cameron	6184	\$ 106,909
139	2021	Chevrolet	4500 Express Van	1HAGCU71MN006125	4500 Express Van	Cameron	6184	\$ 42,175
140	2021	Chevrolet	Suburban	1GNSCAED1MR304710	Suburban	Cameron	01499	\$ 43,000
141	2021	Chevrolet	Silverado	1GCRWAEFSMZ262056	Silverado	Cameron	6184	\$ 24,865
142	2021	Ford	F150	1FTEX1C57MKE95225	F150	Cameron	6184	\$ 29,266
143	2021	Ford	F150	1FTEX1C59MKE95226	F150	Cameron	6184	\$ 29,266
144	2021	Ford	F150	1FTEX1C50MKE95227	F150	Cameron	6184	\$ 29,266
145	2021	Ford	F150	1FTEX1C52MKE95228	F150	Cameron	6184	\$ 29,266
146	2022	International	28 Pass Bus	4DRBUC8N7NB240524	28 Pass Bus	Cameron	6184	\$ 98,080
147	2022	International	28 Pass Bus	4DRBUC8N9NB240525	28 Pass Bus	Cameron	6184	\$ 98,080
148	2022	International	28 Pass Bus	4DRBUC8N0NB240526	28 Pass Bus	Cameron	6184	\$ 98,080
149	2022	International	44 Pass Bus-ICRP	4DRBUC8N5NB151387	44 Pass Bus-ICRP	Cameron	6184	\$ 104,516
150	2022	International	44 Pass Bus-ICRP	4DRBUC8N7NB151388	44 Pass Bus-ICRP	Cameron	6184	\$ 104,516
151	2022	International	44 Pass Bus-ICRP	4DRBUC8N9NB151389	44 Pass Bus-ICRP	Cameron	6184	\$ 104,516
152	2022	International	44 Pass Bus-ICRP	4DRBUC8N5NB151390	44 Pass Bus-ICRP	Cameron	6184	\$ 104,516
153	2022	International	44 Pass Bus-ICRP	4DRBUC8N7NB151391	44 Pass Bus-ICRP	Cameron	6184	\$ 104,516
154	2022	International	44 Pass Bus-ICRP	4DRBUC8N9NB151392	44 Pass Bus-ICRP	Cameron	6184	\$ 104,516
155	2022	International	44 Pass Bus-ICRP	4DRBUC8N0NB151393	44 Pass Bus-ICRP	Cameron	6184	\$ 104,516
156	2022	International	44 Pass Bus-ICRP	4DRBUC8N2NB151394	44 Pass Bus-ICRP	Cameron	6184	\$ 104,516
157	2022	International	44 Pass Bus-ICRP	4DRBUC8N4NB151395	44 Pass Bus-ICRP	Cameron	6184	\$ 104,516
158	2022	International	44 Pass Bus-ICRP	4DRBUC8N6NB151396	44 Pass Bus-ICRP	Cameron	6184	\$ 104,516
159	2022	Concession Trailer	Trailer	53NBE2022N1096064	Trailer	Cameron	6184	\$ 40,600
160	2022	Ford	F250	1FT7W2BT7NEG14408	F250	Cameron		\$ 47,600
161	2022	Ford	F250	1FT7W2BT8NEF31022	F250	Hidalgo		\$ 47,600
							TIV:	\$ 10,641,888

EXHIBIT C

Policy Year	Policy Number	Policy Effective Date	Insured Name	Profit Center Middle	Tax State	Written Premium	Paid Indemity	Paid Medical	Paid AAO	Paid DCC	Recoveries	Total Paid	Paid Deductible Recoverable	Loss Ratio
2017	BAP478401	09/13/2017	South Texas Independent School District	Blanket Accident	TX	737.00	0.00	0 00	0.00	0.00	0.00	0 00	0.00	0.00%
2018	BAP478401	09/13/2018	South Texas Independent School District	Blanket Accident	TX	403.00	0.00	0 00	0.00	0.00	0.00	0 00	0.00	0.00%
2019	BAP478401	04/01/2019	South Texas Independent School District	Blanket Accident	TX	672.00	0.00	8,829.46	2,456.04	5,925 80	17,097.45	113.85	0.00	16.94%
2020	BAP478401	04/01/2020	South Texas Independent School District	Blanket Accident	TX	410.00	0.00	0 00	0.00	0.00	0.00	0 00	0.00	0.00%
2021	BAP478401	04/01/2021	South Texas Independent School District	Blanket Accident	TX	556.00	0.00	0 00	0.00	0.00	0.00	0 00	0.00	0.00%
2022	BAP478401	04/01/2022	South Texas Independent School District	Blanket Accident	TX	7,697.00	0.00	2,652.84	662.48	1,589 95	0.00	4,905.27	0.00	63.73%
						10,475.00	0.00	11,482.30	3,118.52	7,515.75	17,097.45	5,019.12	0.00	47.92%





## Paid Loss by Account

EB Reporting

Run Date: Dec 2, 2021 | Palanisamy, Boopalan

Event ID	Accident Cause Description	Event Status Code	Event Address	Event City Name	Event State Code	Reported Date	Loss Date	Event Coverage Code	Policy Loss Paid
Account: 9468822 - South Texas ISD									
YB2L9L468822020 - South Texas ISD						Term: 04/01/20 - 04/01/21			
No Claim on policy									
									\$0
No Claim on policy - Summary:									\$0
YB2L9L468822020 - South Texas ISD - Summary									\$0
YB2L9L468822021 - South Texas ISD						Term: 04/01/21 - 04/01/22			
No Claim on policy									
									\$0
No Claim on policy - Summary:									\$0
YB2L9L468822021 - South Texas ISD - Summary									\$0
YB2L9L468822028 - South Texas ISD						Term: 09/01/18 - 04/01/19			
No Claim on policy									
									\$0
No Claim on policy - Summary:									\$0
YB2L9L468822028 - South Texas ISD - Summary									\$0
YB2L9L468822029 - South Texas ISD						Term: 04/01/19 - 04/01/20			
No Claim on policy									
									\$0
No Claim on policy - Summary:									\$0
YB2L9L468822029 - South Texas ISD - Summary									\$0
Account: 9468822 - South Texas ISD - Summary									\$0
Overall - Summary									\$0

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Detail Loss Report								Losses From: 11/30/2016 To 11/30/2018			
Claimant	Adj Off	FP	Claim Number	Accident Date	Notice Date	Close Date	O/C	Total	Claim	Medical	Expense
No losses were found based on report selection criteria											



Detail Loss Report			Losses From: 11/30/2016 To 11/30/2018	
Report Parameters				
Report Name: Detail Loss Losses From: 11/30/2016 To 11/30/2018			Policy Number(s): 4D302571	
Sorts				
<u>Sort Name</u>		<u>Sort Label</u>	<u>Subtotal</u>	<u>Page Break</u>
1. Policy Year		Policy Year	Y	N
2. Line of Insurance		Line of Insurance	Y	N
Limiting Statements				
Large Loss Limiting				
Drill Down Limiting Criteria				

11/29/2022

11:03 AM

**WESTERN WORLD INSURANCE**

Page 1 of 9

Individual Policy Loss Analysis Report

AS OF 11/28/2022

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

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

Individual Policy Loss Analysis Report

AS OF 11/28/2022

SOUTH TEXAS INDEPENDENT SCHOOL

POLICY: BRL0018392

EFFECTIVE: 04/01/2019 TO 04/01/2020

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

Individual Policy Loss Analysis Report

AS OF 11/28/2022

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

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

Individual Policy Loss Analysis Report

AS OF 11/28/2022

SOUTH TEXAS INDEPENDENT SCHOOL

POLICY: BRL0015448

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

Claim	Accident Date	Claimant	Description	Paid Indemnity	Paid Expenses	Status
029946 S	11/29/2017		BRL-D&O-DISCRIMINATION. LOC: MERCEDES, TX. *DISCRIMINATION	22,500.00	17,761.16	CLOSED
030082 S	03/28/2018	01	BRL-D&O/PI-EMPLOYMENT PRACTICES. LOC: MERCEDES, TX. *EMPLOYMENT PRACTICES	60,139.22	1,258.15	CLOSED
# Claimants 2	# Incidents 0	Paid Indemnity \$82,639.22	Total Expenses \$19,019.31	Total Paid \$101,658.53	Collected Deductible (Not reflected in above payments) \$40,000.00	Net Payments \$61,658.53 Total Reserves \$0.00

Individual Policy Loss Analysis Report

AS OF 11/28/2022

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

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

Individual Policy Loss Analysis Report

AS OF 11/28/2022

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

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



Individual Policy Loss Analysis Report

AS OF 11/28/2022

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

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

Individual Policy Loss Analysis Report

AS OF 11/28/2022

SOUTH TEXAS INDEPENDENT SCHOOL

POLICY: BRL0005061

EFFECTIVE: 09/01/2013 TO 09/01/2014

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

Individual Policy Loss Analysis Report

AS OF 11/28/2022

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

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



Loss Run Dated - 1/19/2023

South Texas Independent School District

Account No: 2017-9000561

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

Year of Inception: 2017

Policy Numbers:

No Claims found for this policy

South Texas Independent School District

Account No: 2017-9000561

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

Year of Inception: 2018

Policy Numbers:

No Claims found for this policy

South Texas Independent School District

Account No: 2017-9000561

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

Year of Inception: 2019

Policy Numbers:

No Claims found for this policy

# South Texas Independent School District

Account No: 2017-9000561

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

Year of Inception: 2020

Policy Numbers: 0000561

Date of Loss	Status	Description	Address	State	Future Reserve Indemnity	Paid Indemnity	Future Reserve Expense	Paid Expense	Future Reserve Unallocated Expense	Paid Unallocated Expense	Total Incurred
7/25/2020	C	C a mant susta ned damage to the meta roof port on of the gym. Caused dur ng Hurr cane Hanna on 7/25-26/2020. No njur es reported	510 S SUGAR RD	TX	\$0.00	\$0.00	\$0.00	\$23,789.11	\$0.00	\$0.00	\$23,789.11
<b>Policy Total:</b>					<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$23,789.11</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$23,789.11</b>

South Texas Independent School District

Account No: 2017-9000561

Policy Terms: 4/1/2021 - 3/31/2022

Year of Inception: 2021

Policy Numbers:

**No Claims found for this policy**

South Texas Independent School District

Account No: 2017-9000561

Policy Terms: 4/1/2022 - 3/31/2023

Year of Inception: 2022

Policy Numbers:

**No Claims found for this policy**

PC Itemized Statement of Loss  
SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT- Multi Line



Valuation Date: 12/29/2022

Run Date: 12/29/2022

Client: SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT  
Line of Business: Property & Casualty  
Report Type: Itemized Statement of Loss  
Valuation Date: 12/29/2022  
Run Date: 12/29/2022  
Report Name: SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT- Multi Line  
User Name: Kevin Postelnik

FREQUENCY:

Run Now

CRITERIA:

Account - Include:

5-294316

Contract Number - Include:

AS5Z5129431601

R62Z5129431602

TB5Z5129431603

YCCZ5129431604

Logo:

L berty Mutual Insurance

Use Current Codes:

Yes

FIELDS:

Accident State

Date Claim Closed

Date Reopened

Litigation Status

Accident Description

Case Manager

Case Manager Email

SORT:

Date Contract Effective - Ascending

Line of Business - Ascending

SUBTOTAL:

Date Contract Effective

Line of Business

PAGE BREAK:

Date Contract Effective

Line of Business

RECIPIENTS:

Kevin Postelnik - RISKTRAC - ALL

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**PC Itemized Statement of Loss**  
**SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT- Multi Line**



Valuation Date: 12/29/2022

Run Date: 12/29/2022

Claim Number	Claimant/Driver Name	Loss Date	Carrier Report Date	Inc Loss	Inc Expense	Total Incurred
Line of Business	Status	Jur/Cov/Gar State		Paid Loss	Paid Expense	Total Paid
Accident Description Code				Loss O/R	Expense O/R	Outstanding Reserve
Location						Applied Recovery
Accident State	Close Date	Reopen Date	Litigation Status			
Accident Description						
Case manager	Case Manager Email					

**Contract Effective Date: 4/1/22**

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**PC Itemized Statement of Loss**  
**SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT- Multi Line**



Valuation Date: 12/29/2022

Run Date: 12/29/2022

Claim Number	Claimant/Driver Name	Loss Date	Carrier Report Date	Inc Loss	Inc Expense	Total Incurred
Line of Business	Status	Jur/Cov/Gar State		Paid Loss	Paid Expense	Total Paid
Accident Description Code				Loss O/R	Expense O/R	Outstanding Reserve
Location						Applied Recovery
Accident State	Close Date	Reopen Date	Litigation Status			
Accident Description						
Case manager	Case Manager Email					
<b>Line of Business: AL</b>						
AB94947461201	UNKNOWN,UNKNOWN	10/26/2022	11/08/2022	\$0.00	\$0.00	\$0.00
AL	Open	TX		\$0.00	\$0.00	\$0.00
13 - Customer hit in rear				\$0.00	\$0.00	\$0.00
- UNKNOWN						\$0.00
TX						
INSURED BUS REARENDED CLAIMANT VEHICLE						
<b>Total for Line of Business: AL</b>						
		Claim Count : 1		\$0.00	\$0.00	\$0.00
				\$0.00	\$0.00	\$0.00
				\$0.00	\$0.00	\$0.00
						\$0.00

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**PC Itemized Statement of Loss**  
**SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT- Multi Line**



Valuation Date: 12/29/2022

Run Date: 12/29/2022

Claim Number	Claimant/Driver Name	Loss Date	Carrier Report Date	Inc Loss	Inc Expense	Total Incurred
Line of Business	Status	Jur/Cov/Gar State		Paid Loss	Paid Expense	Total Paid
Accident Description Code				Loss O/R	Expense O/R	Outstanding Reserve
Location						Applied Recovery
Accident State	Close Date	Reopen Date	Litigation Status			
Accident Description						
Case manager	Case Manager Email					
<b>Line of Business: PD</b>						
AB94947197899		10/17/2022	10/21/2022	\$0.00	\$0.00	\$0.00
PD	Closed	TX		\$0.00	\$0.00	\$0.00
15 - Hit stationary object				\$0.00	\$0.00	\$0.00
- UNKNOWN						\$0.00
TX	12/21/22					
EMPLOYEE BACKED INTO A POLE						
AB94947461299	UNKNOWN,UNKNOWN	10/26/2022	11/08/2022	\$0.00	\$0.00	\$0.00
PD	Closed	TX		\$0.00	\$0.00	\$0.00
13 - Customer hit in rear				\$0.00	\$0.00	\$0.00
- UNKNOWN						\$0.00
TX						
INSURED BUS REARENDED CLAIMANT VEHICLE						
<b>Total for Line of Business: PD</b>						
		Claim Count : 2		\$0.00	\$0.00	\$0.00
				\$0.00	\$0.00	\$0.00
				\$0.00	\$0.00	\$0.00
						\$0.00
<b>Total for Contract Effective Date: 4/1/22</b>						
		Claim Count : 3		\$0.00	\$0.00	\$0.00
				\$0.00	\$0.00	\$0.00
				\$0.00	\$0.00	\$0.00
						\$0.00

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**PC Itemized Statement of Loss**  
**SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT- Multi Line**



Valuation Date: 12/29/2022

Run Date: 12/29/2022

Claim Number	Claimant/Driver Name	Loss Date	Carrier Report Date	Inc Loss	Inc Expense	Total Incurred
Line of Business	Status	Jur/Cov/Gar State		Paid Loss	Paid Expense	Total Paid
Accident Description Code				Loss O/R	Expense O/R	Outstanding Reserve
Location						Applied Recovery
Accident State	Close Date	Reopen Date	Litigation Status			
Accident Description						
Case manager	Case Manager Email					
<b>Report Totals</b>				\$0.00	\$0.00	\$0.00
Claim Count : 3				\$0.00	\$0.00	\$0.00
				\$0.00	\$0.00	\$0.00
						\$0.00

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TPS Property Casualty Loss Experience

634 - 1 - SOUTH TEXAS ISD - SOUTH TEXAS ISD

Details by Event and Claim Number

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

Status	Total
Closed	1
Open	0
Sum:	1

TPS Property Casualty Loss Experience

634 - 1 - SOUTH TEXAS ISD - SOUTH TEXAS ISD

Details by Event and Claim Number

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

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

Status	Total
Closed	2
Open	0
Sum:	2

Overall Totals:	2					1,869.01	0.00	85.00	0.00	1,954.01	0.00	1,954.01
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TPS Property Casualty Loss Experience

634 - 1 - SOUTH TEXAS ISD - SOUTH TEXAS ISD

Details by Event and Claim Number

Event Number	Claimant Name	Claim Number	Date of Loss	Coverage	Claim Type / Status	Loss Paid	Loss Reserves	Expenses Paid	Expense Reserves	Total Paid Less Recov.	Outstanding Reserves	Total Incurred Less Recovery
Incident Location					Loss Description							
201900231		20190070000294	04/01/2019	Auto	AUTO LIABILITY PROPERTY DAMAGE / CLOSED IV AND OV WERE TRAVEL NG N THE SAME DIRECTION. OV SAW THAT IV WAS ON THE SHOULDER AND DECIDED TO TRY TO PASS IV. IV ATTEMPTED TO TURN BACK ONTO THE ROAD AND STRUCK OV.	3,122.61	0 00	85.00	0 00	3,207.61	0.00	3,207.61
		20190070000519	04/01/2019	Auto	AUTO LIABILITY BOD LY INJURY / CLOSED IV AND OV WERE TRAVEL NG N THE SAME DIRECTION. OV SAW THAT IV WAS ON THE SHOULDER AND DECIDED TO TRY TO PASS IV. IV ATTEMPTED TO TURN BACK ONTO THE ROAD AND STRUCK OV.	28,000.00	0 00	595.00	0 00	28,595.00	0.00	28,595.00
		20190070000293	04/01/2019	Auto	AUTO LIABILITY BOD LY INJURY / CLOSED IV AND OV WERE TRAVEL NG N THE SAME DIRECTION. OV SAW THAT IV WAS ON THE SHOULDER AND DECIDED TO TRY TO PASS IV. IV ATTEMPTED TO TURN BACK ONTO THE ROAD AND STRUCK OV.	40,000.00	0 00	595.00	0 00	40,595.00	0.00	40,595.00
	Totals:	3				71,122.61	0.00	1,275.00	0.00	72,397.61	0.00	72,397.61

Event Number	Claimant Name	Claim Number	Date of Loss	Coverage	Claim Type / Status	Loss Paid	Loss Reserves	Expenses Paid	Expense Reserves	Total Paid Less Recov.	Outstanding Reserves	Total Incurred Less Recovery
Incident Location					Loss Description							
201900464	South Texas, ISD	20190070000599	09/06/2019	Crime	CR ME / CLOSED Insured advised that they were currently hit with fraud in their payroll department.	5,299.00	0 00	0.00	0 00	5,299.00	0.00	5,299.00
	Totals:	1				5,299.00	0.00	0.00	0.00	5,299.00	0.00	5,299.00

Event Number	Claimant Name	Claim Number	Date of Loss	Coverage	Claim Type / Status	Loss Paid	Loss Reserves	Expenses Paid	Expense Reserves	Total Paid Less Recov.	Outstanding Reserves	Total Incurred Less Recovery
Incident Location					Loss Description							
202000101		20200070000141	02/14/2020	Auto	AUTO LIABILITY PROPERTY DAMAGE / CLOSED IV CHANGED LANES AT THE SAME TIME THAT OV MOVED INTO IVS LANE CAUS NG DAMGES TO BOTH IV AND OV	0.00	0 00	0.00	0 00	0.00	0.00	0 00
	Totals:	1				0.00	0.00	0.00	0.00	0.00	0.00	0.00

Status	Total
Closed	5
Open	0
Sum:	5

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

634 - 1 - SOUTH TEXAS ISD - SOUTH TEXAS ISD

Details by Event and Claim Number

Event Number	Claimant Name	Claim Number	Date of Loss	Coverage	Claim Type / Status	Loss Paid	Loss Reserves	Expenses Paid	Expense Reserves	Total Paid Less Recov.	Outstanding Reserves	Total Incurred Less Recovery
Incident Location					Loss Description							
202100295	Pronto, General Agency	20210070000345	06/17/2021	Auto	AUTO LIABILITY PROPERTY DAMAGE /	1,723.63	0.00	0.00	0.00	1,723.63	0.00	1,723.63
					CLOSED A BUS WAS PARKED N THE BUS BARN AT THE SCHOOL WAS HAVING ITS TRANSMISSION REPAIRED. THE A R BRAKES WERE NOT ON AND THE BUS ROLLED OUT AND HIT A CAR N THE PARK NG LOT.							
	Totals:	1				1,723.63	0.00	0.00	0.00	1,723.63	0.00	1,723.63

Event Number	Claimant Name	Claim Number	Date of Loss	Coverage	Claim Type / Status	Loss Paid	Loss Reserves	Expenses Paid	Expense Reserves	Total Paid Less Recov.	Outstanding Reserves	Total Incurred Less Recovery
Incident Location					Loss Description							
202200052	South Texas, ISD	20220070000070	02/11/2022	Cyber	CYBER LIABILITY / CLOSED	10,000.00	0.00	0.00	0.00	10,000.00	0.00	10,000.00
					Insured made a payment to a scammer posing as a vendor; fraudulent payment was in the amount of \$310,639.49.							
	Totals:	1				10,000.00	0.00	0.00	0.00	10,000.00	0.00	10,000.00

Status	Total
Closed	2
Open	0
Sum:	2

Overall Totals:	2					11,723.63	0.00	0.00	0.00	11,723.63	0.00	11,723.63
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TPS Property Casualty Loss Experience Summary

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

634 - 1 - SOUTH TEXAS ISD

Coverage	Claim Type	Totals	Policy Period	Loss Paid	Loss Outstanding	Expenses Paid	Expenses Outstanding	Total Paid Less Recovery	Outstanding Reserves	Total Incurred Less Recovery
Auto	AUTO PHYSICAL DAMAGE - COLLISION	1	09/01/2017 - 08/31/2018	0.00	0.00	85.00	0.00	85.00	0.00	85.00
	Overall Totals:	1		0.00	0.00	85.00	0.00	85.00	0.00	85.00
	Grand Totals for Policy Period:	1		0.00	0.00	85.00	0.00	85.00	0.00	85.00

TPS Property Casualty Loss Experience Summary

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

634 - 1 - SOUTH TEXAS ISD

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

TPS Property Casualty Loss Experience Summary

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

634 - 1 - SOUTH TEXAS ISD

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

TPS Property Casualty Loss Experience Summary

Summary by Coverage and Claim Type for Policy Period: 04/01/2021 - 03/31/2022 for 634 - SOUTH TEXAS ISD

634 - 1 - SOUTH TEXAS ISD

Coverage	Claim Type	Totals	Policy Period	Loss Paid	Loss Outstanding	Expenses Paid	Expenses Outstanding	Total Paid Less Recovery	Outstanding Reserves	Total Incurred Less Recovery
Auto	AUTO LIABILITY PROPERTY DAMAGE	1	04/01/2021 - 03/31/2022	1,723.63	0.00	0.00	0.00	1,723.63	0.00	1,723.63
Cyber	CYBER LIABILITY	1	04/01/2021 - 03/31/2022	10,000.00	0.00	0.00	0.00	10,000.00	0.00	10,000.00
	Overall Totals:	2		11,723.63	0.00	0.00	0.00	11,723.63	0.00	11,723.63
	Grand Totals for Policy Period:	2		11,723.63	0.00	0.00	0.00	11,723.63	0.00	11,723.63

TPS Property Casualty Loss Experience Summary

Summary by Coverage, Claim Type and Policy Period: for 634 - SOUTH TEXAS ISD

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

Coverage	Claim Type	Totals	Policy Period	Loss Paid	Loss Outstanding	Expenses Paid	Expenses Outstanding	Total Paid Less Recovery	Outstanding Reserves	Total Incurred Less Recovery
Auto	AUTO PHYSICAL DAMAGE - COLLISION	1	09/01/2017 - 08/31/2018	0.00	0.00	85.00	0.00	85.00	0.00	85.00
Totals for Policy Period:		1		0.00	0.00	85.00	0.00	85.00	0.00	85.00

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

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

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

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

Claim Type Totals for the Policy Period: 04/01/2021 - 03/31/2022 for 634 - SOUTH TEXAS ISD

Coverage	Claim Type	Totals	Policy Period	Loss Paid	Loss Outstanding	Expenses Paid	Expenses Outstanding	Total Paid Less Recovery	Outstanding Reserves	Total Incurred Less Recovery
Auto	AUTO LIABILITY PROPERTY DAMAGE	1	04/01/2021 - 03/31/2022	1,723.63	0.00	0.00	0.00	1,723.63	0.00	1,723.63
Cyber	CYBER LIABILITY	1	04/01/2021 - 03/31/2022	10,000.00	0.00	0.00	0.00	10,000.00	0.00	10,000.00
Totals for Policy Period:		2		11,723.63	0.00	0.00	0.00	11,723.63	0.00	11,723.63
Grand Totals for Location:		10		90,014.25	0.00	1,445.00	0.00	91,459.25	0.00	91,459.25

TPS Property Casualty Loss Experience Summary

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

Coverage	Claim Type Group	Totals	Policy Period	Loss Paid	Loss Outstanding	Expenses Paid	Expenses Outstanding	Total Paid Less Recovery	Outstanding Reserves	Total Incurred Less Recovery
Auto	APDCO	1	09/01/2017 - 08/31/2018	0.00	0.00	85.00	0.00	85.00	0.00	85.00
Totals for Policy Period:		1		0.00	0.00	85.00	0.00	85.00	0.00	85.00

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

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

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

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

Claim Type Group Totals for the Policy Period: 04/01/2021 - 03/31/2022 for 634 - SOUTH TEXAS ISD

Coverage	Claim Type Group	Totals	Policy Period	Loss Paid	Loss Outstanding	Expenses Paid	Expenses Outstanding	Total Paid Less Recovery	Outstanding Reserves	Total Incurred Less Recovery
Auto	AL	1	04/01/2021 - 03/31/2022	1,723.63	0.00	0.00	0.00	1,723.63	0.00	1,723.63
Cyber	CL	1	04/01/2021 - 03/31/2022	10,000.00	0.00	0.00	0.00	10,000.00	0.00	10,000.00
Totals for Policy Period:		2		11,723.63	0.00	0.00	0.00	11,723.63	0.00	11,723.63
Grand Totals for Location:		10		90,014.25	0.00	1,445.00	0.00	91,459.25	0.00	91,459.25

TPS Property Casualty Loss Experience Summary

Location Total for the Policy Period: 09/01/2017 - 08/31/2018 for 634 - SOUTH TEXAS ISD											
	Locations	Coverage	Totals	Policy Period	Loss Paid	Loss Outstanding	Expenses Paid	Expenses Outstanding	Total Paid Less Recovery	Outstanding Reserves	Total Incurred Less Recovery
1	SOUTH TEXAS ISD	Auto	1	09/01/2017 - 08/31/2018	0 00	0.00	85.00	0.00	85 00	0.00	85 00
1	SOUTH TEXAS ISD	Crime	0	09/01/2017 - 08/31/2018	0 00	0.00	0.00	0.00	0 00	0.00	0 00
1	SOUTH TEXAS ISD	General Liability	0	09/01/2017 - 08/31/2018	0 00	0.00	0.00	0.00	0 00	0.00	0 00
		<b>Overall Totals:</b>	<b>1</b>		<b>0.00</b>	<b>0.00</b>	<b>85.00</b>	<b>0.00</b>	<b>85.00</b>	<b>0.00</b>	<b>85.00</b>

Location Total for the Policy Period: 09/01/2018 - 03/31/2019 for 634 - SOUTH TEXAS ISD											
	Locations	Coverage	Totals	Policy Period	Loss Paid	Loss Outstanding	Expenses Paid	Expenses Outstanding	Total Paid Less Recovery	Outstanding Reserves	Total Incurred Less Recovery
1	SOUTH TEXAS ISD	Auto	1	09/01/2018 - 03/31/2019	1,869.01	0.00	85.00	0.00	1,954 01	0.00	1,954 01
1	SOUTH TEXAS ISD	Crime	0	09/01/2018 - 03/31/2019	0 00	0.00	0.00	0.00	0 00	0.00	0 00
1	SOUTH TEXAS ISD	General Liability	1	09/01/2018 - 03/31/2019	0 00	0.00	0.00	0.00	0 00	0.00	0 00
		<b>Overall Totals:</b>	<b>2</b>		<b>1,869.01</b>	<b>0.00</b>	<b>85.00</b>	<b>0.00</b>	<b>1,954.01</b>	<b>0.00</b>	<b>1,954.01</b>

Location Total for the Policy Period: 04/01/2019 - 03/31/2020 for 634 - SOUTH TEXAS ISD											
	Locations	Coverage	Totals	Policy Period	Loss Paid	Loss Outstanding	Expenses Paid	Expenses Outstanding	Total Paid Less Recovery	Outstanding Reserves	Total Incurred Less Recovery
1	SOUTH TEXAS ISD	Auto	4	04/01/2019 - 03/31/2020	71,122.61	0.00	1,275.00	0.00	72,397 61	0.00	72,397 61
1	SOUTH TEXAS ISD	Crime	1	04/01/2019 - 03/31/2020	5,299.00	0.00	0.00	0.00	5,299 00	0.00	5,299 00
1	SOUTH TEXAS ISD	General Liability	0	04/01/2019 - 03/31/2020	0 00	0.00	0.00	0.00	0 00	0.00	0 00
		<b>Overall Totals:</b>	<b>5</b>		<b>76,421.61</b>	<b>0.00</b>	<b>1,275.00</b>	<b>0.00</b>	<b>77,696.61</b>	<b>0.00</b>	<b>77,696.61</b>

Location Total for the Policy Period: 04/01/2020 - 03/31/2021 for 634 - SOUTH TEXAS ISD											
	Locations	Coverage	Totals	Policy Period	Loss Paid	Loss Outstanding	Expenses Paid	Expenses Outstanding	Total Paid Less Recovery	Outstanding Reserves	Total Incurred Less Recovery
1	SOUTH TEXAS ISD	Auto	0	04/01/2020 - 03/31/2021	0 00	0.00	0.00	0.00	0 00	0.00	0 00
1	SOUTH TEXAS ISD	Crime	0	04/01/2020 - 03/31/2021	0 00	0.00	0.00	0.00	0 00	0.00	0 00
1	SOUTH TEXAS ISD	General Liability	0	04/01/2020 - 03/31/2021	0 00	0.00	0.00	0.00	0 00	0.00	0 00
		<b>Overall Totals:</b>	<b>0</b>		<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>

Location Total for the Policy Period: 04/01/2021 - 03/31/2022 for 634 - SOUTH TEXAS ISD											
	Locations	Coverage	Totals	Policy Period	Loss Paid	Loss Outstanding	Expenses Paid	Expenses Outstanding	Total Paid Less Recovery	Outstanding Reserves	Total Incurred Less Recovery
1	SOUTH TEXAS ISD	Auto	1	04/01/2021 - 03/31/2022	1,723.63	0.00	0.00	0.00	1,723 63	0.00	1,723 63
1	SOUTH TEXAS ISD	Crime	0	04/01/2021 - 03/31/2022	0 00	0.00	0.00	0.00	0 00	0.00	0 00
1	SOUTH TEXAS ISD	Cyber	1	04/01/2021 - 03/31/2022	10,000.00	0.00	0.00	0.00	10,000 00	0.00	10,000 00
1	SOUTH TEXAS ISD	General Liability	0	04/01/2021 - 03/31/2022	0 00	0.00	0.00	0.00	0 00	0.00	0 00
		<b>Overall Totals:</b>	<b>2</b>		<b>11,723.63</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>11,723.63</b>	<b>0.00</b>	<b>11,723.63</b>

TPS Property Casualty Loss Experience Summary

	Grand Totals:	10		90,014.25	0.00	1,445.00	0.00	91,459.25	0.00	91,459.25
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TPS Property Casualty Loss Experience Summary

Report Summary by Coverage and Policy Period for All Reported Locations and Policy Years									
Coverage	Totals	Policy Period	Loss Paid	Loss Outstanding	Expenses Paid	Expenses Outstanding	Total Paid Less Recovery	Outstanding Reserves	Total Incurred Less Recovery
Auto	1	09/01/2017 - 08/31/2018	0.00	0 00	85 00	0.00	85.00	0.00	85 00
Auto	1	09/01/2018 - 03/31/2019	1,869.01	0 00	85 00	0.00	1,954.01	0.00	1,954 01
Auto	4	04/01/2019 - 03/31/2020	71,122 61	0 00	1,275.00	0.00	72,397 61	0.00	72,397 61
Auto	0	04/01/2020 - 03/31/2021	0.00	0 00	0 00	0.00	0.00	0.00	0 00
Auto	1	04/01/2021 - 03/31/2022	1,723.63	0 00	0 00	0.00	1,723.63	0.00	1,723 63
Crime	0	09/01/2017 - 08/31/2018	0.00	0 00	0 00	0.00	0.00	0.00	0 00
Crime	0	09/01/2018 - 03/31/2019	0.00	0 00	0 00	0.00	0.00	0.00	0 00
Crime	1	04/01/2019 - 03/31/2020	5,299.00	0 00	0 00	0.00	5,299.00	0.00	5,299 00
Crime	0	04/01/2020 - 03/31/2021	0.00	0 00	0 00	0.00	0.00	0.00	0 00
Crime	0	04/01/2021 - 03/31/2022	0.00	0 00	0 00	0.00	0.00	0.00	0 00
Cyber	1	04/01/2021 - 03/31/2022	10,000 00	0 00	0 00	0.00	10,000 00	0.00	10,000 00
General Liability	0	09/01/2017 - 08/31/2018	0.00	0 00	0 00	0.00	0.00	0.00	0 00
General Liability	1	09/01/2018 - 03/31/2019	0.00	0 00	0 00	0.00	0.00	0.00	0 00
General Liability	0	04/01/2019 - 03/31/2020	0.00	0 00	0 00	0.00	0.00	0.00	0 00
General Liability	0	04/01/2020 - 03/31/2021	0.00	0 00	0 00	0.00	0.00	0.00	0 00
General Liability	0	04/01/2021 - 03/31/2022	0.00	0 00	0 00	0.00	0.00	0.00	0 00
Grand Totals:	10		90,014.25	0.00	1,445.00	0.00	91,459.25	0.00	91,459.25

## SELECTION SUMMARY

BROKER :AmWINS Brokerage of Texas (Dallas)

Original Policy Incepti..	Max Expiry date	Insured Name	Policy Reference	Paid Total
04/01/2019	03/31/2022	South Texas Independent School District	2562217	

Policy Period	Claim Reference	Claim Status	Claimant Name	Loss Narrative	Reported Date	Loss Date	Paid Total
2019	No Claims						
2020	No Claims						
2021	No Claims						

Produced by : Hall Jiovani

on 12/06/2021

Claims MI

**COMMERCIAL GENERAL LIABILITY DECLARATIONS  
OCCURRENCE**

Issued By Political Subdivision Alliance of Texas.

Policy Number TB5-Z51-294316-032

Issuing Office NASHVILLE, TN

New

Issue Date 2022-05-03

Account Number 5-294316

Sub Account 0000

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

Franchise 4130

Form of Business: All Other

Policy Period: The policy period is from 04/01/2022 to 04/01/2023 12:01 A.M. standard time at the Insured's mailing address.

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

**LIMITS OF INSURANCE**

Each Occurrence Limit	\$	5,000,000	
Damage to Premises Rented to You Limit	\$	100,000	Any one premises
Medical Expense Limit	\$	5,000	Any one person
Personal & Advertising Injury Limit	\$	5,000,000	
General Aggregate Limit	\$	5,000,000	
Products-Completed Operations Aggregate Limit	\$	5,000,000	

**SCHEDULE**

The declarations are completed on the accompanying "Declarations Extension Schedule(s)".

Commercial General Liability Coverage Part Premium	\$	2,621
Endorsement Premium	\$	5,723
Total Estimated Premium	\$	8,344

Policywriting Minimum Premium \$ 1,000

Forms Applicable: See Attached Inventory

HUB INTE 0073028934

HUB INTERNATIONAL TEXAS, INC.  
 121 PECAN BLVD

MCALLEN TX 785019556

# Velocity Risk

10 Burton Hills Blvd., Ste. 300  
Nashville, TN 37215

## GENERAL PROPERTY DECLARATIONS

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

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Account Number:	2017-9000561-06	Previous Account Number:	2017-9000561-05
Inception Date:	April 1, 2022	Expiration Date:	April 1, 2023
(12:01 A.M. Local time at each insured location.)			

Coverage is provided by the following Company(s):

Specific Policy Number

Certain Underwriters at Lloyd's, London - Syndicate 2357  
c/o Nephila Syndicate Management Limited 4th Floor, Walsingham  
House, 35 Seething Lane London EC3N 4AH United Kingdom

VNB-CN-0000561-06

Certain Underwriters at Lloyd's and Other Insurers subscribing to  
Binding Authority B604510568622022  
Renaissance Re 18th Floor, 125 Old Broad Street London EC2N 1AR  
United Kingdom

VRN-CN-0000561-06

Interstate Fire & Casualty Company  
33 W. Monroe Street , Chicago, IL 60603

VRX-CN-0000561-06

Independent Specialty Insurance Company  
1900 L. Don Dodson Drive , Bedford, TX 76021

VUX-CN-0000561-06

Named Insured and Mailing Address:

South Texas Independent School District  
100 Med High Drive  
Mercedes, TX 78570

Producer Name and Address:

Scott Wolf  
AmWINS - Dallas  
5910 North Central Expressway  
Suite 500  
Dallas, TX 75206

Business or Operations of the Named Insured:

Education

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

# Velocity Risk

10 Burton Hills Blvd., Ste. 300  
Nashville, TN 37215

## GENERAL PROPERTY DECLARATIONS

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

### PROPERTY INSURANCE

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

Annual Premium/Fees	Premium (x TRIA)	TRIA	Policy Fee	Inspection Fee	Total
Certain Underwriters at Lloyd's and Other Insurers Subscribing to Binding Authority UMR B604510568622022	\$48,229.02	\$0.00	\$70.00	\$210.00	\$48,509.02
Certain Underwriters at Lloyd's, London - Syndicate 2357	\$86,123.25	\$0.00	\$125.00	\$375.00	\$86,623.25
Independent Specialty Insurance Company	\$137,797.20	\$0.00	\$200.00	\$600.00	\$138,597.20
Interstate Fire & Casualty Company	\$72,343.53	\$0.00	\$105.00	\$315.00	\$72,763.53
TOTAL	\$344,493.00	Rejected	\$500.00	\$1,500.00	\$346,493.00

LOCATIONS OF PREMISES--Applicable to Coverages specified in these Declarations

Locations on file with the Insurer(s) and/or Company(ies)

## FORMS ATTACHED AT INCEPTION

VRU-037-0820 Policyholder Notification – Fraud Notice  
VRU-038-0816 Policyholder Notification – Privacy Notice  
TX 0520 Policyholder Notification - Texas  
VRU-041-0121 General Property Declaration (Syndicated)  
VRU-017-1121 VRU Commercial Property Comprehensive Form  
VRU-001-0222 Service of Suit (Syndicated)  
VRU-003-0316 Office of Foreign Assets Control  
VRU-006-1121 Minimum Earned and Special CAT Minimum Earned Premium  
VRU-011-0516 Claims Reporting Information Notice  
VRU-012-0121 Allocation Endorsement  
VRU-016-0821 TRIA Rejection Notice  
VRU-031-0516 Protective Safeguards Endorsement  
VRU-032-0321 Roof Valuation Endorsement  
VRU-057-0718 Total Or Constructive Loss Earned Premium Condition  
VRU-066-1219 Property Cyber and Data Exclusion  
VRU-067-1219 Several Liability Clause  
VRU-075-1120 Sanction Limitation and Exclusion Clause  
VRU-076-0222 Certain Underwriters at Lloyds & Other Insurers Subscribing to Binding Authority UMR B604510568622022 List

Page 2 of 3

VRU-041-0121 General Property Declaration (Syndicated)

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

# Velocity Risk

10 Burton Hills Blvd., Ste. 300  
Nashville, TN 37215

## GENERAL PROPERTY DECLARATIONS

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

111-111-1111 VRU Coverage Change Endorsement


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THESE DECLARATIONS TOGETHER WITH THE COVERAGE PART DECLARATIONS, COVERAGE FORMS AND  
ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE CONTRACT OF INSURANCE.

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Countersigned: 3/23/2022  
Date

By:



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Authorized Representative

## POLICY PREMIUM AND SURPLUS LINES TAX SUMMARY

Attached to and forming part of Policy Number: **MULTIPLE**

<b>Named Insured:</b>	South Texas Independent School District	<b>Policy Number:</b>	MULTIPLE
<b>Coverage:</b>	Property	<b>Carrier:</b>	Multiple – See Participation Schedule Below
<b>Agency:</b>	HUB International Texas, Inc.	<b>Policy Period:</b>	04/01/2022 - 04/01/2023

<b>Policy Premium:</b>	<b>\$344,493.00</b>
<b>Fees:</b>	<b>\$3,000.00</b>
<b>Surplus Lines Taxes:</b>	<b>\$17,114.03</b>
<b>Total:</b>	<b>\$364,607.03</b>

Carrier	NAIC #	Policy Number	Premium	Fees	Surplus Lines Tax	Stamping Fee
Certain Underwriters at Lloyd's, London	AA1122000	VRN-CN-0000561-06	\$24,114.51	\$210.00	\$1,179.74	\$18.24
RenaissanceRe Specialty U.S.	AA3191238	VRN-CN-0000561-06	\$24,114.51	\$210.00	\$1,179.74	\$18.24
in Underwriters at Lloyd's, London	AA1122000	VNB-CN-0000561-06	\$86,123.25	\$750.00	\$4,213.35	\$65.16
Independent Specialty Insurance Company	39640	VUX-CN-0000561-06	\$137,797.20	\$1,200.00	\$6,741.36	\$104.26
Interstate Fire & Casualty Company	22829	VRX-CN-0000561-06	\$72,343.53	\$630.00	\$3,539.22	\$54.73
<b>Total</b>			<b>\$344,493.00</b>	<b>\$3,000.00</b>	<b>\$16,853.41</b>	<b>\$260.62</b>

### FEES:

Fee	Taxable	Amount
Market Policy Fee	Yes	\$500.00
Market Inspection Fee	Yes	\$1,500.00
Amwins Service Fee	Yes	\$1,000.00
<b>Total Fees</b>		<b>\$3,000.00</b>

### SURPLUS LINES TAX CALCULATION:

Description	Taxable Premium	Taxable Fee	Tax Basis	Rate	Tax
<b>Texas</b>					
Surplus Lines Tax	\$344,493.00	\$3,000.00	\$347,493.00	4.850%	\$16,853.41
Stamping Fee	\$344,493.00	\$3,000.00	\$347,493.00	0.075%	\$260.62
<b>Total Surplus Lines Taxes and Fees</b>					<b>\$17,114.03</b>

## SURPLUS LINES DISCLOSURE

### Texas

This insurance contract is with an insurer not licensed to transact insurance in this state and is issued and delivered as surplus line coverage under the Texas insurance statutes. The Texas Department of

Insurance does not audit the finances or review the solvency of the surplus lines insurer providing this coverage, and the insurer is not a member of the property and casualty insurance guaranty association created under Chapter 462 Insurance Code. Chapter 225, Insurance Code, requires payment of a 4.85 percent tax on gross premium.

Surplus Lines Licensee Name: Amwins Insurance Brokerage, LLC  
4726 Piedmont Row Dr., Suite 600  
Charlotte, NC 28216



**BUSINESS AUTO DECLARATIONS**



Issued by Political Subdivision Allinace of Texas

Policy Number AS5-Z51-294316-012

Issuing Office 034A

Issue Date 05/04/2022

Account Number 5-294316

Association 4130

**ITEM ONE - Named Insured and Mailing Address**

South Texas Ind. School Dist.  
100 Med High Drive  
Mercedes, TX 78570

Form of  
Business: All Other

Business of the  
named insured is: Elementary and Secondary  
Schools

Policy Period: The policy period is from 04/01/2022 to 04/01/2023 12:01 A.M. standard time at the Insured's mailing address.

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

ITEM TWO - Schedule of Coverages and Covered Autos - Refer to Pages 2 and 3

**SCHEDULE**

The declarations are completed on the following pages and on the accompanying "Declarations Extension Schedule(s)".

Schedule Premium \$82,535

Endorsement Premium \$525

Total Estimated Premium \$83,060

Other Charge(s) \$560.00

Policywriting Minimum Premium \$500

Premium will be billed

Forms Applicable: See Attached Inventory

Producer 0073-028934  
HUB INTERNATIONAL TEXAS, INC.  
121 PECAN BLVD  
MCALLEN, TX 785019556

Policy Number AS5-Z51-294316-012

ITEM TWO – Schedule of Coverages and Covered Autos

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the COVERED AUTOS Section of the Business Auto Coverage Form next to the name of the coverage.

Coverage	Covered Autos	Limit	Premium
Liability (LIAB)*	01	\$1,000,000	\$66,875
Compulsory Bodily Injury (MA only)		\$ 20,000 Each Person \$ 40,000 Each Accident	
Optional Bodily Injury (MA only)		Each Person Each Accident	
Property Damage (Compulsory Limit \$5,000) (MA only)		Each Accident	
Personal Injury Protection (PIP) (or equivalent No-Fault Coverage)		Separately stated in each PIP Endorsement	
Added Personal Injury Protection (PIP) (or equivalent added No-Fault Coverage)		Separately stated in each Added PIP Endorsement	
Extraordinary Medical Benefits Coverage (EMB) (PA only)		Separately stated in the EMB Endorsement	
Optional Basic Economic Loss Coverage (OBEL) (NY only)		Separately stated in the OBEL Schedule	
Property Protection Insurance (PPI) (MI only)		Separately stated in the PPI Endorsement	
Medical Expense and Income Loss Benefits (ME/ILB) (VA only)		Separately stated in the Medical Expense and Income Loss Benefits Endorsement	
Auto Medical Payments (MED)	02	\$5,000	\$1,407
Uninsured Motorists (UM)	02	See UM/UIM Schedule	\$8,872
Underinsured Motorists (UIM) (When not included in Uninsured Motorists Coverage)		See UM/UIM Schedule	
Supplementary Uninsured/Underinsured Motorists (SUM) (NY only)		See state Schedule of Limits for SUM insurance	
Uninsured Motorists (Compulsory Limits \$20,000/\$40,000) (MA only)		See UM/UIM Schedule	

\* New York only - Includes Supplemental Spousal Liability (SSL) if CA 04 20 is attached to this policy.

Policy Number AS5-Z51-294316-012

ITEM TWO – Schedule of Coverages and Covered Autos (continued)

Coverage	Covered Autos	Limit	Premium
Physical Damage Comprehensive Coverage (COMP)	02,08	Actual Cash Value or Cost of Repair, whichever is less, minus \$1,000 deductible for each covered "auto", but no deductible applies to "loss" caused by fire or lightning. * See ITEM FOUR for Hired or Borrowed "Autos"	\$2,587
Physical Damage Specified Causes Of Loss Coverage (SCL)		Actual Cash Value or Cost of Repair, whichever is less, minus deductible for each covered "auto" for "loss" caused by mischief or vandalism. See ITEM FOUR for Hired or Borrowed "Autos"	
Physical Damage Collision Coverage (COLL)	02,08	Actual Cash Value or Cost of Repair, whichever is less, minus \$1,000 deductible for each covered "auto". See ITEM FOUR for Hired or Borrowed "Autos"	\$2,794
Physical Damage Limited Collision Coverage (MA only)		Actual Cash Value or Cost of Repair, whichever is less, minus deductible for each covered "auto" as stated in ITEM THREE	
Physical Damage Towing and Labor		See ITEM THREE Schedule of Covered "Autos" You Own for the limit for each disablement of a private passenger auto	

\* The wording "but no deductible applies to "loss" caused by fire or lightning" does not apply in New York.

The following information, required by state regulation, is hereby affixed to the Declarations page of your policy.

**BUSINESS AUTO DECLARATIONS EXTENSION SCHEDULE -  
HIRED OR BORROWED AUTOS AND NONOWNED AUTOS**

## ITEM FOUR - Schedule of Hired or Borrowed Covered Auto Coverage and Premiums

Liability Coverage – Cost of Hire Rating Basis for Autos NOT Used in Your Motor Carrier Operations (Other than Mobile or Farm Equipment)				
State	Estimated Annual Cost of Hire	Rate per Each \$100	Factor (if Liability Coverage is Primary)	Premium
TX	\$5,000	LIAB	3.180	\$184
Minimum Premium			Total Premium	\$184
For Liability Coverage for "autos" NOT used in your motor carrier operations, cost of hire means the total amount you incur for the hire of "autos" you don't own (not including "autos" you borrow or rent from your partners or "employees" or their family members). Cost of hire does not include charges for services performed by motor carriers of property or passengers.				

Physical Damage Coverages – Cost of Hire Rating Basis for All Autos (Other than Mobile or Farm Equipment)						
Coverage	State	Limit of Insurance	Minimum Premium	Estimated Annual Cost of Hire	Rate per Each \$100 Annual Cost of Hire	Premium
Comprehensive	TX	Actual Cash Value or Cost of Repair, whichever is less, minus \$1,000 deductible for each covered "auto", but no deductible applies to loss caused by fire or lightning*		\$5,000	0.090	\$57
Specified Causes of Loss		Actual Cash Value or Cost of Repair, whichever is less, minus deductible for each covered "auto" for loss caused by mischief or vandalism				
Collision	TX	Actual Cash Value or Cost of Repair, whichever is less, minus \$1,000 deductible for each covered "auto"		\$5,000	0.176	\$57
Total Premium						\$114
For Physical Damage Coverages, cost of hire means the total amount you incur for the hire of "autos" you don't own (not including "autos" you borrow or rent from your partners or "employees" or their family members). Cost of hire does not include charges for any "auto" that is leased, hired, rented or borrowed with a driver.						

\* The wording "but no deductible applies to "loss" caused by fire or lightning" does not apply in New York.

Policy Number AS5-Z51-294316-012

ITEM FIVE – Schedule for Non-Ownership Liability

Named Insured's Business	Rating Basis	Number	Premium
Other than Garage Service Operations and Other than Social Service Agencies	Number of Employees	661	\$1,301
	Number of Partners (Active and Inactive)		
Garage Service Operations	Number of Employees Whose Principal Duty Involves the Operation of Autos		
	Number of Partners (Active and Inactive)		
Social Service Agencies	Number of Employees		
	Number of Volunteers Who Regularly Use Autos to Transport Clients		
	Number of Partners (Active and Inactive)		
Employees as Insureds	Number of Employees		
Volunteers as Insureds	Number of Volunteers		
Total Premium			\$1,301

Policy number AS5-Z51-294316-012

### SUMMARY OF REQUIRED STATE SURCHARGES

State	Surcharge Amount
TX MOTOR VEHICLE CRIME PREVENTION AUTHORITY FEE	\$ 560

<b>TOTAL SURCHARGE AMOUNT</b>	<b>\$560.00</b>
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Policy Number AS5-Z51-294316-012

## UNINSURED/UNDERINSURED MOTORISTS INSURANCE (UM/UIM) SCHEDULE

Note: Applicable endorsements may reduce the amount payable to less than the stated limit of insurance.  
(For NH refer to NH Uninsured Motorists Coverage Endorsement)

State	Vehicle Type Option	Coverage	Limits	Limit Description
TX		UM BI	\$60,000	each accident
TX		UM BI	\$30,000	each person
TX		UM PD	\$25,000	each accident

### Common Policy Declarations

Policy number YCC-Z51-294316-042

Producer 0073 028934  
HUB INTERNATIONAL TEXAS, INC.  
121 PECAN BLVD  
MCALLEN TX 785019556

Named Insured and Mailing Address

SOUTH TEXAS INDEPENDENT SCHOOL  
DISTRICT  
100 MED HIGH DR  
MERCEDDES TX 785709702

Form of Business School

Assn 4130

Policy Period: 04/01/2022 to 04/01/2023 at 12:01 A.M. standardtime at above mailing address

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGES		PREMIUM
Crime Government Loss Sustained		\$ 1,017
Total Premium		\$ 1,017

Issued by:

Employers Insurance Company Of Wausau  
PO Box 8017  
Wausau Wisconsin 55402-8017  
Telephone # 800-435-4401

Countersigned By

Forms Applicable: See Attached Inventory

Issued: 05/04/2022

IC0002  
03-05

Page 1 of 2



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### **Common Policy Declarations (Continued)**

Policy number YCC-Z51-294316-042

The following information, required by state regulation, is hereby affixed to the Common Policy Declarations page of your policy:

## CRIME DECLARATIONS



Issued by	Employers Insurance Company of Wausau	Issuing Office	034A
Policy Number	YCC-Z51-294316-042	Issue Date	05/04/2022
Renewal of	New	Sub Account	0000
Account Number	5-294316		

Coverage is Written: Primary

### Named Insured and Mailing Address

(Employee Benefit Plan(s) included as Named Insured under Additional Insured Endorsement)

SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT  
100 MED HIGH DR  
MERCEDES TX 785709702

Policy Period: The policy period is from 04/01/2022 to 04/01/2023 12:01 A.M. standard time at the Insured's mailing address.

### COVERAGE, LIMITS OF INSURANCE, AND DEDUCTIBLE

Insuring Agreements	Limit Per Occurrence	Deductible Per Occurrence	Premium
Employee Theft - Per Loss	\$300,000	\$5,000	\$728
Forgery Or Alteration	\$25,000	\$1,000	\$66
Inside the Premises - Theft of Money and Securities	\$25,000	\$1,000	\$71
Inside the Premises - Robbery or Safe	\$25,000	\$1,000	\$91
Burglary of Other Property			
Computer and Funds Transfer Fraud	\$25,000	\$1,000	\$61
Total Premiums:			\$1,017
Tax or Surcharge:			\$0

Endorsements Forming Part Of This Policy When Issued: See Attached Inventory

Cancellation of Prior Insurance - By acceptance of this Policy you give us notice cancelling prior policy numbers; the cancellation to be effective at the time this Policy becomes effective.

Producer  
0073 028934  
HUB INTERNATIONAL TEXAS, INC.  
121 PECAN BLVD  
MCALLEN TX 785019556

Producer  
Rafael Cabaza

PowerPro Select™

**EQUIPMENT BREAKDOWN INSURANCE POLICY  
DECLARATIONS**



Issued by Liberty Mutual Fire Insurance Company

175 Berkeley Street Boston, MA 02116

Policy Number YB2-L9L-468822-022  
Renewal of YB2-L9L-468822-021  
Account Number 9468822

Issuing Office L- Boston  
Issue Date 3/14/2022  
Sub Account 0001

Named Insured  
South Texas ISD

Mailing Address  
100 Med High Drive  
Mercedes, TX 78570

Policy Period: The policy period is from 4/1/2022 to 4/1/2023 12:01 A.M. standard time at the Insured's mailing address.

Premium: \$5,431 (ANNUAL) Premium: \$5,431 (TERM)

Covered Premises: Submitted locations on file at inception of this Policy

Coverage	Limit Of Insurance Or Days/Hours
Limit Per Breakdown	\$100,000,000
1. Property Damage	Included
2. Expediting Expense	Included
3. Business Income	Included
a. Extra Expense	Combined with Business Income
b. Extended Period Of Restoration (Number Of Days Of Coverage)	180 Days
c. Data Or Media	\$1,000,000
4. Spoilage Damage	Included
5. Utility Interruption	Included
(The maximum limit for Utility Interruption, subject to any applicable lower coverage limits, including business income, extra expense, and/or spoilage, respectively)	
a. Coverage applies only if the interruption of services lasts at least:	4 Hours
6. Newly Acquired Premises	Included
a. (Number Of Days Of Coverage)	365 Days
7. Ordinance Or Law	\$2,500,000
8. Errors And Omissions	Included
9. Brands And Labels	Included
10. Contingent Business Income/Extra Expense	\$1,000,000
a. Covered Premises:	Direct Suppliers and Recipients
b. Delivery of Services or Materials; or Sales:	All Services & Materials

For the above Coverages, Insurance applies only to a coverage for which a Limit of Insurance, a number of Days/Hours or the word INCLUDED is shown. If INCLUDED is shown, then the limit for that coverage is part of the Limit Per Breakdown.

Coverage Limitations	Limit Of Insurance
Ammonia Contamination	Included
Consequential Loss	Included
Data And Media	\$1,000,000
Hazardous Substance	\$2,000,000
Water Damage	Included

Limited Coverage For Fungus, Wet Rot And Dry Rot

Limit	\$15,000
Business Income and/or Extra Expense – Number Of Days	30

Increased Cost of Loss and Related Expenses for "Green" Upgrades

Property Damage Limit	\$100,000
Business Income and/or Extra Expense – Number of Days	30

Deductibles	Amounts, Hours Or Days
Combined Deductible	\$5,000
Property Damage	Included in Combined Deductible
Business Income Extra Expense	Included in Combined Deductible
Spoilage Damage	Included in Combined Deductible
Utility Interruption	Business Income, Extra Expense and/or Spoilage deductible apply

Other:

Conditions And Optional Coverages	Limit Of Insurance
Business Income Report Date	
Business Income Annual Value	
Business Income Coinsurance	Waived
Diagnostic Equipment	Included

Other Conditions

0064 000599  
AMWINS BROKERAGE OF TEXAS INC  
5910 N CENTRAL EXPY STE 500  
DALLAS, TX 75206

**SCHOOL LEADERS ERRORS AND OMISSIONS LIABILITY DECLARATIONS  
CLAIMS-MADE**



Issued by Political Subdivision Alliance of Texas

Policy Number	R62-Z51-294316-022	Issuing Office	034A
Renewal of	New	Issue Date	04/28/2022
Account Number	5-294316	Sub Account	0000
Named Insured and Mailing Address		Franchise	4130
SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT			
100 MED HIGH DR			
MERCEDDES TX 785709702			

Form of Business Other

Policy Period: The policy period is from 04/01/2022 to 04/01/2023 12:01 A.M. standard time at the Insured's mailing address.

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

**LIMITS OF INSURANCE**

Each Wrongful Act Limit	\$	1,000,000
Aggregate Limit	\$	1,000,000
Aggregate Defense Expense Amount – Non-Monetary Relief	\$	100,000

**DEDUCTIBLE**

One "Wrongful Act" Deductible	\$	25,000
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**RETROACTIVE DATE**

This insurance does not apply to "wrongful acts" committed before the Retroactive Date, if any, shown here (Enter Date or "None" if no Retroactive Date applies): Retroactive date: None

CLAIMS-MADE INCEPTION DATE: 04/01/2022

**SCHEDULE**

The declarations are completed on the accompanying "Declarations Extension Schedule(s)".

School Leaders Errors and Omissions Liability Coverage Part Premium	\$	18,344
Endorsement Premium	\$	537
Total Estimated Premium	\$	18,881
Other Charge(s)	\$	

Policywriting Minimum Premium \$1,750

Forms Applicable: See Attached Inventory

Producer 0073 028934

HUB INTERNATIONAL TEXAS, INC.

121 PECAN BLVD

MCALLEN TX 785019556

## DECLARATIONS EXTENSION SCHEDULE – CLASSIFICATION DESCRIPTIONS

Policy number R62-Z51-294316-022

<b>Class Code</b>	<b>Description</b>
75333	ELEMENTARY AND SECONDARY SCHOOLS-PUBLIC
75333	Non-Monetary Relief Defense Coverage

## Effective with UNDERWRITERS AT LLOYD'S, LONDON

Administered by Hiscox Inc.

5 Concourse Parkway Suite 2150, Atlanta, GA 30328

(646) 452-2353



### Standalone Terrorism & Sabotage Insurance

#### DECLARATIONS

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

- |                    |               |                                       |
|--------------------|---------------|---------------------------------------|
| <b>Broker No.:</b> | US 0000237    | AmWINS Brokerage of Texas (Dallas)    |
| <b>Policy No.:</b> | UTS2562217.22 | 5910 N. Central Expressway, Suite 500 |
| <b>Renewal of:</b> | UTS2562217.21 | Dallas, TX 75206                      |
- 
- |                          |  |
|--------------------------|--|
| <b>1. Named insured:</b> | South Texas Independent School District    |
| <b>Address:</b>          | 100 Med High Dr<br>Mercedes, TX 78570-9702 |
- 
- |                          |   |                                    |
|--------------------------|---|------------------------------------|
| <b>2. Policy period:</b> | <b>Inception Date:</b> 04/01/2022   | <b>Expiration Date:</b> 04/01/2023 |
|                          | Inception date shown shall be at 12:01 A.M. (Standard Time) to Expiration date shown above at 12:01 A.M. (Standard Time) at the address of the Named Insured. |                                    |
- 
- |   |  |
|---|--|
| <b>3. General terms and conditions wording:</b> | TR5 P0001 CW (09-17)<br>The General terms and conditions applies to this policy in conjunction with the specific wording detailed in each section below. |
|---|--|
- 
- |                         |   |
|-------------------------|---|
| <b>4. Endorsements:</b> | E2007.6 - Lloyd's Syndicate (33) Endorsement, E2010.1 - Premium Payment Clause (Reinsurance), E2013.1 - Service of Suit Endorsement, E2017.1 - Policyholder Disclosure Notice of Terrorism Insurance Cover, and E2046.1 - Specified Loss Payees Endorsement |
|-------------------------|---|
- 
- |   |  |
|---|--|
| <b>5. Location of property insured:</b> | Location(s) filed with and agreed to by Hiscox |
|---|--|
- 
- |                                      |   |
|--------------------------------------|---|
| <b>6. Notification of claims to:</b> | Hiscox Claims<br>5 Concourse Parkway, Suite 2150<br>Atlanta GA, 30328<br>Fax: 678-731-9501<br>Email: <a href="mailto:Terrorism.Claims@Hiscox.com">Terrorism.Claims@Hiscox.com</a> |
|--------------------------------------|---|
- 
- |  |  |
|--|--|
| <b>Additional notification requirements:</b> | For crisis support following any active shooter event, you must also notify Control Risks at 1-833-439-8346. |
|--|--|
- 
- |                           |           |
|---------------------------|-----------|
| <b>7. Policy premium:</b> | \$ 14,353 |
|---------------------------|-----------|

## Standalone Terrorism & Sabotage Insurance DECLARATIONS

### 8. Coverage summary:

Coverage Part	Layer Limit of Liability	Layer Premium	Hiscox Participation
Terrorism and Sabotage	\$ 100,000,000 Per Occurrence / \$ 100,000,000 Aggregate Excess of: N/A	\$ 11,326	100%
Active Shooter and Malicious Attack	\$ 1,000,000 Per Occurrence / \$ 1,000,000 Aggregate Excess of: N/A	\$ 3,027	100%
<b>Hiscox Per Occurrence Aggregate Limit of Liability for Above Coverage Parts:</b>		<b>\$ 100,000,000</b>	
<i>For details about any applicable quota share arrangement, please see the corresponding Coverage Part below.</i>			

### Terrorism and Sabotage Coverage Part: TR5 P0004 CW (07-19)

Hiscox Participation:	100%
Hiscox Terrorism and Sabotage Limit of Liability:	\$ 100,000,000 Per Occurrence / \$ 100,000,000 Aggregate
Total Insured Value:	\$ 164,588,455
Business Interruption Sublimit	\$ 0
Civil or Military Authority Sublimit	\$ 1,000,000, 30 Day(s), and 1 Mile(s)
Debris Removal Expenses Sublimit	\$ 250,000
Decontamination Costs Excluding NCBR Sublimit	\$ 250,000
Demolition and Increased Cost of Construction Sublimit	\$ 1,000,000
Errors and Omissions Sublimit	\$ 250,000
Electronic Data Processing Media Sublimit	\$ 1,000,000
Extended Period of Indemnity Sublimit	\$ 0 and 180 Day(s)
Fine Art Sublimit	\$ 250,000
Ingress/Egress Sublimit	\$ 1,000,000, 30 Day(s), and 1 Mile(s)
Preservation of Property Sublimit	\$ 250,000
Professional Fees Sublimit	\$ 250,000
Relocation Expense Sublimit	\$ 250,000
Service Interruption Sublimit	\$ 1,000,000, 30 Day(s), and 1 Mile(s)
Transit Sublimit	\$ 250,000
Valuable Papers Sublimit	\$ 250,000
Accounts Receivable Sublimit	\$ 250,000



## Standalone Terrorism & Sabotage Insurance DECLARATIONS

Automatic Coverage Sublimit	\$ 1,000,000 and 30 Day(s)
Commissions, Profits, and Royalties Sublimit	\$ 250,000
Contingent Business Interruption – Named Suppliers/Customers Sublimit	\$ 0
Contingent Business Interruption – Unnamed Suppliers/Customers Sublimit	\$ 0
Delay in Startup Costs Sublimit	\$ 250,000
Fire Protective Systems Sublimit	\$ 10,000
Green Building Additional Expense Sublimit	\$ 250,000
Key and Lock Expense Sublimit	\$ 250,000
Landscaping Sublimit	\$ 10,000
Leasehold Interest Sublimit	\$ 0
Loss of Attraction Sublimit	\$ 0, 0 Day(s), and 0 Mile(s)
Miscellaneous Unnamed Locations Sublimit	\$ 1,000,000 and 30 Day(s)
Newly Acquired Locations Sublimit	\$ 1,000,000 and 90 Day(s)
Property In Course of Construction Sublimit	\$ 1,000,000
Rental Income Sublimit	\$ 0
Soft Costs Sublimit	\$ 250,000
Deductible:	\$ 10,000
Waiting Period:	0 Hour(s)
Terrorism and Sabotage Premium:	\$ 11,326
Endorsements:	NONE

*Unless otherwise specified, all sublimits listed above apply on a per occurrence basis and are a part of, and not in addition to, the Terrorism and Sabotage limit of liability.*

### Active Shooter and Malicious Attack Coverage Part: TR5 P0012 CW (05-21)

Hiscox Participation:	100%
Hiscox Active Shooter and Malicious Attack Limit of Liability:	\$ 1,000,000 Per Occurrence / \$ 1,000,000 Aggregate
Total Insured Value:	\$ 164,588,455
Additional Security Measures Sublimit	\$ 250,000
Counseling Sublimit	\$ 250,000
Public Relations Costs Sublimit	\$ 250,000
Miscellaneous Crisis Management Expenses Sublimit	\$ 250,000
Deductible:	\$ 0
Waiting Period:	0 Hour(s)



**HISCOX R5™**

rapid response • recover • rebuild • renew

## Effective with UNDERWRITERS AT LLOYD'S, LONDON

Administered by Hiscox Inc.

5 Concourse Parkway Suite 2150, Atlanta, GA 30328

(646) 452-2353

### Standalone Terrorism & Sabotage Insurance DECLARATIONS

Active Shooter and Malicious Attack Premium:

\$ 3,027

Endorsements:

NONE

*Unless otherwise specified, all sublimits listed above apply on a per occurrence basis and are a part of, and not in addition to, the Active Shooter and Malicious Attack limit of liability.*

In accordance with the authorization granted to Hiscox Inc. under Contract No. B1234HisInc2020 by certain Underwriters at Lloyd's, London, whose names and the proportions underwritten by them can be ascertained by reference to the said Contract, which bears the Seal of Lloyd's Policy Signing Office and is on file at the office of the said Agency and in consideration of the premium specified herein, the said Underwriters do hereby bind themselves, each for their own part and not one for another, their heirs, executors and administrators, to insure as follows in accordance with the terms and conditions contained or endorsed hereon.

The Certificate terms and conditions contained herein or endorsed hereon and such other provisions, agreements or conditions as may be endorsed hereon or added hereto are hereby incorporated in this Certificate. No representative of the Underwriters shall have the power to waive or be deemed to have waived any provision or condition of this Certificate unless such waiver, if any, shall be written upon or attached hereto; nor shall any privilege or permission affecting the insurance under this Certificate exist or be claimed by the Insured(s) unless so written or attached.

IN WITNESS WHEREOF this Certificate has been signed at New York, New York

Authorized Representative  
Kevin Kerridge

March 9, 2022

Hiscox Inc.

## POLICY PREMIUM AND SURPLUS LINES TAX SUMMARY

Attached to and forming part of Policy Number: UTS2562217.22

<b>Named Insured:</b>	South Texas Independent School District	<b>Policy Number:</b>	UTS2562217.22
<b>Coverage:</b>	Terrorism	<b>Carrier:</b>	Certain Underwriters at Lloyd's, London
<b>Agency:</b>	HUB International Texas, Inc.	<b>Policy Period:</b>	04/01/2022 - 04/01/2023

<b>Policy Premium:</b>	<b>\$14,353.00</b>
<b>Fees:</b>	<b>\$250.00</b>
<b>Surplus Lines Taxes:</b>	<b>\$719.20</b>
<b>Total:</b>	<b>\$15,322.20</b>

### FEES:

Fee	Taxable	Amount
Amwins Service Fee	Yes	\$250.00
<b>Total Fees</b>		<b>\$250.00</b>

### SURPLUS LINES TAX CALCULATION:

Description	Taxable Premium	Taxable Fee	Tax Basis	Rate	Tax
<b>Texas</b>					
Surplus Lines Tax	\$14,353.00	\$250.00	\$14,603.00	4.850%	\$708.25
Stamping Fee	\$14,353.00	\$250.00	\$14,603.00	0.075%	\$10.95
<b>Total Surplus Lines Taxes and Fees</b>					<b>\$719.20</b>

## SURPLUS LINES DISCLOSURE

### Texas

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

Surplus Lines Licensee Name: AmWINS Brokerage of Texas, Inc.  
5910 N. Central Expressway, Suite 500  
Dallas, TX 75206

# STARR

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## INSURANCE COMPANIES

Starr Indemnity & Liability Company  
Dallas, Texas

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

### ADMINISTRATIVE CHANGE RIDER #5

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

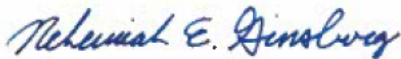
Effective **April 1, 2022**, the Policy is renewed as follows:

**POLICY PERIOD:** April 1, 2022 at 12:01 A.M through April 1, 2023 at 12:01 A.M

**PREMIUMS:** \$556.00


In all other respects, the Policy remains the same.

Signed for STARR INDEMNITY & LIABILITY COMPANY:



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Nehemiah E. Ginsburg,  
General Counsel and Secretary



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Steve Blakey,  
President and Chief Executive Officer



SOUTTEX-18

CHERNANDEZ1

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/19/2023

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

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

<b>PRODUCER</b> Hub International Insurance Services 121 Pecan Blvd Mc Allen, TX 78501	<b>CONTACT NAME</b>	
	<b>PHONE (A/C, No, Ext)</b> (956) 682-2841	<b>FAX (A/C, No)</b> (956) 630-4015
	<b>E-MAIL ADDRESS</b>	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>INSURER A</b> Liberty Insurance Corporation	
	<b>INSURER B</b> Texas Political Subdivisions	
<b>INSURED</b>  South Texas ISD 100 Med High Drive Mercedes, TX 78570	<b>NAIC #</b> 42404	
	<b>INSURER C</b> Liberty Mutual Fire Insurance Company	
	<b>INSURER D</b>	
	<b>INSURER E</b>	
	<b>INSURER F</b>	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE L MIT APPL ES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:			TB5-Z51-294316-032	4/1/2022	4/1/2023	EACH OCCURRENCE \$ 5,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 5,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ 5,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			AS5-Z51-294316-012	4/1/2022	4/1/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCR PTION OF OPERATIONS below		N / A	22-H0718	9/1/2022	9/1/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACC DENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
C	Errors & Omissions			R62-Z51-294316-022	4/1/2022	4/1/2023	Aggregate Limit 1,000,000

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

## CERTIFICATE HOLDER

## CANCELLATION

South Texas ISD 100 Med High Drive Mercedes, TX 78570	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 

EXHIBIT E

2022-2023 Employee Enrollment	
Staff	Count
Teachers	312
Support Staff	104
Administration	17
Secretaries	30
Aides	48
Maintenance	138
Cafeteria	26
	675

2022-2023 District Student Enrollment	
Grade Level	Enrollment
6th	378
7th	394
8th	627
9th	783
10th	787
11th	726
12th	649
District Enrollment	4344

Number of student games/externships	
Powder puff	100
Externship	100
Dates to be determined	

Number of student and age group for each Sport				
SPORT	Age 12	Ages 13-15	Ages 16-18	Ages 19 & Over
Boys Baseball	18	24	52	
Boys Basketball	16	54	51	
Boys Cross Country	15	38	47	
Boys Flag Football	9	60	62	
Boys Golf	9	36	25	
Boys Soccer	16	67	83	
Boys Tennis	19	16	25	
Boys Volleyball			46	
Girls Basketball	20	60	40	
Girls Cross Country	17	42	40	
Girls Golf	10	28	30	
Girls Soccer	23	71	74	
Girls Softball	9	15	20	
Girls Tennis	10	22	15	
Girls Volleyball	14	49	50	
E- Sports Girls		40	26	
E- Sports Boys		56	70	
Totals				
BOYS	914			
GIRLS	851			
Total Students	1765			



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Texas ISD**

**RIO GRANDE VALLEY | GRADES 7-12**

EXHIBIT F

Additional Information

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

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

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

ADA/Handicap accommodations? Yes

Handling complaints of sexual harassment? Yes

Handling complaints of discrimination? Yes

At Will Employment for non-contract employees? Yes

Progressive discipline and termination? Yes

Anti-Discrimination? Yes

Anti-Harassment? Yes

Conflict of Interest? Yes

Equal Opportunity Employment? Yes

Human resources procedures? Yes

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

Is a job posting system consistently followed? Yes

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

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

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

How often are anti-virus software signatures updated? Automatically

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

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



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**RIO GRANDE VALLEY | GRADES 7-12**

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

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

If yes, please describe. N/A

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

If yes, please describe. N/A

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

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

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

Number of EEOC hearings sought in past two years? 1

Does your entity participate in any employee leasing contracts? No

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

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

What is the number of nurses for the district? 6

Ambulance is located in the building and being used for instructional purposes.