Always Innovating
South Texas ISD
RIO GRANDE VALLEY | GRADES 6-12

7001 E. EXPRESSWAY 83, 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 27-001**

EFFECTIVE DATES: **2025-2026 SCHOOL YEAR**

Sealed proposals will be received no later than **2:00 PM, Tuesday, January 27, 2026.** Bids must be plainly marked on the outside of envelope **SEALED Proposal: RFP 27-001, Property & Liability Insurance,** STISD, Business Office,7001 E. Expressway 83, 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

EFRAIN GARZA
Deputy Superintendent

MARLA R. KNAUB
Assistant Superintendent for Finance & Operations

LISSA FRAUSTO, MBA, SPHR
Assistant Superintendent for Human Resources

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TIMELINE FOR SOLICITATION PROCESS

December 20, 2025 – Bid Posted

December 22, 2025 – January 9, 2026 - Winter Break: Office Closed, Staff resumes January 12, 2026.
January 19, 2026 – Last day for question submission 5:00pm
January 27, 2026 – Bid Due

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

EFRAIN GARZA
Deputy Superintendent

MARLA R. KNAUB
Assistant Superintendent for Finance & Operations

LISSA FRAUSTO, MBA, SPHR
Assistant Superintendent for Human Resources

SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT
RFP 27-001 PROPERTY AND LIABILITY INSURANCE

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SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT
RFP 27-001 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

"cc" **reynaldo.cantu@stisd.net**

SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT

BUSINESS OFFICE

7001 E. EXPRESSWAY 83, 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 27-001 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

Student Medical Professional

Law Enforcement Liability

Flood Insurance

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 "cc" reynaldo.cantu@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 27-001 – 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
7001 East Expressway 83
Mercedes, TX 78570

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

Marla.knaub@stisd.net
Marla R. Knaub
Assistant Superintendent for Finance & Operations
South Texas Independent School District
7001 East Expressway 83
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 Directors. 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, 7001 East Expressway 83, Mercedes, TX 78570, no later than 2:00 PM, Tuesday, January 27, 2026 in a sealed envelope, clearly marked:

RFP 27-001 – Property & Liability Insurance

4. The proposals will be opened in public at 2:00 PM, Tuesday, January 27, 2026. The proposals shall be opened in a manner to avoid disclosure of contents to competing vendors and the contents shall be kept secret during the process of proposal negotiations.

5. The parties submitting the selected proposals will be notified on or about March 1, 2026 of the District's decision.

6. The contract effective date is April 1, 2026 to March 31, 2026.

7. Insurance Binders are to be delivered no later than March 31, 2026.

8. Policies or coverage documents are to be provided to the District by April 1, 2026.

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. 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:

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

The South Texas ISD Board of Directors 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, 2026 to March 31, 2027

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 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 27-001 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 27-001 PROPERTY AND LIABILITY INSURANCE

AGENT'S STATEMENT

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

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

COVERAGE/SERVICES	INSURANCE COMPANY

Type Agent's Name

Agent's Telephone

Agent's Signature

Date

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 December 2, 2025 is attached. Total replacement cost value is the following:

Building Physical Property	$ 197,320,070
Building Personal Property	$ 37,694,013
	$ 235,022,082

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

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 04/01/2026 to 03/31/2027	
Second Year Premium	$ _____
Period 04/01/2027 to 03/31/2028	
Third Year Premium	$ _____
Period 04/01/2028 to 03/31/2029	
b. Alternate Coverage (Attach complete coverage information)	
First Year Premium	$ _____
Period 04/01/2026 to 03/31/2027	
Second Year Premium	$ _____
Period 04/01/2027 to 03/31/2028	
Third Year Premium	$ _____
Period 04/01/2028 to 03/31/2029	

Options:

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

E. LIST ANY DEVIATIONS OR ADDITIONAL INFORMATION:

_____

_____

_____

_____

_____

_____

_____

_____

_____ _____
Company Name Authorized Signature

_____ _____
Address Type Signatory's Name and Title

_____ _____
Date

_____ _____
Telephone Number Fax Number

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

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

Description	Premium
1. Duplicate Current Coverage	
a. Duplicate Current Coverage (Attach complete coverage information)	
First Year Premium	$ _____
Period 04/01/2026 to 03/31/2027	
Second Year Premium	$ _____
Period 04/01/2027 to 03/31/2028	
Third Year Premium	$ _____
Period 04/01/2028 to 03/31/2029	
b. Alternate Coverage (Attach complete coverage information)	
First Year Premium	$ _____
Period 04/01/2026 to 03/31/2027	
Second Year Premium	$ _____
Period 04/01/2027 to 03/31/2028	
Third Year Premium	$ _____
Period 04/01/2028 to 03/31/2029	

E. LIST ANY VARIATIONS TO RFP SPECIFICATIONS:

_____

_____

_____

_____

_____

_____

_____

_____

_____ _____
Company Name Authorized Signature

_____ _____
Address Type Signatory's Name and Title

_____ _____
Date

_____ _____
Telephone Number Fax Number

SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT
RFP 27-001 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

C. COVERAGE PROVISIONS

1. Policy Limits	Per Occurrence	Aggregate
a. Overall Policy	$ _____	$ _____
b. Sexual Abuse or Molestation	$ _____	$ _____
c. Sexual Harassment	$ _____	$ _____
d. Corporate Punishment	$ _____	$ _____
e. Other limits Describe	$ _____	$ _____
_____	$ _____	$ _____
_____	$ _____	$ _____

2. Is Corporal Punishment Covered? Yes ☐ No ☐

   If yes, please describe: _____

   _____

3. Are claims alleging discrimination covered? Yes ☐ No ☐

   If yes, please describe: _____

   _____

4. Is sexual harassment, sexual abuse and molestation Yes ☐ No ☐

   If yes, please describe: _____

   _____

5. Describe extended discovery period: _____

   _____

6. Describe prior acts coverage:

   _____

   _____

D. QUOTATION

Description	Premium
1. Duplicate Current Coverage (Attach complete coverage information)	
First Year Premium Period 04/01/2026 to 03/31/2027	$ _____
Second Year Premium Period 04/01/2027 to 03/31/2028	$ _____
Third Year Premium Period 04/01/2028 to 03/31/2029	$ _____
2. Alternate Coverage (Attach complete coverage information)	
First Year Premium Period 04/01/2026 to 03/31/2027	$ _____
Second Year Premium Period 04/01/2027 to 03/31/2028	$ _____
Third Year Premium Period 04/01/2028 to 03/31/2029	$ _____

E. LIST ANY VARIATIONS TO RFP SPECIFICATIONS:

_____

_____

_____

_____ _____
Company Name Authorized Signature

_____ _____
Address Type Signatory's Name and Title

_____ _____
Date

_____ _____
Telephone Number Fax Number

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
	$	

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

Description	Premium
1. Duplicate Current Coverage (Attach complete coverage information)	
First Year Premium Period 04/01/2026 to 03/31/2027	$ _____
Second Year Premium Period 04/01/2027 to 03/31/2028	$ _____
Third Year Premium Period 04/01/2028 to 03/31/2029	$ _____
2. Alternate Coverage (Attach complete coverage information)	
First Year Premium Period 04/01/2026 to 03/31/2027	$ _____
Second Year Premium Period 04/01/2027 to 03/31/2028	$ _____
Third Year Premium Period 04/01/2028 to 03/31/2029	$ _____

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 27-001 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

Description	Premium
1. Duplicate Current Coverage (Attach complete coverage information)	
First Year Premium Period 04/01/2026 to 03/31/2027	$ _____
Second Year Premium Period 04/01/2027 to 03/31/2028	$ _____
Third Year Premium	$ _____

Period 04/01/2028 to 03/31/2029

2. Alternate Coverage

(Attach complete coverage information)

First Year Premium $ _____

Period 04/01/2026 to 03/31/2027

Second Year Premium $ _____

Period 04/01/2027 to 03/31/2028

Third Year Premium $ _____

Period 04/01/2028 to 03/31/2029

E. LIST ANY VARIATIONS TO RFP SPECIFICATIONS:

_____

_____

_____

_____

_____

_____

_____

_____
Company Name

_____
Authorized Signature

_____
Address

_____
Type Signatory's Name and Title

_____
Date

_____
Telephone Number

_____
Fax Number

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	$ _____	$ _____	$ _____

D. QUOTATION

Description	Premium
1. Duplicate Current Coverage	
(Attach complete coverage information)	
First Year Premium	$ _____
Period 04/01/2026 to 03/31/2027	
Second Year Premium	$ _____
Period 04/01/2027 to 03/31/2028	
Third Year Premium	$ _____
Period 04/01/2028 to 03/31/2029	
2. Alternate Coverage	
(Attach complete coverage information)	
First Year Premium	$ _____
Period 04/01/2026 to 03/31/2027	
Second Year Premium	$ _____
Period 04/01/2027 to 03/31/2028	
Third Year Premium	$ _____
Period 04/01/2028 to 03/31/2029	

E. LIST ANY VARIATIONS TO RFP SPECIFICATIONS:

_____

_____

_____

_____

_____

_____

_____

_____
Company Name

_____
Authorized Signature

_____
Address

_____
Type Signatory's Name and Title

_____

_____
Date

_____
Telephone Number

_____
Fax Number

ACCIDENT COVERAGE

A. Background Information

1. No claims incurred within the last five years.
2. Estimated number of students participating in internships/sports games attached. Exhibit E
3. 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

Description	Premium
1. Duplicate Current Coverage (Attach complete coverage information)	
First Year Premium Period 04/01/2026 to 03/31/2027	$ _____
Second Year Premium Period 04/01/2027 to 03/31/2028	$ _____
Third Year Premium Period 04/01/2028 to 03/31/2029	$ _____
2. Alternate Coverage	

(Attach complete coverage information)

First Year Premium $ _____
Period 04/01/2026 to 03/31/2027

Second Year Premium $ _____
Period 04/01/2027 to 03/31/2028

Third Year Premium $ _____
Period 04/01/2028 to 03/31/2029

E. LIST ANY VARIATIONS TO RFP SPECIFICATIONS:

_____

_____

_____

_____

_____

_____

_____

_____

Company Name

_____

Authorized Signature

_____

Address

_____

Type Signatory's Name and Title

_____

_____

Date

_____

Telephone Number

_____

Fax Number

STUDENT MEDICAL PROFESSIONAL INSURANCE

A. BACKGROUND INFORMATION

1. No claims incurred within the last five years.
2. Minimum Liability Limits & Coverage Desired:
   a. Professional Liability — Per Occurrence $2,000,000 / Aggregate $5,000,000
      i Grievance Proceedings
      ii Defendant Expense Benefit
      iii Disposition Representation
      iv Medical Payment
      v First Aid
      vi Damage to Property of Others

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

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

D. QUOTATION

Description	Premium
4. Duplicate Current Coverage (Attach complete coverage information)	
First Year Premium	$ _____
Period 04/01/2026 to 03/31/2027	
Second Year Premium	$ _____
Period 04/01/2027 to 03/31/2028	
Third Year Premium	$ _____
Period 04/01/2028 to 03/31/2029	
5. Alternate Coverage (Attach complete coverage information)	
First Year Premium	$ _____
Period 04/01/2026 to 03/31/2027	
Second Year Premium	$ _____
Period 04/01/2027 to 03/31/2028	
Third Year Premium	$ _____
Period 04/01/2028 to 03/31/2029	

E. LIST ANY VARIATIONS TO RFP SPECIFICATIONS:

_____

_____

_____

_____

_____

_____

_____

_____

Company Name

_____

Authorized Signature

_____

Address

_____

Type Signatory's Name and Title

_____

_____

Date

_____

Telephone Number

_____

Fax Number

LAW ENFORCEMENT INSURANCE

A. BACKGROUND INFORMATION

1. Minimum Liability Limits & Coverage Desired:

   a. Minimum limit of liability is to be $1,000,000 per occurrence and $1,000,000 aggregate

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) Wrongful Act	$ _____	$ _____	$ _____
b) Others	$ _____	$ _____	$ _____
	$ _____	$ _____	$ _____
	$ _____	$ _____	$ _____
	$ _____	$ _____	$ _____

D. QUOTATION

Description	Premium
6. Duplicate Current Coverage (Attach complete coverage information)	
First Year Premium Period 04/01/2026 to 03/31/2027	$ _____
Second Year Premium Period 04/01/2027 to 03/31/2028	$ _____
Third Year Premium	$ _____

Period 04/01/2028 to 03/31/2029

7. Alternate Coverage
   (Attach complete coverage information)
   First Year Premium $ _____
   Period 04/01/2026 to 03/31/2027
   Second Year Premium $ _____
   Period 04/01/2027 to 03/31/2028
   Third Year Premium $ _____
   Period 04/01/2028 to 03/31/2029

E. LIST ANY VARIATIONS TO RFP SPECIFICATIONS:

_____

_____

_____

_____

_____

_____

_____

Company Name

_____

Authorized Signature

_____

Address

_____

Type Signatory's Name and Title

_____

Date

_____

Telephone Number

_____

Fax Number

FLOOD INSURANCE

A. BACKGROUND INFORMATION

2. Minimum Liability Limits & Coverage Desired:

   b. Minimum limit of liability is to be $1,000,000 per occurrence and $100,000 aggregate

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

4. Policy Limits	Per Occurrence	Aggregate	Deductible
a) _____	$ _____	$ _____	$ _____
b) _____	$ _____	$ _____	$ _____
	$ _____	$ _____	$ _____
	$ _____	$ _____	$ _____
	$ _____	$ _____	$ _____

D. QUOTATION

Description	Premium
8. Duplicate Current Coverage (Attach complete coverage information)	

First Year Premium $ _____
Period 04/01/2026 to 03/31/2027
Second Year Premium $ _____
Period 04/01/2027 to 03/31/2028
Third Year Premium $ _____
Period 04/01/2028 to 03/31/2029

9. Alternate Coverage
   (Attach complete coverage information)
   First Year Premium $ _____
   Period 04/01/2026 to 03/31/2027
   Second Year Premium $ _____
   Period 04/01/2027 to 03/31/2028
   Third Year Premium $ _____
   Period 04/01/2028 to 03/31/2029

E. LIST ANY VARIATIONS TO RFP SPECIFICATIONS:

_____

_____

_____

_____

_____

_____

_____

_____ _____
Company Name Authorized Signature

_____ _____
Address Type Signatory's Name and Title

_____ _____
Date

_____ _____
Telephone Number Fax Number

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 -	Student Medical Professional Insurance Quote Form
Section 11-	Law Enforcement Professional Quote Form
Section 12 –	Flood Insurance Quote Form
Section 13 –	Agent's Current License
Section 14 -	Agent's Current License Copy of Agents E & O Insurance Certificate References (Minimum 3 ISD's currently insured by proposed carrier(s)
Section 15 -	Complete Specimen Policy(ies)
Section 16 -	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 (Vendor Certifications)

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
NON-COLLUSION STATEMENT

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

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

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

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

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

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

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

_____
FIRM NAME

_____
ADDRESS

_____
CITY/STATE/ZIP

_____
TYPED NAME OF REPRESENTATIVE(S)

_____
SIGNATURE OF REPRESENTATIVE(S)

_____
DATE

SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT
RFP 27-001 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 – Form1295 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

- 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 30th 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**
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

Always Innovating
South Texas ISD
RIO GRANDE VALLEY | GRADES 6-12

Vendor Application

Vendor Identification:

Name of Company/Firm: _____

Vendor DBA, if appropriate: _____

Tax ID No. _____

List any Cooperative contracts such as EPCNT, TIPS, Buy Board, etc.

_____

_____

_____

Goods and Services Provided:

_____

_____

_____

Vendor Contact Information:

Vendor Mailing Address: _____

Vendor Remit Address: (if different from mailing address)

_____

Vendor Phone Number: _____

Vendor Fax Number: _____

Vendor Website URL: _____

Vendor Email Address: (for distribution of Purchase Orders)

_____

I hereby certify that the above information is true and correct. I further certify that I am an authorized representative of this vendor.

_____ _____

Vendor Authorized Representative (Print Name) Title

_____ _____

Vendor Authorized Representative (Signature) Date

Please note that completing and submitting this form does not mean you are approved to do business with South Texas ISD. Upon receipt and approval of these form, you will be entered into the district's vendor files.

According to Board approved District policy, only Purchasing Department personnel are authorized to make commitments to purchase for South Texas ISD. South Texas ISD, therefore, assumes no liability for payment obligations except those authorized by a properly executed purchase order issued by the Purchasing Department.

Form **W-9**
(Rev. March 2024)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Go to *www.irs.gov/FormW9* for instructions and the latest information.

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

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See ***Specific Instructions*** on page 3.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)

2 Business name/disregarded entity name, if different from above.

3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate

☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . .

Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.

☐ Other (see instructions)

3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . ☐

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any)

Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any)

(Applies to accounts maintained outside the United States.)

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. See also *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**

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*.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

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.**

Individual or company name goes here

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 bus you became aware that the originally filed questionnaire was incomplete or inaccur

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

If you have an outside personal relationship or business arrangement with someone who works at STISD, list their name here. If there is no pre-existing relationship, write N/A here.

_____

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.**

If you have a personal relationship or business arrangement with anyone at STISD, please describe it in this section, and answer questions A and B.

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.**

Complete this section if applicable.

Check if applicable

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 & date required from ALL VENDORS

_____ _____

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.

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

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.

OFFICE USE ONLY

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

MUST FILE ONLINE AT WWW.ETHICS.STATE.TX.US/FILE

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

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 FO COMPANY OFFICIAL AUTHORIZING THIS PROPOSAL

COMPANY OFFICIAL (PRINT NAME)

OFFICIAL TITLE/POSITION

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Vendor Certifications
Agreement Funded by U.S. Federal Grant

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, bu tthe 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 compnay 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:

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.

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
Agreement Funded by U.S. Federal Grant

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)

_____ _____
_____ _____
_____ _____
_____ _____

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.

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.

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.

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.

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."

15. Rights to Inventions Made Under a Contract or Agreement

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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.

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).

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.

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.

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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Phone: 956.565.2454
Web: www.stisd.net
7001 E. Expressway 83, Mercedes, TX 78570

ACH Vendor Direct Deposit Form

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

Section 2: Financial Institution Information (all information is REQUIRED)			
Financial Institution Name			
Financial Institution Address	City	State	Zip Code
Routing Transit Number**	Customer Account Number	Type of Account	
		◯ Checking	◯ 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.

Section 3: Authorization for Direct Deposit Setup (REQUIRED)
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.

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Criminal History Record Information for Contracted Services

CONFIDENTIAL

The Texas Education Code Section 22.0834 authorizes the District to obtain criminal history information on an employee of, or applicant for employment by, a person that contracts with the District to provide services if: the employee or applicant has or will have continuing duties related to the contracted services and the duties are or will be performed on school property or at another location where students are regularly present.

The information requested below is necessary to obtain criminal history record information.

Vendor Name: _____

Campus/Department Originating Contract: _____

Last Name: _____ First Name _____ MI: _____

Social Security Number: _____ Date of Birth: _____

Sex: ( ) Male ( ) Female Ethnicity: ( ) Black ( ) White/Other

I hereby authorize the South Texas Independent School District to obtain from any law enforcement agency or criminal justice agency all criminal history record information that relates to me.

Note to Contractors: The information you are providing about age, sex, and ethnicity will not be used to determine eligibility for award of a contract but will be used solely for the purpose of obtaining criminal history record information.

_____ _____

Signature Date

EXHIBIT A

SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT
Building Contents Statement of Values

12/9/2024

Loc.#	Bldg #	Bldg Name -if applicable (mandatory)	Address including street number (mandatory)	Campus	City	County	State	ZIP Code	Occupancy Description (mandatory)	ISOCode	SQ FT(mandatory)	Year Built (mandatory)	Building	Other Structures	100% Contents Value (mandatory) Funiture and Equipment	Total Location Value
1	1	South Texas ISD Administration Buiilding	7001 West Expressway 83	Central Office	Mercedes	Hidalgo	Texas	78570	Central Offices	4	40,540	2017	14,633,135		843,964	15,477,098
2	2	Include in Administration Building							New Administration Marquee			2022	$-	369,564	-	369,564
3	3	SPED Buiilding	100-700 Med High Dr	SPED	Mercedes	Hidalgo	Texas	78570	SPED Department	5	6,248	1987	1,249,600	$-	88,733	1,338,333
3	4	SPED	100-700 Med High Dr	SPED	Mercedes	Hidalgo	Texas	78570	Portable Buiilding SPED -Aries		1,504	2025	161,881			161,881
									Total Central Office Departments				**16,044,616**	**369,564**	**932,697**	**17,346,876**
2	1	Health Professions High School	700 Med High Dr	Health Professions	Mercedes	Hidalgo	Texas	78570	Health Professions High School - Main Education Building	5	91,069	1985	18,213,800		3,716,414	21,930,214
2		Include to Health Professions Building							HVAC Upgrade ($1,017,999)			2018	1,017,999		-	1,017,999
2		Inlcude to Health Professions Building							Health Professions Window Replacement			2024	163,695			163,695
2	2	Health Professions - C Wing	701 Med High Dr	Health Professions	Mercedes	Hidalgo	Texas	78570	Health Professions C Wing - Simulation Labs	5	24,097	2014	4,819,400		466,402	5,285,802
2	3	Health Professions	700 Med High Drive	Health Professions	Mercedes	Hidalgo	Texas	78570	Pavilion	4	3,660	2007		311,100		311,100
2	4	Storage Building	700 Med High Drive	Health Professions	Mercedes	Hidalgo	Texas	78570	Storage Building	2	302	2000	43,790		5,000	48,790
2	5	Electrical Building	700 Med High Drive	Health Professions	Mercedes	Hidalgo	Texas	78570	Electrical Building	2	210	1985	30,450		5,000	35,450
2		Include to All Buildings							Surveillance and Access Controls			2024			339,968	339,968
2		Include to All Buildings							Automated Logic HVAC (District Wide)			2024			520,689	520,689
2		Include to All Buildings							Tadco Roofing Project			2024	333,564			333,564
2	6	Health Professions Gym	700 Med High Drive	Health Professions	Mercedes	Hidalgo	Texas	78570	Gymnasium		17,996	2025	6,243,446			6,243,446
2	7	Athletic Field	700 Med High Drive	Health Professions	Mercedes	Hidalgo	Texas	78570	Concession Stand and Walkways		1,276	2025	720,408			720,408
2	7	Athletic Field	700 Med High Drive	Health Professions	Mercedes	Hidalgo	Texas	78570	Track, Lighting Fixtures, Fencing					1,105,238		
2	7	Athletic Field	700 Med High Drive	Health Professions	Mercedes	Hidalgo	Texas	78570	Bleachers					192,880		
									Total Health Professions				**31,586,552**	**1,609,218**	**5,053,473**	**36,951,125**
3	1	Science Academy	900 Med High Drive	Science Academy	Mercedes	Hidalgo	Texas	78570	Main Education Building	5	73,029	1992	14,605,800		6,049,870	20,655,670
3	6	Science Academy Electrical Building	900 Med High Drive	Science Academy	Mercedes	Hidalgo	Texas	78570	Electrical Building	2	161	1992	23,345		4,000	27,345
3	7	Science Academy Mechanical Building	900 Med High Drive	Science Academy	Mercedes	Hidalgo	Texas	78570	Mechanical Building	2	78	1992	11,310		1,000	12,310
3	5	Science Academy Fire Pump Building	900 Med High Drive	Science Academy	Mercedes	Hidalgo	Texas	78570	Fire Pump Building	2	161	2000	23,345		4,000	27,345
3	4	Science Academy Zermeno Memorial Gym	900 Med High Drive	Science Academy	Mercedes	Hidalgo	Texas	78570	Zermeno Memorial Gymnasium	5	16,160	2008	3,458,066		403,421	3,861,487
3	3	Career & Technology Building	900 Med High Drive	Science Academy	Mercedes	Hidalgo	Texas	78570	(CATE Building)	5	25,284	2007	2,224,800		145,420	2,370,220
3	3	Include in Career & Technology Buiilding							(CATE Addition Renovation) 14,160 Sq/Ft		Incl	2021	2,619,600		78,715	2,698,315
3	2	SA Ruben Honjosa Innovation Lab	900 Med High Drive	Science Academy	Mercedes	Hidalgo	Texas	78570	Ruben Hinojosa Innovation Lab	4	30,666	2018	6,133,200		711,705	6,844,905
3	8	Portable Buiilding	100-700 Med High Drive	Science Academy	Mercedes	Hidalgo	Texas	78570	Portable Building (SPED Portable Building) SA	IPC	1,440	2012	122,400		5,000	127,400
3	9	Portable Buiilding	100-700 Med High Drive	Science Academy	Mercedes	Hidalgo	Texas	78570	Portbale Building (Technology Portable) SA	1PC	1,440	2012	122,400		5,000	127,400
3		Include to All Buildings							Surveillance and Access Controls			2024			339,968	339,968
3		Include to All Buildings							Automated Logic HVAC (District Wide)			2024			270,429	270,429
3		Science Academy	900 Med High Drive	Science Academy	Mercedes	Hidalgo	Texas	78570	Cafeteria	5	7,980	1992	1,149,000	158,000	80,000	1,387,000
3		Science Academy	900 Med High Drive	Science Academy	Mercedes	Hidalgo	Texas	78570	Arts Building	5	5,194	2006	780,000	147,000	15,000	942,000
3		Include to All Buildings							Tadco Roofing Project			2024	333,564			333,564
3	10	Athletic Field Concession Stand	900 Med High Drive	Science Academy	Mercedes	Hidalgo	Texas	78570	Concession Stand and Walkways		1,276	2025	720,408			720,408
									Total Science Academy				**32,327,238**	**305,000**	**8,113,528**	**40,745,766**
4	4	Maintenance & Transportation	100-700 Med High Dr	Maintenance/Transportation Building	Mercedes	Hidalgo	Texas	78570	New Maintenance Building	5	6,650	2006	1,330,000		214,122	1,544,122
4	5	Shipping & Receiving Warehouse	100-700 Med High Dr	Warehouse	Mercedes	Hidalgo	Texas	78570	Maintenance Shipping/Receiving	3	7,800	1988	1,443,000		30,000	1,473,000
4	6	Biblioteca Las Americas	100-700 Med High Dr	Mercedes Library	Mercedes	Hidalgo	Texas	78570	Library "Las Americas"	5	33,706	1998	6,741,200		845,172	7,586,372
									Total Mercedes Departments				**9,514,200**	**-**	**1,089,294**	**10,603,494**
5	1	World Scholars High School	510 S. Sugar Rd.	World Scholars	Edinburg	Hidalgo	Texas	78539	Main High School Building	5	75,126	1998	14,508,600		3,568,575	18,077,175
5	1	Include to Main High School Building							Main High School Building - Admin Addition 2,583 SQ/F	5	Incl	2016	516,600		58,436	575,036
5	1	Include to Main High School Building							Main High School Building - Intercom SystemReplacement		Incl	2018	-		92,940	92,940
5	2	World Scholars Campus	510 S. Sugar Rd.	World Scholars	Edinburg	Hidalgo	Texas	78539	Gymnasium	5	12,939	1986	2,587,800		237,521	2,825,321
5	3	World Scholars Campus	510 S. Sugar Rd.	World Scholars	Edinburg	Hidalgo	Texas	78539	Albert Hughes Bldg.	5	7,483	1980	1,496,600		122,844	1,619,444
5	4	World Scholars Campus	510 S. Sugar Rd.	World Scholars	Edinburg	Hidalgo	Texas	78539	Cafeteria	5	17,452	1997	3,490,400		320,117	3,810,517
5	5	Gateway to the World	510 S. Sugar Rd.	World Scholars	Edinburg	Hidalgo	Texas	78539	Library	5	16,670	1998	3,334,000		28,153	3,362,153
5	6	World Scholars Campus	510 S. Sugar Rd.	World Scholars	Edinburg	Hidalgo	Texas	78539	Chiller Building	5	1,332	2012	1,551,000		-	1,551,000
5		Include to All World Scholar Buildings							Surveillance and Access Controls		Incl	2024			265,899	265,899
5		Include to All World Scholars Buildings							Automated Logic HVAC (District Wide)			2024			350,256	350,256
5	7	World Scholars	510 S. Sugar Rd.	World Scholars	Edinburg	Hidalgo	Texas	78539	Marquee (Sign)			2019	$-	79,907	-	79,907
5	8	World Scholars	100-700 Med High Drive	Portable	Mercedes	Hidalgo	Texas	78570	Portable Classroom 2 - Edinburg WS	1PC	1,200	1985	102,000		5,000	107,000
5		Include to All Buildings							Tadco Roofing Project			2024	569,984			569,984
5	9	World Scholars	100-700 Med High Drive	Portable	Mercedes	Hidalgo	Texas	78570	Portable Classroom - New Wilscot SPED	1PC	1,504	2025	215,950			215,950
									Total World Scholars				**28,372,934**	**79,907**	**5,049,740**	**33,502,581**
6	1	STPA Jr. High	724 S. Sugar Rd	STPA	Edinburg	Hidalgo	Texas	78539	Main Junior High	5	42,635	1975	8,527,000		3,086,743	11,613,743
6		Include to Main Junior High Building							STPA Restroom Rennovation			2016	168,577		-	168,577
6		Include to Main Junior High Building							Main Junior High - Intercom System Replacement			2018	$-		60,540	60,540
6	2	STPA Administration Building	724 S. Sugar Rd	STPA	Edinburg	Hidalgo	Texas	78539	Administration Building	5	6,323	2009	1,264,600		109,544	1,374,144
6	3	STPA Romeo M Villarreal Bldg	724 S. Sugar Rd	STPA	Edinburg	Hidalgo	Texas	78539	Romeo M. Villarreal Building	5	16,758	2010	3,351,600		278,819	3,630,419
6	4	STPA Campus	724 S. Sugar Rd	STPA	Edinburg	Hidalgo	Texas	78539	Gymnasium Building	5	17,469	2009	3,493,800		116,851	3,610,651
6	5	STPA	724 S. Sugar Rd.	STPA	Edinburg	Hidalgo	Texas	78539	Marquee (Sign)			2020	$-	80,902	-	80,902
6	6	STPA Pavillion	724 S. Sugar Rd	STPA	Edinburg	Hidalgo	Texas	78539	STPA Pavillion		1,600	2024		441,715		441,715
6		Include to All Buildings							Surveillance and Access Controls			2024			265,899	265,899
6		Include to All Buildings							Automated Logic HVAC (District Wide)			2024			350,256	350,256
6		Include to All Buildings							Tadco Roofing Project			2024	569,984			569,984
6	7	STPA Jr. High	724 S. Sugar Rd	STPA	Edinburg	Hidalgo	Texas	78539	Portable Building STPA -New Aries Fine Arts		1,504	2025	161,881			161,881
									Total Prepratory Academy				**17,537,442**	**522,617**	**4,268,652**	**22,328,711**
7	1	Edinburg Bus Barn/Maint Bldg	724 S. Sugar Rd	STPA	Edinburg	Hidalgo	Texas	78539	Edinburg Bus Barn/Maint Building	4	6,380	2021	2,496,000		263,931	2,759,931
7	2	Edinburg Restroom Facility	724 S. Sugar Rd	STPA	Edinburg	Hidalgo	Texas	78539	Edinburg Restroom Facility	4	1,224	2021	245,000		5,000	250,000
7	3	Bus Barn Contaminant Tank	724 S. Sugar Rd	STPA/World Scholars					Edinburg Bus Barn Contaminant Tank			2024		93,963		93,963
									Total Edinburg				**2,741,000**	**93,963**	**268,931**	**3,103,894**
8	1	Rising Scholars Academy	151 S. Helen Moore Rd	RSA	San Benito	Cameron	Texas	78586	Main RSA Building	4	37,590	1980	7,518,000		2,491,293	10,009,293
8	1	Include in Main RSA Building							Restroom Rennovation ($168,577)		Incl	2016	168,577		-	168,577
8	1	Include in Main RSA Building							Main Junior High - Intercom System Replacement		Incl	2018			51,540	51,540
8	2	Life Skills Building	151 S. Helen Moore Rd	RSA	San Benito	Cameron	Texas	78586	Life Skills Building	4	8,952	1986	1,790,400		139,643	1,930,043
8	3	Medical/Tecnology Bldg	151 S. Helen Moore Rd	RSA	San Benito	Cameron	Texas	78586	Medical/Technology Building	4	13,936	2004	2,787,200		234,722	3,021,922
8	4	Gymasium Building	151 S. Helen Moore Rd	RSA	San Benito	Cameron	Texas	78586	Gym	4	13,580	1998	2,716,000		223,289	2,939,289
8	4	Include in Gym							Gym re-roofing		Include	2016	366,309			366,309
8	5	Cafeteria	151 S. Helen Moore Rd	RSA	San Benito	Cameron	Texas	78586	RSA Café & Gym Renovations		15,467	2016	3,824,874		446,213	4,271,087
8	6	Cafeteria Canopy	151 S. Helen Moore Rd	RSA	San Benito	Cameron	Texas	78586	Cafeteria Canopy	4	1,029	2016		87,465		87,465
8	7	Rising Scholars Marquee	151 S. Helen Moore Rd	RSA	San Benito	Cameron	Texas	78586	Marquee (Sign)			2017	$-	40,570	-	40,570
8	8	Portable Maint Office 1	100-700 Med High Dr	Portable	Mercedes	Hidalgo	Texas	78570	Maintenance Office (Portable) RSA	1PC	1,440	1991	122,400		5,000	127,400
8	9	Portable Maint. Office 2	100-700 Med High Dr	Portable	Mercedes	Hidalgo	Texas	78570	Maintenance Office (Portable) RSA	1PC	1,440	1991	122,400		5,000	127,400
8	10	Pavilion	151 S. Helen Moore Rd	RSA	San Benito	Cameron	Texas	78586	Pavilion	3	3,111	2006		264,435		264,435
8	11	Maint. Stge Bldg 1	151 S. Helen Moore Rd	RSA	San Benito	Cameron	Texas	78586	Maintenance Storage Building 1	1	768	1991	111,360		5,000	116,360
8	12	Maint. Stge Bldg 2	151 S. Helen Moore Rd	RSA	San Benito	Cameron	Texas	78586	Maintenance Storage Building 2	1	600	1991	87,000		5,000	92,000
8	13	Maintenance Building	151 S. Helen Moore Rd	RSA	San Benito	Cameron	Texas	78586	Maintenance Building	3	7,500	1996	1,387,500		43,048	1,430,548
8		Include to All Buildings							Surveillance and Access Controls Systems			2024			302,513	302,513
									Total San Benito Campus:				**21,002,020**	**392,470**	**3,952,262**	**25,346,751**
9	1	Medical Academy	10650 Expressway 77 North	Medical Academy	Olmito	Cameron	Texas	78575	Main High School Building Includes Gym and Chiller	4	171,700	2015	34,340,000		4,606,376	38,946,376
9	1	Include to Main High Shool Building							Gymnasium	4	Incl	2015				-
9	1	Include to Main High Shool Building							Marquee (Sign)		Incl	2015				-
9	1	Include to Main High Shool Building							Simulation Lab		Incl	2016				-
9	1	Include to Main High Shool Building							Manaquins		Incl	2016				-
9	1	Include to Main High Shool Building							Ambulance Simulator		Incl	2016				-
9	1	Include to Main High Shool Building							Dental Program		Incl	2016				-
9	2	Medical Academy	10652 Expressway 77 North	Medical Academy	Olmito	Cameron	Texas	78575	Bus Barn	4	6,690	2015	1,440,727		980,725	2,421,452
9	3	Medical Academy	10657 Expressway 77 North	Medical Academy	Olmito	Cameron	Texas	78575	Canopy Ambulance		950	2017		57,000		57,000
9	4	Medical Academy	100-700 Med High Drive	Portable	Olmito	Cameron	Texas	78570	Portable Building - Olmito	1PC	1,504	1985	127,840		5,000	132,840
9		Include to All Buildings							Surveillance and Access Controls Systems			2024			255,523	255,523
9		Include to All Buildings							Audio Visual System - Intercom/Bell/Equipment		2,025				3,117,810	3,117,810
9	5	Medical Academy	100-700 Med High Drive	Portable	Mercedes	Hidalgo	Texas	78570	Portable Building - New Aries Fine Arts	1PC	1,504	2025	161,881			161,881
									Total for Olmito Campus				**36,070,448**	**57,000**	**8,965,435**	**45,092,883**
Total All Campuses:													**195,196,449**	**3,429,739**	**37,694,013**	**235,022,082**
Grand Total Value All Campuses:													**195,196,449**	**3,429,739**	**37,694,013**	**235,022,082**

Comments:

(1) ISO Construction Codes are

Code	Description
1	Frame
	5 Modified Fire Restrictive

SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT
Building Contents Statement of Values

12/9/2024

Loc.#	Bldg #	Bldg Name -if applicable (mandatory)	Address including street number (mandatory)	Campus	City	County	State	ZIP Code	Occupancy Description (mandatory)	ISOCode	SQ FT(mandatory)	Year Built (mandatory)	Building	Other Structures	100% Contents Value (mandatory) Funiture and Equipment	Total Location Value
1PC	Portable Classrooms		6 Fire Resisitive													
2	Joisted Masonry- Brick															
3	Non Combustible-Brick															
4	Masonry Non Combustible															
STISD - SOV 25-26 (Hidalgo Cty & Cameron Cty, Last Rev.12.02.2025																

All values are correct to the best of my knowledge:

Signature

Date

EXHIBIT B

Unit #	Year	Make	Model (incl. seating capacity on buses)	Bus or Vehicle #	VIN	STISD TAG		County	Class Code	Original Cost New	
1	1998	International	77-P Bus	116	1HVBBABM4WH555997	11889	77-P Bus	Cameron	6184	45,275.00	
2	1998	International	77-P Bus	114	1HVBBABN4WH548119	11890	77-P Bus	Cameron	6184	42,699.00	
3	1999	International	65-P Bus	117	1HVBBABN1XH259023	12968	65-P Bus	Cameron	6184	47,135.00	
4	1999	International	65-P Bus	118	1HVBBABN3XH259024	12969	65-P Bus	Hidalgo	6184	47,135.00	
5	2000	International	65-P Bus	119	1HVBBABN7YH262364	12971	65-P Bus	Hidalgo	6184	47,135.00	
6	1999	International	53-P Bus	121	1HVBBABM9XH262369	12972	53-P Bus	Cameron	6183	51,640.00	
7	1999	International	53-P Bus	122	1HVBBABM5XH262370	12973	53-P Bus	Hidalgo	6183	51,640.00	
8	1999	International	53-P Bus	124	1HVBBABM7XH262368	12974	53-P Bus	Cameron	6183	51,640.00	
9	1999	International	53-P Bus	123	1HVBBABM5XH262367	12975	53-P Bus	Hidalgo	6183	51,640.00	
10	2003	International	59-P Bus	126	4DRBRABL83B952504	14781	59-P Bus	Hidalgo	6183	53,831.00	
11	2003	International	59-P Bus	127	4DRBRABL23B952501	14782	59-P Bus	Cameron	6183	53,831.00	
12	2003	International	59-P Bus	128	4DRBRABL43B952502	14783	59-P Bus	Cameron	6183	53,831.00	
13	2003	International	59-P Bus	129	4DRBRABL53B957904	14784	59-P Bus	Cameron	6183	57,670.00	
14	2003	International	59-P Bus	130	4DRBRABL73B957905	14785	59-P Bus	Cameron	6183	57,670.00	
15	2003	International	59-P Bus	131	4DRBRABL93B957906	14786	59-P Bus	Hidalgo	6183	57,670.00	
16	2003	International	59-P Bus	132	4DRBRABL03B957907	14787	59-P Bus	Cameron	6183	57,670.00	
17	2004	International	71-P Bus	133	4DRBRABNX4B969131	15617	71-P Bus	Cameron	6184	59,892.00	
18	2004	International	71-P Bus	134	4DRBRABN14B969132	15618	71-P Bus	Cameron	6184	59,892.00	
19	2004	International	71-P Bus	136	4DRBRABN54B969134	15620	71-P Bus	Hidalgo	6184	59,892.00	
20	2005	Chevy Van	Van	2013	1GCGG25V051174940	16360	Van	Cameron	1499	15,761.00	
21	2005	Chevrolet	Pickup	2011	1GCHC24U85E235789	16361	Pickup	Cameron	1499	17,023.53	
22	2005	International	71-P Bus	137	4DRBUAFN55B153910	16362	71-P Bus	Hidalgo	6184	63,482.00	
23	2005	International	71-P Bus	138	4DRBUAFN75B153911	16363	71-P Bus	Cameron	6184	63,482.00	
24	2005	International	71-P Bus	139	4DRBUAFN95B153912	16364	71-P Bus	Cameron	6184	63,482.00	
25	2005	International	71-P Bus	140	4DRBUAFN05B153913	16365	71-P Bus	Cameron	6184	63,482.00	
26	2006	Chry-Jeep	SUV	2014	1J4GK48K16W176660	17406	SUV	Cameron	7398	16,867.00	
27	2006	International	71-P Bus	143	4DRBUAFN16B330969	17415	71-P Bus	Hidalgo	6184	66,925.00	
28	2006	International	71-P Bus	144	4DRBUAFN86B330970	17416	71-P Bus	Cameron	6184	66,925.00	
29	2006	International	53-P Bus	142	4DRBUAFL16B330968	17417	53-P Bus	Cameron	6183	64,290.12	
30	2006	International	53-P Bus	141	4DRBUAFLX6B330967	17418	53-P Bus	Cameron	6183	64,290.12	
31	2006	Chevrolet	24-P Bus	146	1GBJG312461148564	17420	24-P Bus	Hidalgo	6183	45,386.00	
32	2008	International	71-P Bus	152	4DRBUAFNX8B539971	18544	71-P Bus	Hidalgo	6184	76,365.00	
33	2008	International	71-P Bus	153	4DRBUAFN38B539973	18545	71-P Bus	Cameron	6184	76,365.00	
34	2008	International	71-P Bus	154	4DRBUAFN58B539974	18546	71-P Bus	Cameron	6184	76,365.00	
35	2008	International	71-P Bus	155	4DRBUAFN78B539975	18547	71-P Bus	Cameron	6184	76,365.00	
36	2008	International	71-P Bus	147	4DRBUAFNX8B547634	18548	71-P Bus	Cameron	6184	73,533.00	
37	2008	International	71-P Bus	148	4DRBUAFN18B547635	18549	71-P Bus	Cameron	6184	73,533.00	
38	2008	International	71-P Bus	149	4DRBUAFN38B547636	18550	71-P Bus	Cameron	6184	73,533.00	
39	2008	International	71-P Bus	150	4DRBUAFN58B547637	18551	71-P Bus	Cameron	6184	73,533.00	
40	2007	Chevrolet	24-P Bus	151	1GBJG312971166236	18552	24-P Bus	Cameron	6183	47,761.00	
41	2008	Chevrolet	Van	2015	1GCGG25C481120771	19611	Van	Hidalgo	1499	19,276.00	
42	2008	International	71-P Bus	157	4DRBUAFN88B539970	19623	71-P Bus	Cameron	6184	78,025.00	
43	2008	International	71-P Bus	158	4DRBUAFN18B539972	19624	71-P Bus	Cameron	6184	78,025.00	
44	2008	Thomas	71-P Bus	156	1T7YN4E2781101910	19625	71-P Bus	Cameron	6184	92,219.00	
45	2009	Chevrolet	Pickup	2017	1GCEC14X49Z175919	20614	Pickup	Cameron	1499	16,983.00	
46	2010	International	72-P Bus	159	4DRBUSKN7AB178913	20615	72-P Bus	Hidalgo	6184	80,910.34	
47	2010	International	72-P Bus	160	4DRBUSKN9AB178914	20616	72-P Bus	Hidalgo	6184	80,910.34	
48	2010	International	72-P Bus	161	4DRBUSKN0AB178915	20617	72-P Bus	Hidalgo	6184	80,910.33	
49	2010	International	72-P Bus	162	4DRBUSKN2AB178916	20618	72-P Bus	Cameron	6184	80,910.33	
50	2010	International	72-P Bus	164	4DRBUSKN6AB178918	20620	72-P Bus	Cameron	6184	80,910.33	
51	2011	International	71-P Bus	174	4DRBUSKNXBB318776	21848	71-P Bus	Cameron	6184	80,879.64	
52	2011	International	71-P Bus	175	4DRBUSKN1BB318777	21849	71-P Bus	Cameron	6184	80,879.64	
53	2011	International	71-P Bus	170	4DRBUSKN6BB318774	21850	71-P Bus	Hidalgo	6184	81,079.64	
54	2011	International	71-P Bus	171	4DRBUSKN8BB318775	21851	71-P Bus	Hidalgo	6184	81,079.64	
55	2010	Freightliner	18-P Bus	166	1GB6G3AG5A1123411	21852	18-P Bus	Cameron	6182	50,926.00	
56	2010	Freightliner	18-P Bus	167	1GB6G3AG3A1122824	21853	18-P Bus	Cameron	6182	50,926.00	
57	2010	Freightliner	18-P Bus	168	1GB6G3AG4A1122850	21854	18-P Bus	Cameron	6182	50,926.00	
58	2010	Freightliner	18-P Bus	169	1GB6G3AG6A1122851	21855	18-P Bus	Hidalgo	6182	50,926.00	
59	2009	Thomas	18-P Bus	165	1GBJG316791166273	21856	18-P Bus	Cameron	6183	56,511.00	
60	2011	Blue Bird	71-P Bus	172	1BAKGC5A6BF279519	21857	71-P Bus	Cameron	6184	102,174.00	
61	2011	Blue Bird	71-P Bus	173	1BAKGC5A2BF279520	21858	71-P Bus	Cameron	6184	102,174.00	
62	2012	Thomas	18-P Bus	176	1GB3G3BG5B1112105	24682	18-P Bus	Cameron	6182	50,952.00	
63	2012	Thomas	18-P Bus	178	1GB3G3BG2B1112465	24683	18-P Bus	Cameron	6182	50,952.00	
64	2011	Thomas	18-P Bus	177	1GB3G3BG0B1112156	24684	18-P Bus	Cameron	6182	50,952.00	
65	2011	Chevrolet	16-P Bus	180	1GB3G3BG3B1111938	24685	16-P Bus	Cameron	6182	50,952.00	
66	2011	Chevrolet	16-P Bus	179	1GB3G3BG0B1113002	24686	16-P Bus	Cameron	6182	56,185.00	
67	2012	International	71-P Bus	10	4DRBUSKN4CB696500	25773	71-P Bus	Cameron	6184	96,492.00	
68	2012	International	71-P Bus	11	4DRBUSKN6CB696501	25774	71-P Bus	Cameron	6184	96,492.00	
69	2012	International	71-P Bus	12	4DRBUSKN8CB696502	25775	71-P Bus	Cameron	6184	96,492.00	
70	2012	International	71-P Bus	13	4DRBUSKNXCB696503	25776	71-P Bus	Cameron	6184	96,492.00	
71	2012	International	71-P Bus	14	4DRBUSKN1CB696504	25777	71-P Bus	Cameron	6184	96,492.00	
72	2012	International	71-P Bus	17	4DRBUAAN2CB397244	26300	71-P Bus	Cameron	6184	87,522.00	
73	2012	International	71 Passenger Bus	15	4DRBUAAN2CB397261	26301	71 Passenger Bus	Cameron	6184	87,522.00	
74	2012	International	71 Passenger Bus	16	4DRBUAAN4CB397262	26302	71 Passenger Bus	Cameron	6184	87,522.00	
75	2012	International	71 Passenger Bus	18	4DRBUAAN6CB397294	26303	71 Passenger Bus	Cameron	6184	87,522.00	
76	2014	International	71-Passenger Bus #19	19	4DRBUAAN1EB015322	27602	71-Passenger Bus #19	Hidalgo	6184	89,814.00	
77	2014	International	71-Passenger Bus #20	20	4DRBUAAN3EB015323	27603	71-Passenger Bus #20	Hidalgo	6184	89,814.00	
78	2014	International	71-Passenger Bus #21	21	4DRBUAAN5EB015324	27604	71-Passenger Bus #21	Hidalgo	6184	89,814.00	
79	2014	International	71-Passenger Bus #22	22	4DRBUAAN7EB015325	27605	71-Passenger Bus #22	Hidalgo	6184	89,814.00	
80	2014	Chevrolet	Impala (Admin)	2020	2G1125S38E9195032	27606	Impala (Admin)	Hidalgo	7398	29,972.00	
81	2014	Chevrolet	Silverado 2 WD PU	2021	1GCNCPEH4EZ195740	27607	Silverado 2 WD PU	Cameron	1499	21,648.00	
82	2014	Chevrolet	Express 25 Van (Maintenance)	2022	1GCWGFCA5E1140317	27718	xpress 25 Van (Maintenance)	Hidalgo	1499	25,298.00	
83	2014	International	Integrated CE S Bus	24	4DRBUAANXEB015352	28290	Integrated CE S Bus	Cameron	6184	90,552.00	
84	2014	International	Integrated CE 5 Bus	25	4DRBUAAN7EB015356	28291	Integrated CE 5 Bus	Cameron	6184	90,552.00	
85	2014	International	Integrated CE 5 Bus	26	4DRBUAAN2EB015359	28292	Integrated CE 5 Bus	Cameron	6184	90,552.00	
86	2014	International	71-Passenger Bus	23	4DRBUAAN2EB482099	28293	71-Passenger Bus	Cameron	6184	89,052.00	
87	2017	International	Integrated CE 5 Bus	27	4DRBUC8N1HB283499	31640	Integrated CE 5 Bus	Hidalgo	6184	90,940.00	
88	2017	International	Integrated CE 5 Bus	28	4DRBUC8N4HB283500	31641	Integrated CE 5 Bus	Hidalgo	6184	90,940.00	
89	2009	Chevrolet	Ambulance	2023	1GBJK84619E146620	32367	Ambulance	Cameron	7919	62,300.00	
90	2018	International	77-P Bus	29	4DRBUC8N9JB441867	32374	77-P Bus	Hidalgo	6184	89,175.00	
91	2018	International	77-P Bus	30	4DRBUC8N0JB441868	32375	77-P Bus	Hidalgo	6184	89,175.00	
92	2018	International	77-P Bus	31	4DRBUC8N2JB441869	32376	77-P Bus	Hidalgo	6184	89,175.00	
93	2018	International	77-P Bus	32	4DRBUC8N9JB441870	32377	77-P Bus	Hidalgo	6184	89,175.00	
94	2018	International	77-P Bus	33	4DRBUC8N0JB441871	32378	77-P Bus	Cameron	6184	89,175.00	
95	2018	International	77-P Bus	34	4DRBUC8N2JB441872	32379	77-P Bus	Cameron	6184	89,175.00	
96	2018	International	77-P Bus	35	4DRBUC8N4JB441873	32380	77-P Bus	Cameron	6184	89,175.00	
97	2018	International	77-P Bus	36	4DRBUC8N6JB441874	32381	77-P Bus	Cameron	6184	89,175.00	
98	2018	International	77-P Bus	37	4DRBUC8N8JB441875	32382	77-P Bus	Hidalgo	6184	89,175.00	
99	2018	International	77-P Bus	38	4DRBUC8NXJB441876	32383	77-P Bus	Hidalgo	6184	89,175.00	
100	2018	Chevrolet	Silverado 2WD Pickup	2025	1GCRCNEHXJZ181440	34489	Silverado 2WD Pickup	Hidalgo	1499	22,756.00	
101	2018	Chevrolet	Express Van	2026	1GCWGAFG2J1165396	34490	Express Van	Hidalgo	1499	27,948.00	
102	2018	Chevrolet	Silverado 2WD Pickup	2024	1GCRCNEH6JZ183508	34491	Silverado 2WD Pickup	Cameron	1499	22,756.00	
103	2019	International	50- P Bus	40	4DRBUC8N4KB480643	34492	50- P Bus	Cameron	6183	97,153.00	
104	2019	International	50-P Bus	41	4DRBUC8N6KB480644	34493	50-P Bus	Hidalgo	6183	97,153.00	
105	2019	International	50- P Bus	42	4DRBUC8N8KB480645	34494	50- P Bus	Hidalgo	6183	97,153.00	
106	2019	International	50-P Bus	43	4DRBUC8NXKB480646	34495	50-P Bus	Hidalgo	6183	97,153.00	
107	2019	International	50- P Bus	44	4DRBUC8N1KB480647	34496	50- P Bus	Hidalgo	6183	97,153.00	
108	2019	International	48-P Bus	39	4DRBUC8N9KB480654	34497	48-P Bus	Cameron	6183	106,700.00	
109	2019	Chevrolet	Silverado LD 2WD Pickup	2027	2GCRCNEC1K1141813	46070	Silverado LD 2WD Pickup	Cameron	1499	24,640.00	
110	2020	International	44 Pass Bus	46	4DRBUC8N5LB077157	46293	44 Pass Bus	Cameron	6184	97,305.00	
111	2020	International	44 Pass Bus	47	4DRBUC8N7LB077158	46294	44 Pass Bus	Cameron	6184	97,305.00	
112	2020	International	44 Pass Bus	48	4DRBUC8N9LB077159	46295	44 Pass Bus	Cameron	6184	97,305.00	
113	2020	International	44 Pass Bus	49	4DRBUC8N5LB077160	46296	44 Pass Bus	Cameron	6184	97,305.00	
114	2020	International	44 Pass Bus	50	4DRBUC8N7LB077161	46297	44 Pass Bus	Cameron	6184	97,305.00	
115	2020	International	48 Pass Bus-wheelchair lift	45	4DRBUC8N6LB076423	46298	48 Pass Bus-wheelchair lift	Cameron	6183	105,885.00	
116	2020	Chevrolet	Impala	2028	1G11Z5S32LU102114	47249	Impala	Cameron	73987	24,915.00	
117	2021	International	Intergrated CE S Bus	56	4DRBUC8N7MB876567	48451	Intergrated CE S Bus	Cameron	6184	106,909.00	
118	2021	International	Intergrated CE S Bus	51	4DRBUC8N4MB871553	48452	Intergrated CE S Bus	Cameron	6184	102,130.00	
119	2021	International	Intergrated CE S Bus	52	4DRBUC8N6MB871554	48453	Intergrated CE S Bus	Cameron	6184	102,130.00	
120	2021	International	Intergrated CE S Bus	53	4DRBUC8N1MB871655	48454	Intergrated CE S Bus	Cameron	6184	95,433.00	
121	2021	International	Intergrated CE S Bus	54	4DRBUC8N3MB871656	48455	Intergrated CE S Bus	Cameron	6184	95,433.00	
122	2021	International	Intergrated CE S Bus	55	4DRBUC8N5MB871657	48456	Intergrated CE S Bus	Cameron	6184	95,433.00	
123	2022	Concession Trailer	Trailer	TRL J	53NBE2022N1096064	53286	Trailer	Cameron	6184	40,600.00	
124	2022	Ford	F250	2036	1FT7W2BT7NEG14408	53320	F250	Cameron	1499	47,600.40	
125	2022	Ford	F250	2037	1FT7W2BT8NEF31022	53321	F250	Hidalgo	1499	47,600.40	
126	2022	Ford	F250	2038	1FT7W2BT9NEG14409	53322	F250	Hidalgo	1499	47,600.40	
127	2021	Chevrolet	Silverado	2029	1GCRWAEFSMZ262056	55711	Silverado	Cameron	6184	24,865.00	
128	2022	International	28 Pass Bus	57	4DRBUC8N7NB240524	55712	28 Pass Bus	Cameron	6184	98,346.66	

Unit #	Year	Make	Model (incl. seating capacity on buses)	Bus or Vehicle #	VIN	STISD TAG		County	Class Code	Original Cost New	
129	2022	International	28 Pass Bus	58	4DRBUC8N9NB240525	55713	28 Pass Bus	Cameron	6184	98,346.67	
130	2022	International	28 Pass Bus	59	4DRBUC8N0NB240526	55714	28 Pass Bus	Cameron	6184	98,346.67	
131	2021	Chevrolet	Suburban	2030	1GNSCAED1MR304710	57855	Suburban	Cameron	01499	43,054.30	
132	2022	International	44 Pass Bus-ICRP	60	4DRBUC8N5NB151387	57950	44 Pass Bus-ICRP	Cameron	6184	104,516.00	
133	2022	International	44 Pass Bus-ICRP	61	4DRBUC8N7NB151388	57951	44 Pass Bus-ICRP	Cameron	6184	104,516.00	
134	2022	International	44 Pass Bus-ICRP	62	4DRBUC8N9NB151389	57952	44 Pass Bus-ICRP	Cameron	6184	104,516.00	
135	2022	International	44 Pass Bus-ICRP	63	4DRBUC8N5NB151390	57953	44 Pass Bus-ICRP	Cameron	6184	104,516.00	
136	2022	International	44 Pass Bus-ICRP	64	4DRBUC8N7NB151391	57954	44 Pass Bus-ICRP	Cameron	6184	104,516.00	
137	2022	International	44 Pass Bus-ICRP	65	4DRBUC8N9NB151392	57955	44 Pass Bus-ICRP	Cameron	6184	104,516.00	
138	2022	International	44 Pass Bus-ICRP	66	4DRBUC8N0NB151393	57956	44 Pass Bus-ICRP	Cameron	6184	104,516.00	
139	2022	International	44 Pass Bus-ICRP	67	4DRBUC8N2NB151394	57957	44 Pass Bus-ICRP	Cameron	6184	104,516.00	
140	2022	International	44 Pass Bus-ICRP	68	4DRBUC8N4NB151395	57958	44 Pass Bus-ICRP	Cameron	6184	104,516.00	
141	2022	International	44 Pass Bus-ICRP	69	4DRBUC8N6NB151396	57959	44 Pass Bus-ICRP	Cameron	6184	104,516.00	
142	2021	Chevrolet	4500 Express Van	2031	1HAGCU71MN006125	58068	4500 Express Van	Cameron	6184	42,175.00	
143	2021	Ford	F150	2032	1FTEX1C57MKE95225	58069	F150	Cameron	6184	29,266.25	
144	2021	Ford	F150	2033	1FTEX1C59MKE95226	58070	F150	Cameron	6184	29,266.25	
145	2021	Ford	F150	2034	1FTEX1C50MKE95227	58071	F150	Cameron	6184	29,266.25	
146	2021	Ford	F150	2035	1FTEX1C52MKE95228	58336	F150	Cameron	6184	29,266.25	
147	2023	Ford	Van	2039	1FTBR1Y80PKA96242	68931	Van	Hidalgo	1499	49,998.14	
148	2023	Ford	E450 Transit	2040	1FDFE4FN1PDD24210	68932	E450 Transit	Hidalgo		238,900.00	
149	2024	Big Tex	10TV 18	TRL K	16V1W2228R2319908	70133	Trailer	Cameron		9,145.00	
150	2024	Ford	Transit Van	#2041	1FTBR1Y89RKA01356	70134	Van	Hidalgo		54,118.89	
151	2026	Thomas	46 Seatbelt Activity Bus	202	1T7Y84E2XT1237741	75934	46 Seatbelt Activity Bus			264,800.00	
152	2025	Dodge	Durango	2501	1C4SDJFT8SC516967	76091	STISD Police Department			46,899.95	
153	2025	Dodge	Durango	2502	1C4SDJFTXSC516968	76092	STISD Police Department			46,899.95	
154	2025	Dodge	Durango	2503	1C4SDJFT1SC516969	76093	STISD Police Department			46,899.95	
155	2026	Thomas	46 Seatbelt Activity Bus	200	1T7Y84E24T1237735	76175	46 Seatbelt Activity Bus			268,300.00	
156	2026	Thomas	46 Seatbelt Activity Bus	201	1T7Y84E28T1237737	76176	46 Seatbelt Activity Bus			267,500.00	
157	2026	Blue Bird	77/51 Passenger Bus	78	1BAKGCSA9TF816728	76177	77/51 Passenger Bus			151,597.00	
158	2026	Blue Bird	77/51 Passenger Bus	74	1BAKGCSA5TF816726	76178	77/51 Passenger Bus			151,597.00	
159	2026	Blue Bird	77/51 Passenger Bus	75	1BAKGCSA0TF816729	76179	77/51 Passenger Bus			151,597.00	
160	2026	Blue Bird	77/51 Passenger Bus	76	1BAKGCSA7TF816730	76180	77/51 Passenger Bus			151,597.00	
161	2026	Blue Bird	77/51 Passenger Bus	77	1BAKGCSA7TF816727	76181	77/51 Passenger Bus			151,597.00	
162	2025	Chevrolet	Malibu	#2042	1G1ZC5ST0SF131098	76182	Chevy Malibu	Hidalgo		26,600.00	
163	2025	Chevrolet	Malibu	#2044	1G1ZC5ST7SF131194	76183	Chevy Malibu	Hidalgo		26,600.00	
164	2025	Ford	F250	2045	1FT8X2AT0SEC09604	76184	Ford F250	Hidalgo		60,230.55	
165	2025	Chevrolet	Malibu	#2043	1G1ZC5ST9SF131181	76193	Chevy Malibu	Hidalgo		26,600.00	
166	2025	Chevrolet	Silverado	2507	3GCUK4EDXSG364908	77486	STISD Police Department			53,499.95	
167	2025	Chevrolet	Silverado	2508	3GCUK4EDXSG364875	77487	STISD Police Department			51,800.00	
168	2025	Chevrolet	Silverado	2505	3GCUK4ED3SG364815	77488	STISD Police Department			53,499.95	
169	2025	Chevrolet	Silverado	2504	3GCUK4ED9SG365175	77489	STISD Police Department			53,499.95	
170	2025	Chevrolet	Silverado	2506	3GCUK4ED8SG365068	77490	STISD Police Department			53,499.95	
171	2025	Chevrolet	Silverado	2510	3GCUK4ED4SG365357	77491	STISD Police Department			53,499.95	
172	2025	Chevrolet	Silverado	2509	3GCUK4ED5SG365173	77492	STISD Police Department			51,800.00	
173	2025	Thomas	44 Pass Bus	73	4UZABRFC4SCVG7261	77935	44 Pass Bus	Hidalgo		133,900.00	
174	2025	Thomas	44 Pass Bus	70	4UZABRFC4SCVG7258	78933	44 Pass Bus	Hidalgo		133,900.00	
175	2025	Thomas	44 Pass Bus	72	4UZABRFC2SCVG7260	78934	44 Pass Bus	Hidalgo		133,900.00	
176	2025	Thomas	44 Pass Bus	71	4UZABRFC6SCVG7259	78936	44 Pass Bus	Hidalgo		133,900.00	
										13,523,746.68	
Pending Surplus in the next 2 Weeks											
177			Bus	104	1HVBBABN5TH354646	9813	Buses			41,887.24	
178			Bus	112	1HVBBABN9WH548116	11887	Buses			42,699.00	
179			Bus	113	1HVBBABN2WH548118	11891	Buses			42,699.00	
180			Bus	120	1HVBBABN9YH262365	12970	Buses			47,135.00	
181			Bus	135	4DRBRABN34B969133	15619	Buses			59,892.00	
										234,312.24	
Trialers & Other Equipment(Tractors, Carts)											
182	2019	JLG	Trailer	TRL I	5DYAA41L5KC009046	47009	Trailer	Hidalgo	68499	9,700.88	
183	2006	Big Tex	Trailer	TRL B	16VNX162762C35242	17120	Trailer	Cameron	69499	1,650.00	
184	2018	Wells Cargo	Transportation Trailer	TRL F	571BE1622JM025423	32811	Transportation Trailer	Cameron	68499	4,500.00	
185	2016	Shop Made	Trailer Sch Tech	TRL N	N/A	69145	Trailer	Hidalgo	68499	2,000.00	
186	2009	PJ	Maintenance Trailer	TRL A	4P5UB1827A1138711	69149	Maintenance Trailer	Hidalgo	68499	1,050.00	
187	2010	Big Tex	Welding Trailer	TRL C	16VAX1019A2A59821	24645	Welding Trailer	Hidalgo	68499	995.00	
188	2018	Lark United	Trailer	TRL G	571BE1620JM027199	69146	Trailer	Cameron	68499	4,329.00	
189	2018	Lark United	Trailer	TRL H	571BE1625JM028297	69147	Trailer	Hidalgo	68499	4,429.00	
190	2017	Big Tex	Maintenance Trailer	TRL E	16VDX1024H5039097	69148	Maintenance Trailer	Hidalgo	68499	2,164.00	
191	2025	TRL	BOOM TRAILER	TRL O	T250F5652	76186	BOOM TRAILER			53,200.00	
192	2024	TRL	TRENCHER TRAILER	TRL P	1DSB111FXR1703025		TRENCHER TRAILER			3,003.30	
193	2022	Rivera Machinery	Utility Vehicle Mechron		XZ0500069	53310	UTV	Hidalgo		11,995.00	
194	2022	Rivera Machinery	Utility Vehicle Mechron		XZ8500064	53311	UTV	Hidalgo		11,995.00	
195	2022	KIOT	KIOT 22(Tractor)		YL9502662	53308	KIOT 22(Tractor)	Hidalgo		13,995.00	
196	2022	KIOT	KIOT 22(Tractor)		YL9501865	53309	KIOT 22(Tractor)	Hidalgo		13,995.00	
197	2024	KIOTI	UTV		RYD1M0360	75940	UTV	Cameron		17,495.00	
198	2025	Falcon	Tractor		PA3TA0023	76143	Tractor	Cameron		21,286.00	
199	2023		Envy Golf Cart		A7ES4PRM2PB002897	76172	Mercedes	Hidalgo		6,600.00	
										184,382.18	
Do not touch anything above it has been reconciled to our asset management system											
Please Review items for new year and make sure you have included them below. If you have pending items to be received please include											
166	2025	CARR	CARRY ON TRAILER 5x8	TRL L	4YMBU0810ST004204	TBA	CARRY ON TRAILER			998.00	FY26
167	2025	FALN	UTILITY TRL SBENITO	TRL M	432SD1829S1011771	TBA	UTILITY TRL SBENITO			3,895.00	FY26
193	2025	TRL	UTILITY TRL EDINBURG	TRL Q	1P9PU1427SM952810	TBA	UTILITY TRL EDINBURG			3,808.00	FY26
194	2025	HAULMARK	TRAILER MERCEDES	TRL R	7V0H11629ST429447	TBA	TRAILER MERCEDES			8,995.00	FY26
165	2026	Thomas	46 Seatbelt Activity Bus	203	1T7Y84E23T1237743	TBA	46 Seatbelt Activity Bus			239,000.00	FY26
175	2026	Dodge	Durango	2601	1C4SDJFT2TC170822	TBA	STISD Police Department			45,315.00	FY26
176	2026	Dodge	Durango	2602	1C4SDJFT6TC170824	TBA	STISD Police Department			45,315.00	Fy26
177	2025	Chevrolet	Silverado	2046	1GC4KLEY4SF233830	TBA	Silverado 2500 Crew Cab			62,465.00	Fy26
199		V-Cart E Series	Golf Cart 4 Passenger				Mercedes	Hidalgo		$ 7,999.00	pending arrival
200		V-Cart E Series	Golf Cart 4 Passenger				Edinburg	Hidalgo		$ 7,999.00	pending arrival
201		V-Cart E Series	Golf Cart 4 Passenger				Olmito	Cameron		$ 7,999.00	pending arrival
202		V-Cart E Series	Golf Cart 4 Passenger				San Benito	Cameron		$ 7,999.00	pending arrival
203		John Deere	325G Compact Track Loader				Tractor			$ 85,730.00	
204	2025	Polaris	R25T6E99AJ Utility Vehicle		4XAT6E991S8221466		UTV	STISD Police Department		$ 23,293.00	
205	2025	Polaris	R25T6E99AJ Utility Vehicle		4XAT6E990S8220731		UTV	STISD Police Department		$ 23,293.00	

	New Vehicles
	Pending Surplus

Revised 11/18/2025 Luis Flores

EXHIBIT C

Itemized Statement of Loss - Claim - South Texas ISD

Warning: The information contained in this document is confidential and proprietary.
The output below may include Non-Billable Expenses and actual Estimates on First Party Property Claims.

The report type is 'SLR - Itemized Statement of Loss (PR) - Claim'.
Date As Of: 11/30/2025

CRITERIA
- Account Number
  - includes:
    - 9468822 - SOUTH TEXAS ISD
- Policy Effective Date
  - from 04/01/2020 to 04/01/2024 -- inclusive

Account Nı	Claim Num	Claim ID	Claimant N	Status	Inc Loss	Inc Exp	Total Inc	Loss Date	Close Date	Coverage :	Paid Loss	Paid Exp	Total Paid	Policy Num	Policy Nan	Effective D	O/S Reser	Location C	Location D	Accident D	Accident Description Desc
9468822	X 80A0300	8.94E+08		Closed	0	13364	13364	4/28/2023	1/9/2025	TX	0	13364	13364	YB2-L9L-4	SOUTH TE	4/1/2023	0			11	Damage Due to Lightening/Removal

Individual Policy Loss Analysis Report

AS OF 11/25/2025

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	# Incidents	Paid Indemnity	Total Expenses	Total Paid	Collected Deductible (Not reflected in above payments)	Net Payments	Total Reserves
0	0	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

Individual Policy Loss Analysis Report

AS OF 11/25/2025

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	# Incidents	Paid Indemnity	Total Expenses	Total Paid	Collected Deductible (Not reflected in above payments)	Net Payments	Total Reserves
0	0	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

Individual Policy Loss Analysis Report

AS OF 11/25/2025

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	# Incidents	Paid Indemnity	Total Expenses	Total Paid	Collected Deductible (Not reflected in above payments)	Net Payments	Total Reserves
0	0	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

Individual Policy Loss Analysis Report

AS OF 11/25/2025

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	[redacted]	BRL-D&O-DISCRIMINATION. LOC: MERCEDES, TX. *DISCRIMINATION	22,500.00	17,761.16	CLOSED
030082 S	03/28/2018	[redacted]	BRL-D&O/PI-EMPLOYMENT PRACTICES. LOC: MERCEDES, TX. *EMPLOYMENT PRACTICES	60,139.22	1,258.15	CLOSED

# Claimants	# Incidents	Paid Indemnity	Total Expenses	Total Paid	Collected Deductible (Not reflected in above payments)	Net Payments	Total Reserves
2	0	$82,639.22	$19,019.31	$101,658.53	$40,000.00	$61,658.53	$0.00

Individual Policy Loss Analysis Report

AS OF 11/25/2025

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	# Incidents	Paid Indemnity	Total Expenses	Total Paid	Collected Deductible (Not reflected in above payments)	Net Payments	Total Reserves
0	1	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

Individual Policy Loss Analysis Report

AS OF 11/25/2025

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	[redacted]	BRL-D&O-PROF-EMPLOYMENT PRACTICES. ACC ADDRESS: MERCEDES, TX. *EMPLOYMENT PRACTICES	0.00	0.00	CLOSED

# Claimants	# Incidents	Paid Indemnity	Total Expenses	Total Paid	Collected Deductible (Not reflected in above payments)	Net Payments	Total Reserves
1	1	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

Individual Policy Loss Analysis Report

AS OF 11/25/2025

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	# Incidents	Paid Indemnity	Total Expenses	Total Paid	Collected Deductible (Not reflected in above payments)	Net Payments	Total Reserves
0	1	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

Individual Policy Loss Analysis Report

AS OF 11/25/2025

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	[redacted]	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	[redacted]	BRL-D&O - DISCRIMINATION. LOCATION: MERCEDES, TX. *DISCRIMINATION	0.00	0.00	CLOSED

# Claimants	# Incidents	Paid Indemnity	Total Expenses	Total Paid	Collected Deductible (Not reflected in above payments)	Net Payments	Total Reserves
2	0	$0.00	$13,496.08	$13,496.08	$6,748.04	$6,748.04	$0.00

Individual Policy Loss Analysis Report

AS OF 11/25/2025

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	[redacted]	BRL-PI-ALL OTHER LOC: BROWNSVILLE, TX. *ALL OTHER	0.00	71,138.53	CLOSED

# Claimants	# Incidents	Paid Indemnity	Total Expenses	Total Paid	Collected Deductible (Not reflected in above payments)	Net Payments	Total Reserves
1	0	$0.00	$71,138.53	$71,138.53	$10,000.00	$61,138.53	$0.00

PC Itemized Statement of Loss

SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT - Loss Run Detail

Valuation Date: 12/04/2025

Run Date: 12/04/2025

Client: SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT
Line of Business: Property & Casualty
Report Type: Itemized Statement of Loss
Valuation Date: 12/04/2025
Run Date: 12/04/2025
Report Name: SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT - Loss Run Detail
User Name: [redacted]

FREQUENCY:
- Run Now

CRITERIA:

Account - Include:
- SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT 5-294316

Date Contract Effective:
- 01/01/2020 Through Greatest Value

Display SSN/SIN:
- No

Logo:
- Liberty Mutual Insurance

Use Current Codes:
- Yes

FIELDS:
- Accident State
- Date Claim Closed
- Date Reopened
- Litigation Status
- Accident Description

SORT:
- Line of Business - Ascending
- Date Contract Effective - Ascending
- Contract Number - Ascending

SUBTOTAL:
- Line of Business
- Date Contract Effective
- Contract Number

RECIPIENTS:
- [redacted] - RISKTRAC - ALL

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This report was produced using RISKTRAC ®

Valuation Date: 12/04/2025

Run Date: 12/04/2025

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						
Line of Business: AL						
Contract Effective Date: 4/1/22						
Contract Number: AS5Z5129431601 - South Texas Ind. School Dist.						
AB94947461201	[redacted]	10/26/2022	11/08/2022	$3,282.61	$64.00	$3,346.61
AL	Closed	TX		$3,282.61	$64.00	$3,346.61
13 - Customer hit in rear				$0.00	$0.00	$0.00
- UNKNOWN						$0.00
TX	1/6/23					
INSURED BUS REARENDED CLAIMANT VEHICLE						
Total for Contract Number: AS5Z5129431601 - South Texas Ind. School Dist.						
			Claim Count : 1	$3,282.61	$64.00	$3,346.61
				$3,282.61	$64.00	$3,346.61
				$0.00	$0.00	$0.00
						$0.00
Total for Contract Effective Date: 4/1/22						
			Claim Count : 1	$3,282.61	$64.00	$3,346.61
				$3,282.61	$64.00	$3,346.61
				$0.00	$0.00	$0.00
						$0.00
Contract Effective Date: 4/1/23						
Contract Number: AS5Z5129431601 - South Texas Ind. School Dist.						
AB94951218403	[redacted]	05/16/2023	06/28/2023	$0.00	$0.00	$0.00
AL	Closed	TX		$0.00	$0.00	$0.00
05 - Cut-in-out sideswipe				$0.00	$0.00	$0.00
- UNKNOWN						$0.00
TX	1/8/24					
OTHER PARTY WAS STOPPED FACING SOUTH I THE LEFT TURN ONLY LANE OF THE 900 BLOCK OF N FRONTAGE RD AT THE E PRICE RD INTERSECTION FOR A RED STOP S						

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Valuation Date: 12/04/2025

Run Date: 12/04/2025

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						
AB94955569602	[redacted]	03/01/2024	03/01/2024	$77,000.00	$0.00	$77,000.00
AL	Closed	TX		$77,000.00	$0.00	$77,000.00
02 - Intersection				$0.00	$0.00	$0.00
- UNKNOWN						$0.00
TX	1/27/25					
INSURED WAS PROCEEDING THROUGH AN INTERSECTION AND WAS HIT BY CLAIMANT						
AB94951218402	[redacted]	05/16/2023	06/28/2023	$0.00	$0.00	$0.00
AL	Closed	TX		$0.00	$0.00	$0.00
05 - Cut-in-out sideswipe				$0.00	$0.00	$0.00
- UNKNOWN						$0.00
TX	8/30/23					
OTHER PARTY WAS STOPPED FACING SOUTH I THE LEFT TURN ONLY LANE OF THE 900 BLOCK OF N FRONTAGE RD AT THE E PRICE RD INTERSECTION FOR A RED STOP S						
AB94951218404	[redacted]	05/16/2023	06/28/2023	$10,000.00	$69.55	$10,069.55
AL	Closed	TX		$10,000.00	$69.55	$10,069.55
05 - Cut-in-out sideswipe				$0.00	$0.00	$0.00
- UNKNOWN						$0.00
TX	4/14/25					
OTHER PARTY WAS STOPPED FACING SOUTH I THE LEFT TURN ONLY LANE OF THE 900 BLOCK OF N FRONTAGE RD AT THE E PRICE RD INTERSECTION FOR A RED STOP S						
AB94955540101	[redacted]	02/28/2024	02/29/2024	$0.00	$0.00	$0.00
AL	Closed	TX		$0.00	$0.00	$0.00
13 - Customer hit in rear				$0.00	$0.00	$0.00
- UNKNOWN						$0.00
TX	3/28/24					
IV WAS AT THE STOP LIGHT ON 10TH AND 107 WHEN THE CV3 REAR ENDED CV2 AND CONTINUED ON TO STRIKE IV						

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Valuation Date: 12/04/2025

Run Date: 12/04/2025

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							
AB94954834001	[redacted]		01/12/2024	01/24/2024	$0.00	$0.00	$0.00
AL	Closed		TX		$0.00	$0.00	$0.00
13 - Customer hit in rear					$0.00	$0.00	$0.00
- UNKNOWN							$0.00
TX							
BUS WAS STOPPED AT RED LIGHT WAITING TO TURN RIGHT CLAIMANT VEHICLE REARENDED BUS							
AB94955569601	[redacted]		03/01/2024	03/01/2024	$8,944.20	$102.50	$9,046.70
AL	Closed		TX		$8,944.20	$102.50	$9,046.70
02 - Intersection					$0.00	$0.00	$0.00
- UNKNOWN							-$2,557.50
TX	5/9/24	4/18/24					
INSURED WAS PROCEEDING THROUGH AN INTERSECTION AND WAS HIT BY CLAIMANT							
AB94954835901	[redacted]		01/23/2024	01/24/2024	$3,537.98	$0.00	$3,537.98
AL	Closed		TX		$3,537.98	$0.00	$3,537.98
13 - Customer hit in rear					$0.00	$0.00	$0.00
- UNKNOWN							-$600.00
TX	2/22/24						
BUS EXITING PARKING GARAGE CLAIMANT VEHICLE ENTERING PARKING GARAGE BUS TURNED AND STRUCK CLAIMANT VEHICLE							
AB94955569603	[redacted]		03/01/2024	03/01/2024	$0.00	$0.00	$0.00
AL	Closed		TX		$0.00	$0.00	$0.00
02 - Intersection					$0.00	$0.00	$0.00
- UNKNOWN							$0.00
TX	6/7/24						
INSURED WAS PROCEEDING THROUGH AN INTERSECTION AND WAS HIT BY CLAIMANT							

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Valuation Date: 12/04/2025

Run Date: 12/04/2025

Claim Number / Line of Business / Accident Description Code / Location	Claimant/Driver Name / Status	Loss Date / Jur/Cov/Gar State	Carrier Report Date	Inc Loss / Paid Loss / Loss O/R	Inc Expense / Paid Expense / Expense O/R	Total Incurred / Total Paid / Outstanding Reserve / Applied Recovery
AB94951218401	[redacted]	05/16/2023	06/28/2023	$0.00	$0.00	$0.00
AL	Closed	TX		$0.00	$0.00	$0.00
05 - Cut-in-out sideswipe				$0.00	$0.00	$0.00
- UNKNOWN						$0.00
TX						
OTHER PARTY WAS STOPPED FACING SOUTH I THE LEFT TURN ONLY LANE OF THE 900 BLOCK OF N FRONTAGE RD AT THE E PRICE RD INTERSECTION FOR A RED STOP S						
AB94954839501	[redacted]	01/09/2024	01/24/2024	$0.00	$0.00	$0.00
AL	Closed	TX		$0.00	$0.00	$0.00
13 - Customer hit in rear				$0.00	$0.00	$0.00
- UNKNOWN						$0.00
TX						
INSURED WAS REARENDED BY CLAIMANT						
Total for Contract Number: AS5Z5129431601 - South Texas Ind. School Dist.						
		Claim Count : 11		$99,482.18	$172.05	$99,654.23
				$99,482.18	$172.05	$99,654.23
				$0.00	$0.00	$0.00
						-$3,157.50
Total for Contract Effective Date: 4/1/23						
		Claim Count : 11		$99,482.18	$172.05	$99,654.23
				$99,482.18	$172.05	$99,654.23
				$0.00	$0.00	$0.00
						-$3,157.50

Contract Effective Date: 4/1/24

Contract Number: AS5Z5129431601 - South Texas Ind. School Dist.

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Valuation Date: 12/04/2025

Run Date: 12/04/2025

Claim Number / Line of Business / Accident Description Code / Location	Claimant/Driver Name / Status	Loss Date / Jur/Cov/Gar State	Carrier Report Date	Inc Loss / Paid Loss / Loss O/R	Inc Expense / Paid Expense / Expense O/R	Total Incurred / Total Paid / Outstanding Reserve / Applied Recovery
AB94959448402	[redacted]	09/13/2024	09/13/2024	$0.00	$0.00	$0.00
AL	Closed	TX		$0.00	$0.00	$0.00
01 - Hit claimant in rear				$0.00	$0.00	$0.00
- UNKNOWN						$0.00
TX	12/6/24					
CLAIMANT REARENDED BUS						
AB94959448401	[redacted]	09/13/2024	09/13/2024	$0.00	$0.00	$0.00
AL	Closed	TX		$0.00	$0.00	$0.00
01 - Hit claimant in rear				$0.00	$0.00	$0.00
- UNKNOWN						$0.00
TX	9/16/24					
CLAIMANT REARENDED BUS						
AB94960712101	[redacted]	09/28/2024	11/12/2024	$5,185.85	$0.00	$5,185.85
AL	Closed	TX		$5,185.85	$0.00	$5,185.85
06 - Insured backing				$0.00	$0.00	$0.00
- UNKNOWN						$0.00
TX	2/17/25	2/17/25				
INSURED DRIVER BACK UP AND HIT THE CLAIMANT'S VEHICLE ON THE DRIVER SIDE						
AB94956865501	[redacted]	05/03/2024	05/06/2024	$0.00	$0.00	$0.00
AL	Closed	TX		$0.00	$0.00	$0.00
12 - Customer parked				$0.00	$0.00	$0.00
- UNKNOWN						$0.00
TX						
CLAIMANT BACKED INTO INSURED						

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Valuation Date: 12/04/2025

Run Date: 12/04/2025

Claim Number / Line of Business / Accident Description Code / Location	Claimant/Driver Name / Status	Loss Date / Jur/Cov/Gar State	Carrier Report Date	Inc Loss / Paid Loss / Loss O/R	Inc Expense / Paid Expense / Expense O/R	Total Incurred / Total Paid / Outstanding Reserve / Applied Recovery
AB94959442801	[redacted]	09/12/2024	09/13/2024	$0.00	$0.00	$0.00
AL	Closed	TX		$0.00	$0.00	$0.00
13 - Customer hit in rear - UNKNOWN				$0.00	$0.00	$0.00 $0.00
TX	10/31/24					
CLAIMANT VEHICLE WAS IN A PRIOR CRASH AND THEN SPUN INTO ANOTHER VEHICLE, AND THEN SPUN INTO INSURED VEHICLE						
AB94959442802	[redacted]	09/12/2024	09/13/2024	$0.00	$0.00	$0.00
AL	Closed	TX		$0.00	$0.00	$0.00
13 - Customer hit in rear - UNKNOWN				$0.00	$0.00	$0.00 $0.00
TX	10/31/24					
CLAIMANT VEHICLE WAS IN A PRIOR CRASH AND THEN SPUN INTO ANOTHER VEHICLE, AND THEN SPUN INTO INSURED VEHICLE						
AB94959780601	[redacted]	09/28/2024	09/30/2024	$0.00	$0.00	$0.00
AL	Closed	TX		$0.00	$0.00	$0.00
07 - Hit parked car - UNKNOWN				$0.00	$0.00	$0.00 $0.00
TX	10/11/24					
BUS ROLLED INTO PARKED CAR						
Total for Contract Number: AS5Z5129431601 - South Texas Ind. School Dist.						
		Claim Count : 7		$5,185.85	$0.00	$5,185.85
				$5,185.85	$0.00	$5,185.85
				$0.00	$0.00	$0.00 $0.00
Total for Contract Effective Date: 4/1/24						
		Claim Count : 7		$5,185.85	$0.00	$5,185.85
				$5,185.85	$0.00	$5,185.85
				$0.00	$0.00	$0.00 $0.00

Contract Effective Date: 4/1/25

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Valuation Date: 12/04/2025

Run Date: 12/04/2025

Claim Number / Line of Business / Accident Description Code / Location	Claimant/Driver Name / Status / Jur/Cov/Gar State	Loss Date / Carrier Report Date	Inc Loss / Paid Loss / Loss O/R	Inc Expense / Paid Expense / Expense O/R	Total Incurred / Total Paid / Outstanding Reserve / Applied Recovery
Contract Number: AS7Z5129431601 - South Texas Ind. School Dist.					
AB94967124401	[redacted]	08/18/2025 08/18/2025	$0.00	$0.00	$0.00
AL	Closed	TX	$0.00	$0.00	$0.00
08 - Insured pulled from parked position			$0.00	$0.00	$0.00
- UNKNOWN					$0.00
TX	10/15/25				
INSURED PULLED OUT OF PARKING LOT AND WAS HIT BY CLAIMANT VEHICLE					
Total for Contract Number: AS7Z5129431601 - South Texas Ind. School Dist.					
		Claim Count : 1	$0.00	$0.00	$0.00
			$0.00	$0.00	$0.00
			$0.00	$0.00	$0.00
					$0.00
Total for Contract Effective Date: 4/1/25					
		Claim Count : 1	$0.00	$0.00	$0.00
			$0.00	$0.00	$0.00
			$0.00	$0.00	$0.00
					$0.00
Total for Line of Business: AL					
		Claim Count : 20	$107,950.64	$236.05	$108,186.69
			$107,950.64	$236.05	$108,186.69
			$0.00	$0.00	$0.00
					-$3,157.50

Line of Business: GL

Contract Effective Date: 4/1/22

Contract Number: R62Z5129431602 - SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT

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Valuation Date: 12/04/2025

Run Date: 12/04/2025

Claim Number / Line of Business / Accident Description Code / Location	Claimant/Driver Name / Status / Jur/Cov/Gar State	Loss Date / Carrier Report Date	Inc Loss / Paid Loss / Loss O/R	Inc Expense / Paid Expense / Expense O/R	Total Incurred / Total Paid / Outstanding Reserve / Applied Recovery
P 94939311201	[redacted]	02/02/2023 02/02/2023	$0.00	$0.00	$0.00
GL	Closed	TX	$0.00	$0.00	$0.00
90 - Other			$0.00	$0.00	$0.00
- UNKNOWN					$0.00
TX	2/24/23				
CONTRACT DISPUTE- CLAIMANT ALLEGES THEY HAVE NOT BEEN FULLY COMPENSATED					
Total for Contract Number: R62Z5129431602 - SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT					
		Claim Count : 1	$0.00	$0.00	$0.00
			$0.00	$0.00	$0.00
			$0.00	$0.00	$0.00
					$0.00
Total for Contract Effective Date: 4/1/22					
		Claim Count : 1	$0.00	$0.00	$0.00
			$0.00	$0.00	$0.00
			$0.00	$0.00	$0.00
					$0.00
Total for Line of Business: GL					
		Claim Count : 1	$0.00	$0.00	$0.00
			$0.00	$0.00	$0.00
			$0.00	$0.00	$0.00
					$0.00
Line of Business: PD					
Contract Effective Date: 4/1/22					
Contract Number: AS5Z5129431601 - South Texas Ind. School Dist.					
AB94947197899	[redacted]	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					

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Valuation Date: 12/04/2025

Run Date: 12/04/2025

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							
AB94947461299	[redacted]		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							
Total for Contract Number: AS5Z5129431601 - South Texas Ind. School Dist.							
			Claim Count : 2		$0.00	$0.00	$0.00
					$0.00	$0.00	$0.00
					$0.00	$0.00	$0.00
							$0.00
Total for Contract Effective Date: 4/1/22							
			Claim Count : 2		$0.00	$0.00	$0.00
					$0.00	$0.00	$0.00
					$0.00	$0.00	$0.00
							$0.00
Contract Effective Date: 4/1/23							
Contract Number: AS5Z5129431601 - South Texas Ind. School Dist.							
AB94951218499	[redacted]		05/16/2023	06/28/2023	$1,059.94	$42.00	$1,101.94
PD	Closed		TX		$1,059.94	$42.00	$1,101.94
05 - Cut-in-out sideswipe					$0.00	$0.00	$0.00
- UNKNOWN							-$7,066.27
TX	3/14/25	9/23/24					
OTHER PARTY WAS STOPPED FACING SOUTH I THE LEFT TURN ONLY LANE OF THE 900 BLOCK OF N FRONTAGE RD AT THE E PRICE RD INTERSECTION FOR A RED STOP S							

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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						
AB94954839599	[redacted]	01/09/2024	01/24/2024	$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 WAS REARENDED BY CLAIMANT						
AB94954834099	[redacted]	01/12/2024	01/24/2024	$416.60	$0.00	$416.60
PD	Closed	TX		$416.60	$0.00	$416.60
13 - Customer hit in rear				$0.00	$0.00	$0.00
- UNKNOWN						-$2,777.34
TX	7/15/24					
BUS WAS STOPPED AT RED LIGHT WAITING TO TURN RIGHT CLAIMANT VEHICLE REARENDED BUS						
AB94954835999	[redacted]	01/23/2024	01/24/2024	$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	2/1/24					
BUS EXITING PARKING GARAGE CLAIMANT VEHICLE ENTERING PARKING GARAGE BUS TURNED AND STRUCK CLAIMANT VEHICLE						
AB94955540199	[redacted]	02/28/2024	02/29/2024	$5,903.51	$0.00	$5,903.51
PD	Closed	TX		$5,903.51	$0.00	$5,903.51
13 - Customer hit in rear				$0.00	$0.00	$0.00
- UNKNOWN						$0.00
TX	3/27/24					
IV WAS AT THE STOP LIGHT ON 10TH AND 107 WHEN THE CV3 REAR ENDED CV2 AND CONTINUED ON TO STRIKE IV						

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Run Date: 12/04/2025

Claim Number / Line of Business / Accident Description Code / Location	Claimant/Driver Name / Status / Jur/Cov/Gar State	Loss Date / Carrier Report Date	Inc Loss / Paid Loss / Loss O/R	Inc Expense / Paid Expense / Expense O/R	Total Incurred / Total Paid / Outstanding Reserve / Applied Recovery
AB94955569699	[redacted]	03/01/2024 03/01/2024	$9,427.87	$0.00	$9,427.87
PD	Closed	TX	$9,427.87	$0.00	$9,427.87
02 - Intersection - UNKNOWN			$0.00	$0.00	$0.00 $0.00
TX	3/27/24				
INSURED WAS PROCEEDING THROUGH AN INTERSECTION AND WAS HIT BY CLAIMANT					
Total for Contract Number: AS5Z5129431601 - South Texas Ind. School Dist.					
	Claim Count : 6		$16,807.92	$42.00	$16,849.92
			$16,807.92	$42.00	$16,849.92
			$0.00	$0.00	$0.00
					-$9,843.61
Total for Contract Effective Date: 4/1/23					
	Claim Count : 6		$16,807.92	$42.00	$16,849.92
			$16,807.92	$42.00	$16,849.92
			$0.00	$0.00	$0.00
					-$9,843.61
Contract Effective Date: 4/1/24					
Contract Number: AS5Z5129431601 - South Texas Ind. School Dist.					
AB94956865599	[redacted]	05/03/2024 05/06/2024	$0.00	$0.00	$0.00
PD	Closed	TX	$0.00	$0.00	$0.00
12 - Customer parked - UNKNOWN			$0.00	$0.00	$0.00 $0.00
TX	5/10/24 5/10/24				
CLAIMANT BACKED INTO INSURED					

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Valuation Date: 12/04/2025

Run Date: 12/04/2025

Claim Number / Line of Business / Accident Description Code / Location	Claimant/Driver Name / Status	Loss Date / Jur/Cov/Gar State	Carrier Report Date	Inc Loss / Paid Loss / Loss O/R	Inc Expense / Paid Expense / Expense O/R	Total Incurred / Total Paid / Outstanding Reserve / Applied Recovery
AB94959401899	[redacted]	09/11/2024	09/11/2024	$8,746.68	$0.00	$8,746.68
PD	Closed	TX		$8,746.68	$0.00	$8,746.68
15 - Hit stationary object				$0.00	$0.00	$0.00
- UNKNOWN						$0.00
TX	9/25/24					
TRUCK HIT CANOPY						
AB94959442899	[redacted]	09/12/2024	09/13/2024	$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	10/15/24					
CLAIMANT VEHICLE WAS IN A PRIOR CRASH AND THEN SPUN INTO ANOTHER VEHICLE, AND THEN SPUN INTO INSURED VEHICLE						
AB94959448499	[redacted]	09/13/2024	09/13/2024	$1,322.16	$42.00	$1,364.16
PD	Closed	TX		$1,322.16	$42.00	$1,364.16
01 - Hit claimant in rear				$0.00	$0.00	$0.00
- UNKNOWN						-$8,814.40
TX	2/5/25					
CLAIMANT REARENDED BUS						
AB94959780699	[redacted]	09/28/2024	09/30/2024	$0.00	$0.00	$0.00
PD	Closed	TX		$0.00	$0.00	$0.00
07 - Hit parked car				$0.00	$0.00	$0.00
- UNKNOWN						$0.00
TX	10/4/24					
BUS ROLLED INTO PARKED CAR						

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Valuation Date: 12/04/2025

Run Date: 12/04/2025

Claim Number / Line of Business / Accident Description Code / Location	Claimant/Driver Name / Status	Loss Date / Jur/Cov/Gar State	Carrier Report Date	Inc Loss / Paid Loss / Loss O/R	Inc Expense / Paid Expense / Expense O/R	Total Incurred / Total Paid / Outstanding Reserve / Applied Recovery
Total for Contract Number: AS5Z5129431601 - South Texas Ind. School Dist.						
		Claim Count : 5		$10,068.84	$42.00	$10,110.84
				$10,068.84	$42.00	$10,110.84
				$0.00	$0.00	$0.00
						-$8,814.40
Total for Contract Effective Date: 4/1/24						
		Claim Count : 5		$10,068.84	$42.00	$10,110.84
				$10,068.84	$42.00	$10,110.84
				$0.00	$0.00	$0.00
						-$8,814.40
Contract Effective Date: 4/1/25						
Contract Number: AS7Z5129431601 - South Texas Ind. School Dist.						
AB94967124499	[redacted]	08/18/2025	08/18/2025	$6,465.57	$64.00	$6,529.57
PD	Closed	TX		$6,465.57	$64.00	$6,529.57
08 - Insured pulled from parked position - UNKNOWN				$0.00	$0.00	$0.00
						$0.00
TX	11/20/25					
INSURED PULLED OUT OF PARKING LOT AND WAS HIT BY CLAIMANT VEHICLE						
Total for Contract Number: AS7Z5129431601 - South Texas Ind. School Dist.						
		Claim Count : 1		$6,465.57	$64.00	$6,529.57
				$6,465.57	$64.00	$6,529.57
				$0.00	$0.00	$0.00
						$0.00
Total for Contract Effective Date: 4/1/25						
		Claim Count : 1		$6,465.57	$64.00	$6,529.57
				$6,465.57	$64.00	$6,529.57
				$0.00	$0.00	$0.00
						$0.00

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Valuation Date: 12/04/2025

Run Date: 12/04/2025

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						
Total for Line of Business: PD						
		Claim Count : 14		$33,342.33	$148.00	$33,490.33
				$33,342.33	$148.00	$33,490.33
				$0.00	$0.00	$0.00
						-$18,658.01

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Valuation Date: 12/04/2025

Run Date: 12/04/2025

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							
Report Totals			Claim Count : 35		$141,292.97	$384.05	$141,677.02
					$141,292.97	$384.05	$141,677.02
					$0.00	$0.00	$0.00
							-$21,815.51

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Velocity Risk

Loss Run Dated - 12/3/2025

Account No: 2017-9000561

South Texas Independent School District

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

Year of Inception: 2017

Policy Numbers:

No Claims found for this policy

Account No: 2017-9000561

South Texas Independent School District

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

Year of Inception: 2018

Policy Numbers:

No Claims found for this policy

Account No: 2017-9000561

South Texas Independent School District

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

Year of Inception: 2019

Policy Numbers:

No Claims found for this policy

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

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	Claimant sustained damage to the metal roof portion of the gym. Caused during Hurricane Hanna on 7/25-26/2020. No injuries reported	510 S SUGAR RD	TX	$0.00	$0.00	$0.00	$24,697.64	$0.00	$0.00	$24,697.64
Policy Total:					**$0.00**	**$0.00**	**$0.00**	**$24,697.64**	**$0.00**	**$0.00**	**$24,697.64**

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

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

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

Loss Run Dated - 10/31/2025

South Texas Independent School District

Account No: 1031362

Policy Term: 04/01/2023 -- 04/01/2024

Policy Numbers: AMR-81587,MSP-41470,CPP8437689-00,ORAMPR017148-00,GVS-39148-00,TSAMPR0009858-00,72AMR306757-00,SPI-15945-00

Broker Company: CRC Group

Date Of Loss	Status	Loss Paid	Expense Paid	Loss Reserve	Expense Reserve	Total Incurred
4/28/2023	OPEN	$301,384.63	$84,319.64	$88,615.37	$35,926.91	$510,246.55
Claim Type :		Property				
Loss Type :		Lightning				
Loss Description :		During the storm on April 28th (overnight) our automated system which controls our HVAC systems were struck by lightning. As a result of this, the district needs to replace the system, would this be something we could claim on our insurance. The repl				
Location :		100-700 Med High Dr, Mercedes, TX, 78570				
CLM44658		4206762				
Policy Total		$301,384.63	$84,319.64	$88,615.37	$35,926.91	$510,246.55

South Texas Independent School District

Account No: 1135237

Policy Term: 04/01/2024 -- 04/01/2025

Policy Numbers: AMR-81587-01,AMP7544499-00,ORAMPR017148-01,GVS-39148-01,TSAMPR0009858-01,72AMR306757-01,SPI-15945-01,AMEI001110-24-00

Broker Company: CRC Group

No Claims found for this policy

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

Loss Run Dated - 10/31/2025

South Texas Independent School District **Account No: 1219905**

Policy Term: 04/01/2025 -- 04/01/2026

Policy Numbers: AMP7544499-01,RSC-PR-000001036-00,TSAMPR0009858-02,AMR-81587-02,AMEI001110-24-01,SPI-15945-02,GVS-39148-02,AREBS-CP-25-00017-00,ORAMPR017148-02

Broker Company: CRC Group

No Claims found for this policy

	Loss Paid	Expense Paid	Loss Reserve	Expense Reserve	Total Incurred
Total All Years:	**$301,384.63**	**$84,319.64**	**$88,615.37**	**$35,926.91**	**$510,246.55**

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

The Hartford Steam Boiler Inspection and Insurance Company
P.O. Box 61509 • King of Prussia, Pennsylvania 19406 -0909
Tel: 1-800-472-1866 • Fax: 1-800-298-4084
Customer_Solution_Center@hsb.com

Munich RE | Hartford Steam Boiler

Amwins Brokerage of Georgia Llc
3630 Peachtree Rd., Ne #1700
Atlanta, GA 30326

12/05/2025

Named Insured: South Texas Independent School District
Policy Number: FBP2282632
Loss Run Request

Policy Term: 4/1/2024 - 4/1/2025

Dear Producer:

Claims for the above listed policy term(s):

Claim Number	Claim Status	Date of Loss	Amount Paid	Claim Description
None				

This report shows loss history for the past 5 years, or since the inception date of the policy, whichever is applicable.

If you have any further questions about the account, please feel free to contact us.

Sincerely,

Madison Finacchio
Production Underwriter
+1 (617) 342-5818
Madison_Finacchio@hsb.com

Professional Governmental Underwriters, Inc.
The Authority.

Professional Governmental Underwriters, Inc.

Named Insured: South Texas Independent School District
State: TX
Broker: Edward and Lee LLC
Run Date: 12/04/2025

Policy #: ELL0955051
Effective Date: 04/01/21
Expiration Date: 04/01/22
Company: Indian Harbor Insurance Company

LOB: SchoolBrd
Policy Type: Claims Made
Value Date: 12/04/2025

Claim #	Loss Date	Reported Date	Claim Status	Narrative	Total Paid
Claimant Name: [redacted]					
0006856821	08/10/21	08/10/21	C	NOPC - Level 2 Grievance	145,858.02
Claimant Name [redacted]					
0006856826	08/10/21	08/10/21	C	NOPC - Level 3 Grievance	129.72
Claimant Name: [redacted]					
0006962733	01/10/22	01/12/22	C	Discrimination	775.50
Claimant Name: [redacted]					
0009911874	03/11/22	03/30/22	C	Discrimination / Termination	0.00

Total # of Claims for this policy: 4 **146,763.24**

Professional Governmental Underwriters, Inc.

Named Insured: South Texas Independent School District
State: TX
Broker: Edward and Lee LLC
Run Date: 12/04/2025

Policy #: ELL0956632
Effective Date: 04/01/23
Expiration Date: 04/01/24
Company: Indian Harbor Insurance Company

LOB: SchoolBrd
Policy Type: Claims Made
Value Date: 12/04/2025

Claim #	Loss Date	Reported Date	Claim Status	Narrative	Total Paid
Claimant Name: Laura Noriega					
0010285391	07/20/23	07/20/23	C	Termination / Discrimination	24,279.36
Total # of Claims for this policy: 1					**24,279.36**

Professional Governmental Underwriters, Inc.

Named Insured: South Texas Independent School District
State: TX
Broker: Edward and Lee LLC
Run Date: 12/04/2025

Policy #: ELL0956632-01
Effective Date: 04/01/24
Expiration Date: 04/01/25
Company: Indian Harbor Insurance Company

LOB: SchoolBrd
Policy Type: Claims Made
Value Date: 12/04/2025

Claim #	Loss Date	Reported Date	Claim Status	Narrative	Total Paid
Claimant Name: Marcolfa McQuillen					
0010492724	05/02/24	05/02/24	C	IDEA/IEP	0.00
Claimant Name: Marcolfa McQuillen					
0010495300	05/02/24	05/07/24	C	Duplicate of 0010492724	0.00
Total # of Claims for this policy: 2					**0.00**

Professional Governmental Underwriters, Inc.

Named Insured: South Texas Independent School District
State: TX
Broker: Edward and Lee LLC
Run Date: 12/04/2025

Policy #: ELL0956632-02
Effective Date: 04/01/25
Expiration Date: 04/01/26
Company: Indian Harbor Insurance Company

LOB: SchoolBrd
Policy Type: Claims Made
Value Date: 12/04/2025

Claim #	Loss Date	Reported Date	Claim Status	Narrative	Total Paid
Claimant Name: Georgia Loop					
0010785450	04/21/25	04/22/25	O	Discrimination, Harassment Etc	0.00
Claimant Name: Andres Ayala					
0010786478	04/22/25	04/22/25	C	Discrimination, Harassment Etc	0.00
Total # of Claims for this policy: 2					**0.00**

TPS Property Casualty Loss Experience

634 - Z000001901 - SOUTH TEXAS ISD - ADMINISTRATION

Details by Event and Claim Number

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

Status	Total
Closed	1
Open	0
Sum:	**1**

TPS Property Casualty Loss Experience

634 - Z000001908 - SOUTH TEXAS ISD - TRANSPORTATION

Details by Event and Claim Number

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

Status	Total
Closed	1
Open	0
Sum:	**1**

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 - Z000001901 - ADMINISTRATION

Coverage	Claim Type	Totals	Policy Period	Loss Paid	Loss Outstanding	Expenses Paid	Expenses Outstanding	Total Paid Less Recovery	Outstanding Reserves	Total Incurred Less Recovery
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:	***1***		***10,000.00***	***0.00***	***0.00***	***0.00***	***10,000.00***	***0.00***	***10,000.00***

634 - Z000001908 - TRANSPORTATION

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
	Overall Totals:	***1***		***1,723.63***	***0.00***	***0.00***	***0.00***	***1,723.63***	***0.00***	***1,723.63***
	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: 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 Member:	**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, ClaimType Group and Policy Period: for 634 - SOUTH TEXAS ISD

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 Member:	**2**		**11,723.63**	**0.00**	**0.00**	**0.00**	**11,723.63**	**0.00**	**11,723.63**

Location Total for the Policy Period: 04/01/2020 - 03/31/2021 for 634 - SOUTH TEXAS ISD

	Locations	Coverage	Totals	Policy Period	Loss Paid	Loss Outstanding	Expenses Paid	Expenses Outstanding	Total Paid Less Recovery	Outstanding Reserves	Total Incurred Less Recovery
1	SOUTH TEXAS ISD	Auto	0	04/01/2020 - 03/31/2021	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1	SOUTH TEXAS ISD	Crime	0	04/01/2020 - 03/31/2021	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1	SOUTH TEXAS ISD	General Liability	0	04/01/2020 - 03/31/2021	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Overall Totals:	***0***		***0.00***	***0.00***	***0.00***	***0.00***	***0.00***	***0.00***	***0.00***

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	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	General Liability	0	04/01/2021 - 03/31/2022	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Z0000 01901	ADMINISTRATION	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
Z0000 01908	TRANSPORTATION	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
		Overall Totals:	***2***		***11,723.63***	***0.00***	***0.00***	***0.00***	***11,723.63***	***0.00***	***11,723.63***
		Grand Totals:	**2**		**11,723.63**	**0.00**	**0.00**	**0.00**	**11,723.63**	**0.00**	**11,723.63**

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	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	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	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:	**2**		**11,723.63**	**0.00**	**0.00**	**0.00**	**11,723.63**	**0.00**	**11,723.63**

LOSS RUN REQUEST - CLAIMS LIST

HISCOX

SELECTION SUMMARY

BROKER :AmWINs Brokerage of Texas (Dallas)

Policy Inception Date	Policy Expiary Date	Contract Reference	InsuredName	Paid Total
04/01/2019	03/31/2024	2562217	South Texas Independent School District	

Contract Period	Claim Reference	Claim Status	Claimant Name	Claim Loss Narrative	Reported Date	Loss Date	Paid Total
2019	No Claims						
2020	No Claims						
2021	No Claims						
2022	No Claims						
2023	No Claims						

Produced by : Vineetha Aswani on 12/1/2025

EXHIBIT D

SOUTTEX-18 ASHELBOURN

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/26/2025

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

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

PRODUCER	CONTACT NAME:	
Hub International Insurance Services 121 Pecan Blvd Mc Allen, TX 78501	PHONE (A/C, No, Ext): (956) 682-2841	FAX (A/C, No): (956) 630-4015
	E-MAIL ADDRESS: arnetta.shelbourn@hubinternational.com	

INSURED	INSURER(S) AFFORDING COVERAGE	NAIC #
South Texas ISD 7001 E. Expressway 83 Mercedes, TX 78570	INSURER A : LM Insurance Corporation	33600
	INSURER B : Liberty Insurance Corporation	42404
	INSURER C : Indian Harbor Insurance Company	36940
	INSURER D : Liberty Mutual Fire Insurance Company	23035
	INSURER E :	
	INSURER F :	

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	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR			TB5-Z51-294316-035	4/1/2025	4/1/2026	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
	OTHER:						EMPLOYEE BENEFI	$ 1,000,000
B	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	X ANY AUTO			AS7-Z51-294316-015	4/1/2025	4/1/2026	BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$
	DED RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						PER STATUTE OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
C	Educators Legal Liab			ELL0956632-02	4/1/2025	4/1/2026	Aggregate Limit	1,000,000
D	Law Enforcement Liab			R32-Z51-294316-065	4/1/2025	4/1/2026	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

SPECIMEN

CANCELLATION

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

Raul Cabaza III

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AGENCY CUSTOMER ID: SOUTTEX-18 ASHELBOURN

LOC #: 1

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
Hub International Insurance Services	South Texas ISD 7001 E. Expressway 83 Mercedes, TX 78570
POLICY NUMBER SEE PAGE 1	
CARRIER / NAIC CODE SEE PAGE 1 / SEE P 1	EFFECTIVE DATE: SEE PAGE 1

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Extension Endorsements
Texas School Amendatory endorsement form LC32 464 07 18 provides following:
Additional Insured by Contract, Agreement or Permit
Primary and Noncontributory Additional Insured Extension
Waiver of Transfer of Rights of Recovery Against Others to Us - When Required in a Written Contract or Agreement with You

Excess Policy excess of General Liability policy #TB5-Z51-294316-035 only

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The ACORD name and logo are registered marks of ACORD

Bob McCloskey Insurance
BMI BENEFITS - FULL TPA SERVICES

APPLICATION FOR COVERAGE 2025-2026

School	South Texas Independent School District
Address	7001 E. Expressway 83, Mercedes, TX 78570

COVERED PERSONS & ACTIVITIES All Students of the Policyholder enrolled in athletic activities sponsored by the Policyholder. All Students of the Policyholder participating in Powder Puff Flag Football events. All Students of the Policyholder enrolled in Off-Campus Internship Program participating in Business & Technology and Education Department Intern Programs.

MEN'S SPORTS Baseball, Basketball, Cross Country, Esports, Flag Football, Golf, Soccer, Tennis, Volleyball

WOMEN'S SPORTS Basketball, Cross Country, Esports, Flag Football, Golf, Soccer, Softball, Tennis, Volleyball

PLAN BENEFITS / SUMMARY OF COVERAGE

Accident Medical Expense Max (AME) Per Injury/Accident	$25,000
Deductible per Injury/Accident	$0
Benefit Period from Date of Accident	1 Year
Accidental Death & Dismemberment (AD&D)	$5,000
AD&D Aggregate Limit	$250,000
Expanded Medical Benefit	☒ Included
HMO/PPO Denial Benefit	☒ Included
Re-Injury Benefit	☒ Included
Heart & Circulatory Benefit	☒ Included
Plan Design	100% Usual & Customary Charges, Full Excess
Insurance Carrier	Berkley Accident & Health
Claims Administrator	BMI Benefits, LLC.
Policy Period	April 1, 2025 – April 1, 2026
Annual Premium	$10,950

The information contained in this application is only an outline of the benefits offered. It is NOT a complete explanation of the policy provisions or specifics of the policy benefits. Additional terms, conditions, limitations and exclusions apply.

AUTHORIZED REPRESENTATIVE OF THE POLICYHOLDER	
AUTHORIZED REPRESNTATIVE SIGNATURE	
DATE	

TRAVELERS



PRESENTED BY

HUB INTERNATIONAL TEXAS
121 PECAN BLVD
MCALLEN , TX - 78501

BOUND ON 03/11/2025 FOR

SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT
100 MED HIGH DR.
MERCEDES, TX 78570

Binder For:

SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT

HUB INTERNATIONAL TEXAS

Energy Max 21 Equipment Breakdown Protection

Policy Number	BME1-A956877A-COF-25
Effective	04/01/2025 – 04/01/2026
Insuring Company	THE CHARTER OAK FIRE INSURANCE COMPANY
Total Premium	$5,434

COVERAGE	COMMISSION	PREMIUM
BOILER	15.00 %	$5,434

Payment plan

To Be Determined

Binder disclosure

PLEASE REVIEW THIS BINDER CAREFULLY. FOR INFORMATION ON COVERAGE FORMS, LIMITS OF INSURANCE, POLICY ENDORSEMENTS AND OTHER PROVISIONS, PLEASE SEE YOUR PROPOSAL DOCUMENT. THIS BINDER IS VALID UNTIL YOUR POLICY IS ISSUED. AT WHICH TIME YOUR POLICY WILL, WITHOUT NOTICE, AUTOMATICALLY CANCEL, REPLACE AND SUPERSEDE THIS BINDER AND ANY OTHER CORRESPONDENCE THAT DOCUMENTS THE INSURANCE COVERAGE REFERENCED HEREIN. IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT YOUR AGENT OR BROKER.

Important notice

Your Workers Compensation policy may be subject to the terms and conditions of the California Short Rate Cancellation Endorsement (WC 04 04 22 (00)) that is on your policy and which outlines how premium will be refunded to you in the event you cancel the policy prior to the expiration of the policy term.

This document is not a proposal. Any policy coverages, limits of insurance, policy endorsements, coverage specifications, or other terms and conditions that you have requested that are not included in this summary/indication have not been agreed to by Travelers. Please review this summary/indication carefully and if you have any questions, please contact your Travelers representative.

This summary/indication does not amend, or otherwise affect, the provisions of coverage of any resulting insurance policy issued by Travelers. It is not a representation that coverage does or does not exist for any particular claim or loss under any such policy. Coverage depends on the applicable provisions of the actual policy issued, the facts and circumstances involved in the claim or loss and any applicable law. The policies will also be subject to all state mandated endorsements.

As Broker/Agent you will be responsible for being aware of and complying with the various legal requirements associated with countersignature in various jurisdictions covered in the policies. Unless accepted, the offer(s) of insurance contained in this document expire(s) automatically fifteen days after the date referenced above.

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CRC GROUP

10375 Richmond Ave. Suite 500
Houston, TX 77042
Phone: 888-728-7235

CONFIRMATION OF COVERAGE BOUND
(BINDER CONFIRMATION)

Arnetta Oropeza
Hub International Texas, Inc. - McAllen
121 W. Pecan

McAllen, TX 78501

Mar 26, 2025

Re: South Texas Ind. School Dist.
Policy #: AMR8158702
Effective: 4/1/2025 to 4/1/2026

Dear Arnetta:

We are pleased to confirm the attached binder for **Property-Multi Peril($50MM Loss Limit)** being offered with **Underwriters at Lloyd's of London.** This carrier is **Non-Admitted** in the state of **TX.** Please note that this binder is based on the coverage, terms and conditions as stated in the attached binder, which may be different from those requested in your original submission. As you are the representative of the Insured, it is incumbent upon you to review the terms of this binder carefully with your Insured, and reconcile any differences from the terms requested in the original submission. CRC Insurance Services, Inc. disclaims any responsibility for your failure to reconcile with the Insured any differences between the terms bound as per the attached and those terms originally requested. This coverage may not be bound without a fully executed CRC brokerage agreement.

NOTE: If insured is located outside your resident state, you must hold appropriate non-resident license prior to binding.

Mailing Address: 100 Med High Drive
Mercedes, TX 78570

Physical Address: 100-700 Med High Drive,
Mercedes, TX 78570

Coverage as bound per the attached. Premium and Commission are as follows:

Premium:	**$750,000.00**
TRIA Premium: - REJECTED	
Policy Fee	**$10,000.00**
Broker Fee	**$5,000.00**
Program Fee	**$15,000.00**
Inspection Fee	**$650.00**
Surplus Lines Tax	**$37,861.53**
Stamping Office Fee	**$312.26**
Total:	**$818,823.79**

Broker Fees & Policy Fees are Fully Earned at Binding

Commission: 10%

If Non Admitted the following applies:

Texas Tax Filings are the responsibility of: ( ) Your Agency (X) CRC

Guaranty Fund Nonparticipation Notice

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 Agent: CRC Insurance Services, License#18530

Address: 1 Metroplex Drive, Suite 400, Birmingham, AL 35209

The Texas Department of Insurance (TDI) has adopted amendments to the Texas Administrative Code regarding required complaint notices included in insurance policies. These changes were effective on November 4, 2019, and must be implemented no later than May 1, 2020.

Tax Affidavit Number (If applicable):

Home State: TEXAS

The Home State was determined based on the information provided in your submission and the completed Declaration of Home State form. Please ensure the correct Home State is listed. Incorrect information could result in additional or return taxes, fees, surcharges, penalties, interest, and assessments at a later date, and in addition to what is shown. Additionally, please note that this is the current tax calculation based on the Home State but there could be changes that result in additional or return tax - due at a later date - based on future enactments of surplus lines laws by any of the various states.

Upon requesting quotes and/or placement for the coverage listed herein, the producing retail broker hereby confirms that he/she has performed any and all diligent searches, as may be required by statute, for coverage through licensed carriers or other means of placement, and as necessary maintain proof of declination. Where allowed by governing statutes, "diligent effort" may not require an actual physical search and declination on each risk, but may be based on the retail producing broker's own experience, opinion and overall knowledge of acceptability in the admitted marketplace.

CRC does not issue any certificates of insurance. It is the responsibility of the issuing party Hub International Texas, Inc. - McAllen, to issue COIs according to the insurance policy in reference. CRC does not check or review any COI they receive. All copies of COIs received will be destroyed at time of receipt.

Financing Insurance Premiums

Premium financing budgets insurance payments and improves liquidity for other business objectives: working capital, business growth, building expansion.

If your clients choose to pay their insurance in monthly installments, it's fast and easy with AFCO Premium Finance. AFCO provides premium financing solutions for large, mid-size and small corporate accounts;

Find out how premium financing works and how it can expand your relationship with your clients by e-mailing AFCODirect@afco.com; or **call toll- free 877-317-6437**.

Should you have any questions, please feel free to contact our office.

Sincerely,

Randy Doss
(713) 425-8682
rdoss@crcgroup.com
13103527

CONFIDENTIAL

Figure: 28 TAC §1.601(a)(2)(B)

Have a complaint or need help?

If you have a problem with a claim or your premium, call your insurance company or HMO first. If you can't work out the issue, the Texas Department of Insurance may be able to help.

Even if you file a complaint with the Texas Department of Insurance, you should also file a complaint or appeal through your insurance company or HMO. If you don't, you may lose your right to appeal.

Underwriters at Lloyd's of London

To get information or file a complaint with your insurance company or HMO:

Call: Underwriters at Lloyd's of London at 44-207-327-1000

Toll-free:

Online:

Email:

Mail: One Lime Street
London, EN EC3M 7HA

The Texas Department of Insurance

To get help with an insurance question or file a complaint with the state:

Call with a question: 1-800-252-3439

File a complaint: www.tdi.texas.gov

Email: ConsumerProtection@tdi.texas.gov

Mail: MC 111-1A, P.O. Box 149091, Austin, TX 78714-9091

¿Tiene una queja o necesita ayuda?

Si tiene un problema con una reclamación o con su prima de seguro, llame primero a su compañía de seguros o HMO. Si no puede resolver el problema, es posible que el Departamento de Seguros de Texas (Texas Department of Insurance, por su nombre en inglés) pueda ayudar.

Aun si usted presenta una queja ante el Departamento de Seguros de Texas, también debe presentar una queja a través del proceso de quejas o de apelaciones de su compañía de seguros o HMO. Si no lo hace, podría perder su derecho para apelar.

Underwriters at Lloyd's of London

Para obtener información o para presentar una queja ante su compañía de seguros o HMO:

Llame a: Underwriters at Lloyd's of London al 44-207-327-1000
Teléfono gratuito:
En Línea:
Correo electrónico:
Dirección postal: One Lime Street
London, EN EC3M 7HA

El Departamento de Seguros de Texas

Para obtener ayuda con una pregunta relacionada con los seguros o para presentar una queja ante el estado:
Llame con sus preguntas al: 1-800-252-3439 Presente una queja en:
www.tdi.texas.gov
Correo electrónico: ConsumerProtection@tdi.texas.gov
Dirección postal: MC 111-1A, P.O. Box 149091, Austin, TX 78714-9091

Texas Tax Information:

Risk Location: **100-700 Med High Drive Mercedes, TX 78570**

Guaranty Fund Nonparticipation Notice

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 Agent: CRC Insurance Services, License #18530

Address: 1 Metroplex Drive, Suite 400, Birmingham, AL 35209

Policy Premium:	**$750,000.00**
TRIPRA Premium:	
TRIPRA Status:	**REJECTED**
Policy Fee	**$10,000.00**
Broker Fee	**$5,000.00**
Program Fee	**$15,000.00**
Inspection Fee	**$650.00**
Surplus Lines Tax:	**$37,861.53**
Stamping Office Fee:	**$312.26**
:	
:	
:	
:	
:	
:	
Grand Total:	**$818,823.79**

Texas Complaints Notice

Have a complaint or need help?

If you have a problem with a claim or your premium, call your insurance company or HMO first. If you can't work out the issue, the Texas Department of Insurance may be able to help.

Even if you file a complaint with the Texas Department of Insurance, you should also file a complaint or appeal through your insurance company or HMO. If you don't, you may lose your right to appeal.

AmRisc, LLC

To get information or file a complaint with your insurance company or HMO:

Call: Complaints Department at 252-247-8760

Toll-free: 877-284-4900

Online: www.AmRISC.com

Email: Complaints@AmRISC.com

Mail: AmRISC, LLC
Complaints Department
1700 City Plaza Drive, Suite 200
Spring, TX 77389

The Texas Department of Insurance

To get help with an insurance question or file a complaint with the state:

Call with a question: 1-800-252-3439

File a complaint: www.tdi.texas.gov

Email: ConsumerProtection@tdi.texas.gov

Mail: Consumer Protection, MC: CO-CP, Texas Department of Insurance, PO Box 12030, Austin, TX 78711-2030

LMA9080E

1 August 2023

TEXAS SURPLUS LINES NOTICE

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.

LMA9079
September 1, 2013

Named Insured: South Texas Independent School District
Account Number: 1219905
RN of Acct Number: 1135237
Binder Id : 608830
Date/Time: 3/26/2025 08:49 AM
Term: 4/1/2025 - 4/1/2026
Valid Until: 5/1/2025

Binder

To: Randy Doss
CRC Group Houston TX
rdoss@crcgroup.com
713-532-4111

Named Insured: South Texas Independent School District

Effective Date: 4/1/2025
Expiration Date: 4/1/2026

Mailing Address: 7001 E Expressway 83
Mercedes , TX 78570

This Binder is based on the coverage, terms and conditions listed herein, which may be different from those requested in your original submission or shown in your produced binder. It is incumbent upon you to review the terms of this Binder carefully with your insured and reconcile any differences in the terms requested in your original submission or shown in your produced binder. AmRisc, LLC disclaims any responsibility for your failure to reconcile with the insured any differences between the terms shown in this Binder and those terms requested in your original submission or shown in your Certificates of insurance or produced binder.

The Binder is based on the information submitted on the property App-SOV. In the event there is conflicting material information between that information shown on the property App-SOV and other submitted information (Acord forms/etc). the information shown on the property App-SOV shall take precedence.

Named Insured: South Texas Independent School District
Account Number: 1219905
RN of Acct Number: 1135237
Binder Id : 608830
Date/Time: 3/26/2025 08:49 AM
Term: 4/1/2025 - 4/1/2026
Valid Until: 5/1/2025

Waypoint WHOLESALE
An AmRisc Company

Mailing Address:		7001 E Expressway 83 Mercedes,TX 78570
Values($):	Building	186,376,363
	Contents/BPP	30,096,532
	Other	3,330,577
	BI	0
Sum of TIV($):		**219,803,472**
Valuation:	Coinsurance:	N/A
	Limitation, TE:	N/A
	Valuation, PD:	RCV
	Valuation, TE:	ALS
Perils Covered:		All Risk, including Flood & Earth Movement
Limits of Liability:		Limits of Liability: (as per schedule, NOT blanket)
Total Limits of Liability:		$50,000,000 (100.00 %) part of $50,000,000 excess of "deductible"

Deductibles: (Deductibles are Per Occurrence unless stated otherwise)

AOP	**$25,000**
	Except $10,000 as respects Contractors Mobile Equipment
NS Wind/Hail	3.00% minimum $100,000
AO Wind/Hail	1.00% minimum $100,000
Flood	**$100,000**
	Except Maximum available NFIP per Building, whether purchased or not, for Locations in Zones B, X500 or X-shaded; Plus $100,000 per occ
Earth Movement	$100,000

Named Insured: South Texas Independent School District
Account Number: 1219905
RN of Acct Number: 1135237
Binder Id : 608830
Date/Time: 3/26/2025 08:49 AM
Term: 4/1/2025 - 4/1/2026
Valid Until: 5/1/2025

Waypoint WHOLESALE
An AmRisc Company

Premium($):

Premium:	750,000.00
Subtotal:	**750,000.00**

Taxes & Fees($):

Producer is responsible for collection/payment of State taxes & related fees

Inspection Fee:	650.00
Program Fee:	15,000.00
Total($):	**765,650.00**

Minimum Earned Premium:	35%
Term Rate (Reference Only):	$0.341

Terms and Conditions

Specific Terms and Conditions

Percent deductibles are per occurrence, per Building or structure.

Limits are as per Schedule by Building, NOT blanket.

All Buildings with outstanding damage are excluded. Contact underwriter if waiver needed.

Roof coverings to be ACV if originally installed or last fully replaced prior to 2011.

Coverage excludes all loss or damage directly or indirectly caused by any Named Storm in existence at time of written request to bind or inception of any new or additional exposure.

Cosmetic Roof Damage Restriction AR CRD applies.

Contractors Mobile Equipment cover is ACV and excludes over-the-road-cover.

Standard Terms and Conditions

Any Additional or Return premium under $500 shall be waived, except for new perils or coverages added.

This quote is subject to acceptance both sides with NO COVER GIVEN.

Severe cancellation penalties apply to CAT exposed property.

Information due at binding OR within 30 days of inception:

Signed Property Application/SOV (AR APP), Signed Flood Notice, Signed Surplus Lines Statement (Required at binding)

Signed TRIA Disclosure Notice(s)

To comply with regulatory provisions, unless the above requested information is received within 30 days, automatic NOC must be sent contingent upon receipt of information.

All quotes and binders are subject to satisfactory inspections, recommendation compliance and financials. Inspections shall be ordered by AmRisc,LLC All Coverages are as per standard forms and endorsements in use by AmRisc, LLC at the time of binding, unless otherwise noted. Coverage shall exclude any damage due directly or indirectly from any named storm in existence at the time a Request to Bind is received by AmRisc, LLC 30 days (except 90 days if Compass)NOC, except 10 days for nonpayment of premium or material misstatement; subject to individual State requirements. Carriers' participation may change at the time of binding or throughout the coverage period.

Waypoint WHOLESALE
An AmRisc Company

Extensions and Sublimits

Form Type (unless otherwise identified):

Compass

Standard Endorsements

Exclusion of Certified Acts of Terrorism (AR TRIA EXCL)

Standard forms/endts, avail upon req.

Extensions and Sublimits	Program Sublimits
Earth Movement per occ & ann aggr for all Locations combined; subject to:	$2,500,000
Earth Movement per occ & ann aggr: CA, AK & HI	Not Covered
Earth Movement per occ & ann aggr: OR & WA	Not Covered
Earth Movement per occ & ann aggr: New Madrid	Not Covered
Flood, per occ & ann aggr for all Locations combined; subject to:	**$1,000,000**
Flood, per occ & ann aggr: Zones A & V	Not Covered
Accounts Receivable	$1,000,000
Civil or Military Authority, the lesser of	Not Covered
Contingent Time Element; the lesser of	Not Covered
Contractors Equipment; unscheduled: owned, leased, rented or borrowed	$100,000
Any One Item	$25,000
Course of Construction	$1,000,000
Course of Construction Soft Costs	$100,000
Debris Removal; the lesser of	25% / $5,000,000
Electronic Data and Media	$500,000
Errors or Omissions	$100,000
Extended Period of Indemnity	Not Covered
Extra Expense	$1,000,000
Expediting Expense	$100,000
Fine Arts	$250,000
Fire Brigade Charges	$100,000
Fungus, Molds, Mildew, Spores, Yeast (per occ/ann aggr)	$15,000
Ingress/Egress	Not Covered
Leasehold Interest	$100,000
Limited Pollution Coverage (Annual Aggregate)	$100,000
Lock Replacement	$25,000
Miscellaneous Unnamed Locations	$100,000
Newly Acquired Property	60 days max $1,000,000
Ordinance or Law:	
Coverage A:	Incl in Bldg Limit
Coverage B:	**10% per bldg, max $2.5M per occ**
Coverage C:	Included with Coverage B

Coverage D:	Incl in the TE, if cov'd
Coverage E	Included in the Building Limit
Ordinary Payroll	Not Covered
Plants, lawns, trees or shrubs	$100,000
Any one plant, lawn, tree or shrub	$25,000
Professional Fees (Annual Aggregate)	$100,000
Reclaiming, restoring or repairing land improvements	$10,000
Reward Reimbursement	$25,000
Royalties	Not Covered
Service Interruption (72 hr qualifying period)	$250,000
Solar Power Systems	$100,000
Spoilage	$25,000
Time Element Monthly Limitation	N/A
Transit	$100,000
Underground pipes,flues & drains	$100,000
Valuable Papers and Records	$1,000,000
Sinkhole Loss Extension	As Per Schedule

Named Insured: South Texas Independent School District
Account Number: 1219905
RN of Acct Number: 1135237
Binder Id : 608830
Date/Time: 3/26/2025 08:49 AM
Term: 4/1/2025 - 4/1/2026
Valid Until: 5/1/2025

Waypoint WHOLESALE
An AmRisc Company

Carrier Participation

Carrier	AM Best / S&P	Premium($)	TRIPRA($)	Fees($)*
Certain Underwriters at Lloyds (Lloyds)	A XV / A+	146,039	0	15,650
Indian Harbor Insurance Company (IndianH)	A+ XV / A+	16,412	0	0
Old Republic Union Insurance Company (ORU)	A+ XV / A+	16,412	0	0
GeoVera Specialty Insurance Company (GVS)	A VIII/na	95,190	0	0
MS Transverse Specialty Insurance Company (TSIC)	A VIII/na	288,851	0	0
Spinnaker Specialty Insurance Company (SPI)	A- VIII	32,824	0	0
Everest Indemnity Insurance Company (EIIC)	A+ XV	29,542	0	0
Obsidian Specialty Insurance Company (RSC)	A- VII	78,777	0	0
Emerald Bay Specialty Insurance Company (EBS)	A-VII	45,953	0	0

*Fees may include inspection and/or program fees

Company Ratings stated above reflect our best efforts for updating the information, but may be out of date at the time of this quote or binder. Financial Review is the responsibility of the Insured.

Lloyds - AMR-81587-02	**Peril**	**Limit($)**	**Layer($)**	**Attachment($)**
	F	1,000,000	1,000,000	0
	Q	2,500,000	2,500,000	0
	AR x N	4,000,000	50,000,000	0
	NW	4,000,000	50,000,000	0
IndianH - AMP7544499-01	**Peril**	**Limit($)**	**Layer($)**	**Attachment($)**
	AR x N	1,250,000	50,000,000	0
	NW	1,250,000	50,000,000	0
ORU - ORAMPR017148-02	**Peril**	**Limit($)**	**Layer($)**	**Attachment($)**
	AR x N	1,250,000	50,000,000	0
	NW	1,250,000	50,000,000	0
GVS - GVS-39148-02	**Peril**	**Limit($)**	**Layer($)**	**Attachment($)**
	AR x N	7,250,000	50,000,000	0
	NW	7,250,000	50,000,000	0
TSIC - TSAMPR0009858-02	**Peril**	**Limit($)**	**Layer($)**	**Attachment($)**
	AR x N	22,000,000	50,000,000	0
	NW	22,000,000	50,000,000	0

SPI - SPI-15945-02	Peril	Limit($)	Layer($)	Attachment($)
	AR x N	2,500,000	50,000,000	0
	NW	2,500,000	50,000,000	0

EIIC - AMEI001110-24-01	Peril	Limit($)	Layer($)	Attachment($)
	AR x N	2,250,000	50,000,000	0
	NW	2,250,000	50,000,000	0

RSC - RSC-PR-000001036-00	Peril	Limit($)	Layer($)	Attachment($)
	AR x N	6,000,000	50,000,000	0
	NW	6,000,000	50,000,000	0

EBS - AREBS-CP-25-00017-00	Peril	Limit($)	Layer($)	Attachment($)
	AR x N	3,500,000	50,000,000	0
	NW	3,500,000	50,000,000	0

Premium By State Breakdown

Insured Name : South Texas Independent School District

Account ID : 1219905

The premium breakdown below is for state tax filing purposes only and represent all states that are material to the schedule as submitted. All other taxes are allocated to the key state, except Kentucky shall be shown separately. The actual rates for individual locations or exposures are subject to underwriter review and approval for any addition or deletion of exposure. Any TRIA or GL Premium is not included below and shall be broken down by state in the same proportion as the premium shown below.

										Total Premium:
	$146,039	$16,412	$16,412	$95,190	$288,851	$32,824	$29,542	$78,777	$45,953	$750,000
State	**Certain Underwriters at Lloyds, London AMR-81587-02.**	**Indian Harbor Insurance Company AMP7544499-01.**	**Old Republic Union Insurance Company ORAMPR017148-02.**	**GeoVera Specialty Insurance Company GVS-39148-02.**	**MS Transverse Specialty Insurance Company TSAMPR0009858-02.**	**Spinnaker Specialty Insurance Company SPI-15945-02.**	**Everest Indemnity Insurance Company AMEI001110-24-01.**	**Obsidian Specialty Insurance Company RSC-PR-000001036-00.**	**Emerald Bay Specialty Insurance Company AREBS-CP-25-00017-00.**	
TX	$146,039	$16,412	$16,412	$95,190	$288,851	$32,824	$29,542	$78,777	$45,953	

FRAUD NOTICE

Alabama	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.
Arkansas	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
California	**General: All applications for commercial insurance, other than liability insurance:** Any person who knowingly and willfully presents false information in an application for insurance may be guilty of insurance fraud and subject to fines and confinement in prison. **All applications for liability insurance and all claim forms:** For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
Colorado	**It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.**
District of Columbia	**WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.
Florida	Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.
Kansas	A "fraudulent insurance act" means an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance that such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.
Kentucky	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.
Louisiana	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

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Maine	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.
Maryland	Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
New Jersey	Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
New Mexico	ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.
New York	**General: All applications for commercial insurance, other than automobile insurance:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation. **All applications for automobile insurance and all claim forms:** Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation. **Fire:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. The proposed insured affirms that the foregoing information is true and agrees that these applications shall constitute a part of any policy issued whether attached or not and that any willful concealment or misrepresentation of a material fact or circumstances shall be grounds to rescind the insurance policy.
Ohio	Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.
Oklahoma	**WARNING**: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony. **WARNING**: **All Workers Compensation Insurance**: Any person or entity who makes any material false statement or representation, who willfully and knowingly omits or conceals any material information, or who employs any device, scheme, or artifice, or who aids and abets any person for the purpose of: 1. obtaining any benefit or payment, 2. increasing any claim for benefit or payment, or 3. obtaining workers' compensation coverage under the Administrative Workers' Compensation Act, shall be guilty of a felony punishable pursuant to Section 1663 of Title 21 of the Oklahoma Statutes.

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Pennsylvania	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. **Automobile Insurance:** Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and the payment of a fine of up to $15,000.
Puerto Rico	**Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars ($5,000) and not more than ten thousand dollars ($10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.**
Rhode Island	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
Tennessee	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits. **Workers' Compensation:** It is a crime to knowingly provide false, incomplete or misleading information to any party to a workers' compensation transaction for the purpose of committing fraud. Penalties include imprisonment, fines and denial of insurance benefits.
Utah	**Workers' Compensation:** Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.
Virginia	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
Washington	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
West Virginia	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
All Other States	Any person who knowingly and willfully presents false information in an application for insurance may be guilty of insurance fraud and subject to fines and confinement in prison. (In Oregon, the aforementioned actions may constitute a fraudulent insurance act which may be a crime and may subject the person to penalties).

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PRIVACY POLICY

The AXA XL insurance group (the "Companies"), believes personal information that we collect about our customers, potential customers, and proposed insureds (referred to collectively in this Privacy Policy as "customers") must be treated with the highest degree of confidentiality. For this reason and in compliance with the Title V of the Gramm-Leach-Bliley Act ("GLBA"), we have developed a Privacy Policy that applies to all of our companies. For purposes of our Privacy Policy, the term "personal information" includes all information we obtain about a customer and maintain in a personally identifiable way. In order to assure the confidentiality of the personal information we collect and in order to comply with applicable laws, all individuals with access to personal information about our customers are required to follow this policy.

Our Privacy Promise

Your privacy and the confidentiality of your business records are important to us. Information and the analysis of information is essential to the business of insurance and critical to our ability to provide to you excellent, cost-effective service and products. We understand that gaining and keeping your trust depends upon the security and integrity of our records concerning you. Accordingly, we promise that:

1. We will follow strict standards of security and confidentiality to protect any information you share with us or information that we receive about you;
2. We will verify and exchange information regarding your credit and financial status only for the purposes of underwriting, policy administration, or risk management and only with reputable references and clearinghouse services;
3. We will not collect and use information about you and your business other than the minimum amount of information necessary to advise you about and deliver to you excellent service and products and to administer our business;
4. We will train our employees to handle information about you or your business in a secure and confidential manner and only permit employees authorized to use such information to have access to such information;
5. We will not disclose information about you or your business to any organization outside the AXA XL insurance group of Companies or to third party service providers unless we disclose to you our intent to do so or we are required to do so by law;
6. We will not disclose medical information about you, your employees, or any claimants under any policy of insurance, unless you provide us with written authorization to do so, or unless the disclosure is for any specific business exception provided in the law;
7. We will attempt, with your help, to keep our records regarding you and your business complete and accurate, and will advise you how and where to access your account information (unless prohibited by law), and will advise you how to correct errors or make changes to that information; and
8. We will audit and assess our operations, personnel and third party service providers to assure that your privacy is respected.

Collection and Sources of Information

We collect from a customer or potential customer only the personal information that is necessary for (a) determining eligibility for the product or service sought by the customer, (b) administering the product or service obtained, and (c) advising the customer about our products and services. The information we collect generally comes from the following sources:

- Submission – During the submission process, you provide us with information about you and your business, such as your name, address, phone number, e-mail address, and other types of personal identification information;
- Quotes – We collect information to enable us to determine your eligibility for the particular insurance product and to determine the cost of such insurance to you. The information we collect will vary with the type of insurance you seek;

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- Transactions – We will maintain records of all transactions with us, our affiliates, and our third party service providers, including your insurance coverage selections, premiums, billing and payment information, claims history, and other information related to your account;
- Claims – If you obtain insurance from us, we will maintain records related to any claims that may be made under your policies. The investigation of a claim necessarily involves collection of a broad range of information about many issues, some of which does not directly involve you. We will share with you any facts that we collect about your claim unless we are prohibited by law from doing so. The process of claim investigation, evaluation, and settlement also involves, however, the collection of advice, opinions, and comments from many people, including attorneys and experts, to aid the claim specialist in determining how best to handle your claim. In order to protect the legal and transactional confidentiality and privileges associated with such opinions, comments and advice, we will not disclose this information to you; and
- Credit and Financial Reports – We may receive information about you and your business regarding your credit. We use this information to verify information you provide during the submission and quote processes and to help underwrite and provide to you the most accurate and cost-effective insurance quote we can provide.

Retention and Correction of Personal Information

We retain personal information only as long as required by our business practices and applicable law. If we become aware that an item of personal information may be materially inaccurate, we will make reasonable effort to re-verify its accuracy and correct any error as appropriate.

Storage of Personal Information

We have in place safeguards to protect data and paper files containing personal information.

Sharing/Disclosing of Personal Information

We maintain procedures to assure that we do not share personal information with an unaffiliated third party for marketing purposes unless such sharing is permitted by law. Personal information may be disclosed to an unaffiliated third party for necessary servicing of the product or service or for other normal business transactions as permitted by law.

We do not disclose personal information to an unaffiliated third party for servicing purposes or joint marketing purposes unless a contract containing a confidentiality/non-disclosure provision has been signed by us and the third party. Unless a consumer consents, we do not disclose “consumer credit report” type information obtained from an application or a credit report regarding a customer who applies for a financial product to any unaffiliated third party for the purpose of serving as a factor in establishing a consumer’s eligibility for credit, insurance or employment. “Consumer credit report type information” means such things as net worth, credit worthiness, lifestyle information (piloting, skydiving, etc.) solvency, etc. We also do not disclose to any unaffiliated third party a policy or account number for use in marketing. We may share with our affiliated companies information that relates to our experience and transactions with the customer.

Policy for Personal Information Relating to Nonpublic Personal Health Information

We do not disclose nonpublic personal health information about a customer unless an authorization is obtained from the customer whose nonpublic personal information is sought to be disclosed. However, an authorization shall not be prohibited, restricted or required for the disclosure of certain insurance functions, including, but not limited to, claims administration, claims adjustment and management, detection, investigation or reporting of actual or potential fraud, misrepresentation or criminal activity, underwriting, policy placement or issuance, loss control and/or auditing.

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Access to Your Information

Our employees, employees of our affiliated companies, and third party service providers will have access to information we collect about you and your business as is necessary to effect transactions with you. We may also disclose information about you to the following categories of person or entities:

- Your independent insurance agent or broker;
- An independent claim adjuster or investigator, or an attorney or expert involved in the claim;
- Persons or organizations that conduct scientific studies, including actuaries and accountants;
- An insurance support organization;
- Another insurer if to prevent fraud or to properly underwrite a risk;
- A state insurance department or other governmental agency, if required by federal, state or local laws; or
- Any persons entitled to receive information as ordered by a summons, court order, search warrant, or subpoena.

Violation of the Privacy Policy

Any person violating the Privacy Policy will be subject to discipline, up to and including termination.

For more information or to address questions regarding this privacy statement, please contact your broker.

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U.S. TREASURY DEPARTMENT'S OFFICE OF FOREIGN ASSETS CONTROL ("OFAC")

No coverage is provided by this Policyholder Notice nor can it be construed to replace any provisions of your policy. You should read your policy and review your Declarations page for complete information on the coverages you are provided.

This Policyholder Notice provides information concerning possible impact on your insurance coverage due to the impact of U.S. Trade Sanctions[1]. Please read this Policyholder Notice carefully.

In accordance with the U.S. Department of the Treasury's Office of Foreign Assets Control ("OFAC") regulations, or any other U.S. Trade Sanctions embargoes or export controls applied by any regulatory body, if it is determined that you or any other insured, or any person or entity claiming the benefits of this insurance has violated U.S. sanctions, embargoes or export controls law, is a Specially Designated National and Blocked Person ("SDN"), or is owned or controlled by an SDN, this insurance will be considered a blocked or frozen contract. When an insurance policy is considered to be such a blocked or frozen contract, neither payments nor premium refunds may be made without authorization from OFAC or the applicable regulator. Other limitations on the premiums and payments also apply.

[1] "U.S Trade Sanctions" may be promulgated by Executive Order, act of Congress, regulations from the U.S. Departments of State, Treasury, or Commerce, regulations from the State Insurance Departments, etc.

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NOTICE TO POLICYHOLDERS

TEXAS COMPLAINT NOTICE

Have a complaint or need help?
If you have a problem with a claim or your premium, call your insurance company first. If you can't work out the issue, the Texas Department of Insurance may be able to help.

Even if you file a complaint with the Texas Department of Insurance, you should also file a complaint or appeal through your insurance company. If you don't, you may lose your right to appeal.

AXA XL
To get information or file a complaint with your insurance company:

Call Risk Associate at:	**1-800-688-1840**
Toll Free:	**1-800-688-1840**
Email:	USinquiries@axaxl.com
Mail:	677 Washington Blvd., 10th Floor, Suite 1000, Stamford, CT 06901

The Texas Department of Insurance
To get help with an insurance question or file a complaint with the state:

Call:	**1-800-252-3439**
Online:	www.tdi.texas.gov
Email:	ConsumerProtection@tdi.texas.gov
Mail:	MC CO-CP Texas Department of Insurance, P.O. Box 12030, Austin, TX 78711-2030

¿Tiene una queja o necesita ayuda?
Si tiene un problema con una reclamación o con su prima de seguro, llame primero a su compañía de seguros. Si no puede resolver el problema, es posible que el Departamento de Seguros de Texas (Texas Department of Insurance, por su nombre en inglés) pueda ayudar.

Aun si usted presenta una queja ante el Departamento de Seguros de Texas, también debe presentar una queja a través del proceso de quejas o de apelaciones de su compañía de seguros. Si no lo hace, podría perder su derecho para apelar.

AXA XL
Para obtener información o para presentar una queja ante su compañía de seguros:

Llame a Risk Associate al:	**1-800-688-1840**
Teléfono gratuito:	**1-800-688-1840**
Correo electrónico:	USinquiries@axaxl.com
Dirección postal:	677 Washington Blvd., 10th Floor, Suite 1000, Stamford, CT 06901

El Departamento de Seguros de Texas
Para obtener ayuda con una pregunta relacionada con los seguros o para presentar una queja ante el estado:

Llame con sus preguntas al:	**1-800-252-3439**
Presente una queja en:	www.tdi.texas.gov
Correo electrónico:	ConsumerProtection@tdi.texas.gov
Dirección postal:	MC CO-CP Texas Department of Insurance, P.O. Box 12030, Austin, TX 78711-2030

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Regulatory Office
Dept: Regulatory
505 Eagleview Blvd., Suite 100
Exton, PA 19341-1120
(800) 688-1840

INSURANCE COMPANY PROVIDING COVERAGE: **Indian Harbor Insurance Company**

EDUCATORS LEGAL LIABILITY AND EMPLOYMENT PRACTICES LIABILITY INSURANCE DECLARATIONS

POLICY NUMBER: **ELL0956632-02** **RENEWAL OF:** **ELL0956632-01**

NOTICES

SUBJECT TO ITS TERMS, THIS POLICY PROVIDES COVERAGE FOR CLAIMS FIRST MADE DURING THE POLICY PERIOD OR EXTENDED REPORTING PERIOD, IF APPLICABLE. DEFENSE EXPENSES ARE GENERALLY PAID IN ADDITION TO THE LIMITS OF LIABILITY; EXCEPT THAT FOR SPECIFIC CLAIMS UNDER INSURING AGREEMENT A.1.b**. THE APPLICABLE LIMITS OF LIABILITY AVAILABLE TO PAY DAMAGES OR SETTLEMENTS WILL BE REDUCED AND MAY BE EXHAUSTED BY THE PAYMENT OF DEFENSE EXPENSES.**

PLEASE READ AND REVIEW THE ENTIRE POLICY CAREFULLY AND DISCUSS THE COVERAGE HEREUNDER WITH YOUR INSURANCE BROKER.

Item 1. NAMED INSURED:
South Texas Independent School District

ADDRESS:
7001 E. Expressway 83
Mercedes, TX 78570

Item 2. POLICY PERIOD: (a) Inception Date: 04/01/2025 (b) Expiration Date: 04/01/2026
(12:01 A.M. Standard Time at the Address Stated in Item 1.)

Item 3. LIMITS OF LIABILITY:

(a) Educators Legal Liability
$ 1,000,000 **Company's** maximum Limit of Liability for all **Loss** from each **Claim** under **INSURING AGREEMENT** A.1.a.; or for **Loss** and **Defense Expenses** from each **Claim** under **INSURING AGREEMENT A**.1.b.

(b) Employment Practices Liability and Third Party Liability
$ 1,000,000 **Company's** maximum Limit of Liability for all **Loss** from each **Claim** under **INSURING AGREEMENT A**.2.

(c) Policy Aggregate

$ 1,000,000 **Company's** maximum aggregate Limit of Liability for all **Loss** from all **Claims** under **INSURING AGREEMENT A**.1.a. and **INSURING AGREEMENT A**.2., and for all **Loss** and **Defense Expenses** from all **Claims** under **INSURING AGREEMENT A**.1.b.

(d) Reimbursement of Defense Expenses

$ 100,000 **Company's** maximum Limit of Liability for all **Defense Expenses** from each **Claim** under **INSURING AGREEMENT A**.3.

(e) Reimbursement of Defense Expenses Aggregate

$ 100,000 **Company's** maximum Limit of Liability for all **Defense Expenses** from all **Claims** under **INSURING AGREEMENT A**.3.

Item 4. RETENTIONS

(a) $ 25,000 each and every **Claim** under **INSURING AGREEMENT A**.1.

(b) $ 25,000 each and every **Claim** under **INSURING AGREEMENT A**.2.

(c) $ 25,000 each and every **Claim** under **INSURING AGREEMENT A**.3

Item 5. NOTICES REQUIRED TO BE GIVEN TO THE **COMPANY** MUST BE ADDRESSED TO:

AXA XL Claims
P.O. Box 211547
Dallas, TX 76211

Phone: 972.383.7186
Fax: 972.383.7177
Email: proclaimnewnotices@axaxl.com

Item 6. POLICY PREMIUM: $34,296.00
Policy Fee $250.00

Total Policy Premium: $34,546.00

Item 7. RETROACTIVE DATE: None - Full Prior Acts

Item 8. ENDORSEMENTS ATTACHED AT POLICY ISSUANCE: REFER TO PGU 2002 04 17

Item 9. PRODUCER NAME: Professional Governmental Underwriters, LLC
ADDRESS: 4870 Sadler Road, Suite 102
CITY, STATE, ZIP: Glen Allen, VA 23060

THESE DECLARATIONS, THE POLICY FORM, ANY ENDORSEMENTS AND THE APPLICATION CONSTITUTE THE ENTIRE AGREEMENT BETWEEN THE COMPANY AND THE INSURED RELATING TO THIS INSURANCE.

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.

03/11/2025
Date

Martin A. Kanefsky, Jr.
Authorized Representative

IN WITNESS

INDIAN HARBOR INSURANCE COMPANY

REGULATORY OFFICE
505 EAGLEVIEW BOULEVARD, SUITE 100
DEPARTMENT: REGULATORY
EXTON, PA 19341-1120
PHONE: 800-688-1840

It is hereby agreed and understood that the following In Witness Clause supercedes any and all other In Witness clauses in this policy.

All other provisions remain unchanged.

IN WITNESS WHEREOF, the Company has caused this policy to be executed and attested, and, if required by state law, this policy shall not be valid unless countersigned by a duly authorized representative of the Company.



Lucy Pilko
President



Toni Ann Perkins
Secretary

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SCHEDULE OF POLICY FORMS AND ENDORSEMENTS

Form(s) and Endorsement(s) made a part of this policy at time of issue.

Form Number	Edition Date	Description
PN CW 01	2022-01-01	Notice to Policyholders - Fraud Notice
PN CW 02	2019-01-01	Notice to Policyholders - Privacy Policy
PN CW 05	2019-05-01	Notice to Policyholders - U.S. Treasury Department's Office of Foreign Assets Control ("OF
PN TX 01b	2024-08-01	Notice to Policyholders - Texas Complaint Notice
PGU ELL 2000	2019-08-01	Educators Liability and Employment Practices Liability Declarations
IL MP 9104 0124 IHIC	2024-01-01	In Witness
PGU 2002	2017-04-01	Schedule of Policy Forms and Endorsements
PGU ELL 2001	2017-04-01	Educators Liability and Employment Practices Liability Insurance Policy
PGU ELL 1048	2017-04-01	Act of School Violence Crisis Management Coverage
PGU 1052 (ELL)	2017-04-01	Minimum Earned
PGU ELL 1103	2017-04-01	FLSA / Wage and Hour Coverage
PGU ELL 1120	2017-04-01	Harassment / Bullying Coverage
PGU ELL 1133	2017-04-01	Corporal Punishment Coverage
PGU 1137	2017-04-01	Federal Immigration and Nationality Act Coverage
PGU 1138 (ELL)	2017-04-01	Defense Only Reimbursement Coverage for Breach of Contract
PGU 1133	2022-01-01	US Professional Indemnity - Cyber Exclusion
PGU 1140	2023-11-01	Consumer Protection Laws Exclusion Endorsement
XL-TXSOP	2010-11-01	Service of Process

EDUCATORS LEGAL LIABILITY AND EMPLOYMENT PRACTICES LIABILITY INSURANCE COVERAGE FORM (CLAIMS-MADE)

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EDUCATORS LEGAL LIABILITY AND EMPLOYMENT PRACTICES LIABILITY INSURANCE COVERAGE FORM (CLAIMS-MADE)

Various provisions in this Policy restrict coverage. Read the entire Policy carefully to determine rights, duties and what is and what is not covered. Throughout the Policy the words "**You**" and "**Your**" refer to the **Named Insured**. The words "**We**", "**Us**", "**Our**" and the "**Company**" refer to the Company providing this insurance.

This Policy is incomplete unless the Declarations and all applicable forms and endorsements are attached. Words and phrases that appear in bold have special meaning and are defined in Section **E. DEFINITIONS**. Singular words shall include the plural, and plural words shall include the singular.

A. INSURING AGREEMENTS

Subject to the Limits of Liability set forth in the Declarations, and all other terms and conditions of this Policy, **we** agree as follows:

1. Educators Legal Liability

   a. **We** will pay on behalf of an **Insured Loss** that the **Insured** becomes legally obligated to pay as a result of a **Claim** first made against an **Insured** during the **Policy Period** or applicable Extended Reporting Period for an **Educators Wrongful Act** occurring on or after the **Retroactive Date** and before the end of the **Policy Period**.

   b. We will pay on behalf of an **Insured Loss** and **Defense Expenses** that the **Insured** becomes legally obligated to pay as a result of a **Claim** seeking, in whole or in part, **Non-Monetary Relief** at any stage of the **Claim**, and first made against an **Insured** during the **Policy Period** or any applicable Extended Reporting Period for an **Educators Wrongful Act** occurring on or after the **Retroactive Date** and before the end of the **Policy Period**.

2. Employment Practices Liability and Third Party Liability

   We will pay on behalf of an **Insured Loss** that the **Insured** becomes legally obligated to pay as a result of a **Claim** first made against an **Insured** during the **Policy Period** or any applicable Extended Reporting Period for an **Employment Practices Wrongful Act** or **Third Party Wrongful Act** occurring on or after the **Retroactive Date** and before the end of the **Policy Period**.

3. Reimbursement of Defense Expenses

   We will reimburse **Defense Expenses** incurred by an **Insured** in connection with a **Claim** alleging an **IEP Act**, **Collective Bargaining Act** or **Student Program Act** that is first made against an **Insured** during the **Policy Period** or any applicable Extended Reporting Period, and arising out of a **Wrongful Act** occurring on or after the **Retroactive Date** and before the end of the **Policy Period**.

4. Supplemental Payments

   We will pay on behalf of an **Insured**, in addition to the Limits of Liability set forth in the Declarations, all reasonable expenses incurred by the **Insured** at **Our** request to assist **Us** in the investigation or defense of any **Claim**, including actual loss of earnings of an **Insured**, because of time off from work; provided that the most **We** will pay will be $500 per day, per **Insured**. Such "expenses" shall not include salaries of **Your Employees**.

For purposes of this Section, a **Claim** will be deemed to have been made when an **Insured** receives notice of the **Claim**.

B. DEFENSE AND SETTLEMENT

1. **We** will have the right and duty to defend any **Claim** made against an **Insured** for a **Wrongful Act** covered under Section **A. INSURING AGREEMENTS**, Item 1. Educators Legal Liability or Item 2. Employment Practices Liability and Third Party Liability, even if the allegations of such **Claim** are groundless, false or fraudulent. **We** will have no obligation to pay any **Loss** or **Defense Expenses**, or to defend any **Claim** after the applicable Limit of Liability set forth in Item 3. of the Declarations has been exhausted.

2. For any **Claim We** defend under Section **B. DEFENSE AND SETTLEMENT**, Item 1., **We** will have the right to make investigations, conduct negotiations and enter into the settlement of any such **Claim** as **We** deem appropriate, with the consent of the **Insured**. If the **Insured** refuses to consent to a settlement acceptable to the claimant in accordance with **Our** recommendation, then, subject to the applicable Limit of Liability, **Our** liability for such **Claim** will not exceed:

   a. The amount for which such **Claim** could have been settled by **Us** plus **Defense Expenses** up to the date the **Insured** refused to settle such **Claim**; plus

   b. Sixty percent (60%) of any **Loss** or **Defense Expenses** in excess of the amount in Section **B.**2.a. above, incurred in connection with such **Claim**.

3. It shall be the duty of the **Insured**, and not **Us**, to defend any **Claim** covered under Section **A. INSURING AGREEMENTS**, Item 3. Reimbursement of Defense Expenses. The **Insured** shall have the right to select defense counsel for the investigation and defense of any such **Claim**, subject to **Our** consent and approval, which shall not be unreasonably withheld.

4. **We** shall have no duty to continue to reimburse **Defense Expenses** after the applicable Limit of Liability for **Claims** arising under Section **A. INSURING AGREEMENTS**, Item 3. Reimbursement of Defense Expenses has been exhausted by the reimbursement of **Defense Expenses**.

C. LIMITS OF LIABILITY / RETENTIONS

Regardless of the number of **Claims**, **Insureds** or claimants, **Our** liability under this Policy is limited as follows:

1. Educators Legal Liability

   a. The amount set forth in Item 3.(a) of the Declarations is the most **We** will pay for all **Loss** in excess of the Retention set forth in Item 4. of the Declarations resulting from each **Claim** covered under Insuring Agreement A.1.a. The payment of **Defense Expenses** shall be in addition to, and will not reduce, the applicable Limits of Liability.

   b. The amount set forth in Item 3.(a) of the Declarations is the most **We** will pay for all **Loss** and **Defense Expenses** in excess of the Retention set forth in Item 4. of the Declarations resulting from each **Claim** covered under Insuring Agreement A.1.b. The payment of **Defense Expenses** shall be part of and not in addition to the applicable Limits of Liability, and **Our** payment of such **Defense Expenses** will reduce those Limits of Liability.

2. Employment Practices Liability and Third Party Liability

The amount set forth in Item 3.(b) of the Declarations is the most **We** will pay for all **Loss** in excess of the Retention set forth in Item 4. of the Declarations resulting from each **Claim** covered under Insuring Agreement A.2. The payment of **Defense Expenses** shall be in addition to, and will not reduce, the applicable Limits of Liability.

3. Policy Aggregate

The amount set forth in Item 3.(c) of the Declarations is the most **We** will pay for all **Loss** resulting from all **Claims** covered under Insuring Agreements A.1.a. and A.2., and for all **Loss** and **Defense Expenses** resulting from all **Claims** covered under Insuring Agreement A.1.b.

4. Reimbursement of Defense Expenses

The amount set forth in Item 3.(d) of the Declarations is the most **We** will reimburse for all **Defense Expenses** resulting from each **Claim** covered under Insuring Agreement A.3. The amount set forth in Item 3.(e) of the Declarations is the most **We** will reimburse for all **Defense Expenses** resulting from all **Claims** covered under Insuring Agreement A.3. Payments under Insuring Agreement A.3. are in addition to the Limits of Liability applicable to all other insuring agreements.

5. Retention

Our obligation to pay or reimburse **Loss** or **Defense Expenses** under this Policy will only be in excess of the applicable Retention set forth in Item 4. of the Declarations. **We** will have no obligation to pay all or any portion of any Retention amount on behalf of an **Insured**, although **We** may, at **Our** sole discretion, advance such amount, in which event the **Insureds** agree to repay any amounts so advanced upon written request.

D. EXCLUSIONS

This Policy shall not apply to any **Claim** arising from or relating to:

1. The performance of any willful misconduct or dishonest, fraudulent, criminal or malicious act, error or omission by an **Insured**; the willful violation by an **Insured** of any law, statute, ordinance, rule or regulation; or an **Insured** gaining any profit, remuneration or advantage to which such **Insured** is not legally entitled.

   Notwithstanding the above, **We** will defend the **Insured** or pay or reimburse **Defense Expenses** in connection with a **Claim** otherwise covered by this Policy until and unless the **Insured** admits, is adjudged or is otherwise proven to have committed any act, error or omission subject to this exclusion, in which case the **Insured** shall reimburse **Us** for any **Defense Expenses** advanced to or paid on behalf of such **Insured**.

2. The special educational needs of any student with a disability as that term is defined under the Individuals with Disabilities Education Act or any similar state statute; provided that this exclusion shall not apply to the reimbursement of **Defense Expenses** under Insuring Agreement A.3.

3. **Loss** or **Defense Expenses** covered under Insuring Agreements A.1. or A.2., if Insuring Agreement A.3. also applies.

4. A **Claim**, other than one alleging an **Employment Practices Wrongful Act**, that is brought by, on behalf of, or in the name or right of **You** or any of **Your** directors, officers, regents, trustees or school board members, or their functional equivalents, unless in the form of a cross-claim or third-party complaint arising from a **Claim** made against such director, officer, regent, trustee or school board member that is otherwise covered under this Policy.

Notwithstanding the above, this exclusion shall not apply to a **Claim** brought by a former director, officer, regent, trustee or school board member who has not served in that capacity for at least three (3) years prior to the date such **Claim** is first made and where such **Claim** is brought and maintained without the support, solicitation, assistance, participation or intervention of the **Named Insured** or an **Insured** not otherwise subject to this exception.

5. An actual or alleged violation of the Fair Labor Standards Act, the National Labor Relations Act, the Consolidated Omnibus Budget Reconciliation Act of 1985, the Occupational Safety and Health Act, any workers' compensation, unemployment insurance, social security, or disability benefits law, other similar provisions of any federal, state or local statutory or common law or any rules or regulations promulgated under any of the foregoing; provided that this exclusion shall not apply to the extent that a **Claim** for an **Employment Practices Wrongful Act** alleges retaliatory action by an **Insured** in response to an **Employee's** exercise of rights under such statute or law.

6. Damage to, destruction or loss of use of tangible property, **bodily injury**, corporal punishment, sickness, disease or death.

7. Emotional distress, mental anguish, or humiliation not arising from an **Employment Practices Wrongful Act** or **Third Party Wrongful Act**.

8. **Sexual Abuse and Molestation**, including the allowance of or failure to prevent, stop, detect or reveal **Sexual Abuse and Molestation**.

9. The actual, alleged or threatened exposure to, or generation, storage, transportation, discharge, emission, release, dispersal, seepage, migration, release, growth, infestation, spread, escape, treatment, removal or disposal of, any **Pollutant**, or any regulation, order, direction or request to test for, monitor, clean up, remove, contain, treat, detoxify or neutralize any **Pollutant**, or any action taken in contemplation or anticipation of any such regulation, order, direction or request.

10. A **Benefit Plan Act**, provided that this exclusion shall not apply to any **Claim** for actual or alleged retaliation with regards to benefits paid or payable. **We** will defend a **Claim** otherwise subject to this exclusion subject to a $25,000 Limit of Liability for all **Defense Expenses** in excess of the applicable Retention set forth in Item 4. of the Declarations. **Defense Expenses** payable under this section are part of and not in addition to the applicable Limits of Liability set forth in Item 3. of the Declarations, and payment of such **Defense Expenses** by **Us** will reduce such Limits of Liability.

11. An **Insured's** liability under a contract or agreement, other than a manual of employment policies or procedures issued by **You**, unless such liability would have attached in the absence of such express contract or agreement. This exclusion shall not apply to the payment of **Defense Expenses** in connection with a **Collective Bargaining Act** or to the payment of **Defense Expenses** incurred in connection with a **Claim** for an **Employment Practices Wrongful Act** in the form of an actual or alleged breach of a contract to commence or continue employment with **You**.

12. A failure to obtain, implement, effect, comply with, provide notice under or maintain insurance, reinsurance, self-insurance, suretyship or bond.

13. Facts, circumstances, situations, transactions, events or **Wrongful Acts**:

    a. Underlying or alleged in any mediation, arbitration, grievance proceeding, litigation or administrative or regulatory proceeding brought prior to and/or pending as of the Inception Date set forth in Item 2. of the Declarations:

        (1) to which an **Insured** is or was a party; or

(2) with respect to which an **Insured,** as of the Inception Date set forth in Item 2. of the Declarations, knew or should reasonably have known that an **Insured** would be made a party thereto;

b. Which was the subject of any notice given prior to the Inception Date set forth in Item 2.of the Declarations under any other Policy of insurance or plan or program of self-insurance; or

c. Which was the subject of any **Claim** made prior to the Inception Date set forth in Item 2.of the Declarations.

If, however, this Policy is a renewal of one or more policies issued by **Us** or an affiliate to **You**, and such coverage was in effect without interruption from the inception date of the first such Policy to the Inception Date of this Policy, the reference in this exclusion to the Inception Date will be deemed to refer instead to the Inception Date of the first Policy under which **We** or an affiliate began to provide **You** with the continuous and uninterrupted coverage of which this Policy is a renewal.

14. A lockout, strike, picket line, hiring of replacement workers, riot or other civil commotion or other similar actions in connection with labor disputes or labor negotiations; provided that this exclusion shall not apply to the payment of **Defense Expenses** covered under Insuring Agreement A.3.

15. Construction, architectural, engineering, legal, procurement, security or other professional services, including any contract or agreement pertaining to such services.

16. War, whether or not declared, or any act or condition incidental to war, including civil war, insurrection, rebellion or revolution; or **Terrorism**.

17. The failure to integrate or desegregate student enrollment, or the operation or administration of any student program on a discriminatory basis, whether in violation of a court order or otherwise; provided that this exclusion shall not apply to the reimbursement of **Defense Expenses** in connection with a **Student Program Act**.

18. The actual or alleged performance of or failure to perform **Medical Services** by an **Insured** or any person or entity for whom an **Insured** may be legally liable, or the supervision, hiring, retaining or accreditation of or granting of privileges to any person performing **Medical Services**.

19. The Securities Act of 1933, the Securities Exchange Act of 1934, any state "blue sky" law, or any other federal, state or local securities law, or any rule or regulation promulgated under any of the foregoing; or any provision of the common law imposing liability in connection with the offer, sale or purchase of securities.

20. The sale or offering of securities by **You**, whether or not such securities are exempt from registration by the SEC; **Your** actual or proposed filing for an Initial Public Offering; or a debt offering or debt financing, including but not limited to bonds, notes, debentures and guarantees of debt.

21. Tax credits or tax incentives or the application thereof; the formulation of tax rates; the assessment, appraisal or valuation of property; the assessment of taxes or other fees; the collection of taxes, fees or other amounts; and the disbursement of tax refunds.

E. DEFINITIONS

Whenever used in this Policy, the term:

1. **Application** means all applications submitted to **Us**, including any and all attachments and other materials submitted to **Us** in connection with the underwriting of this Policy or for any other policy of

which this Policy is a renewal.

2. **Benefit Plan Act** means a **Claim** alleging liability under a pension, profit sharing, welfare benefit or other employee benefit program established in whole or part for the benefit of an **Insured**, or based upon, arising out of or in any way involving the Employee Retirement Security Act of 1974 (except Section 510 thereof) or any amendments thereto or regulations promulgated thereunder or similar provisions of any federal, state or local law or common law.

3. **Bodily Injury** means physical injury, sickness or disability of a person, including mental incapacity or death resulting from any of these at any time.

4. **Business Invitee** means a natural person, solely in their capacity as one who is invited to enter into and remain on any **Premises** for a purpose directly or indirectly connected with **Your** business or commercial dealings therein. A Business Invitee does not include a trespasser or any person who enters any **Premises** without **Your** knowledge or permission, or any **Employee**, student or minor.

5. **Claim** means:

   a. A written demand for monetary damages or **Non-Monetary Relief**;

   b. A written request to toll or waive any statute of limitations, or to waive any contractual time bar, relating to a potential suit against an **Insured** for a **Wrongful Act**;

   c. A civil proceeding in a court of law or equity, including any appeal therefrom, which is commenced by the filing of a complaint, motion for judgment, or similar proceeding;

   d. A criminal proceeding that is commenced by the return of an indictment or similar document;

   e. An administrative or regulatory proceeding or investigation, including a proceeding brought by or before the Equal Employment Opportunity Commission or similar state or local agency, commenced by the filing of a notice of charges, formal order of investigation or similar document; or

   f. An arbitration proceeding or other alternative dispute resolution proceeding, to which the **Insured** must submit or does submit with **Our** consent.

6. **Collective Bargaining Act** means a **Claim** made by or on behalf of an **Employee** that at all times during the course of such **Claim** exclusively alleges the breach of a collective bargaining agreement.

7. **Defense Expenses** means reasonable legal fees and expenses **We** incur for the investigation, defense and appeal of a **Claim** by attorney(s) retained by **Us**, as well as all other fees, costs or expenses resulting from the investigation, adjustment, defense and appeal of such **Claim** by **Us**, or by **You** with **Our** prior, written consent. Defense Expenses does not include any expenses incurred by **You** prior to the date a **Claim** is first reported to **Us**, nor does it include the time and expense incurred by **You** in resolving a **Claim**, including but not limited to the costs of **Your** in-house counsel.

8. **Educators Wrongful Act** means:

   a. Any actual or alleged act, error, omission, misstatement, misleading statement or breach of duty, including any **Personal Injury**, by an **Insured**, committed in the performance of his or her duties for **You**;

b. Any actual or alleged act, error, omission, misstatement, misleading statement or breach of duty by any natural person **Insured** while serving at the direction or request of the **Named Insured** in the natural person **Insured's** capacity as a board member or committee member of an organization, other than the **Named Insured**, that is exempt from taxation under Section 501(c)(3) of the Internal Revenue Code. The coverage provided by this Subsection b. is excess of, and shall not contribute with, any other insurance plan or program of self-insurance carried by such not-for-profit corporation, and any contribution or indemnification to which a natural person **Insured** is entitled to from such not-for-profit organization;

c. Any matter claimed against an **Insured** solely by reason of his or her status as an **Insured** during the **Policy Period** and committed solely in the performance of duties for **You**.

An Educators Wrongful Act shall not include an **Employment Practices Wrongful Act** or a **Third Party Wrongful Act**.

9. **Employee** means the following natural persons, but only for **Wrongful Acts** committed while acting within the scope of employment for **You**:

a. Full-time, part-time, seasonal and temporary Employees, including, but not limited to, any teachers, principals, assistant principals, deans, administrators or similar educational service providers;

b. Teachers, administrators and similar educational service providers under written contract with, or under retainer for services provided for or on **Your** behalf;

c. Student teachers and student aides; and

d. Persons who perform services on a volunteer basis for **You**, and under **Your** direction and control.

10. **Employment Practices Wrongful Act** means any of the following, when alleged by any of **Your** past or present **Employees** or any applicant for employment with **You**, in connection with that person's actual or proposed employment relationship with **You**:

a. Wrongful dismissal, discharge or termination of employment, whether actual or constructive;

b. Harassment (including sexual harassment whether "quid pro quo," hostile work environment or otherwise);

c. Discrimination based upon age, gender, race, color, national origin, religion, sexual orientation or preference, pregnancy or disability or any basis prohibited by federal, state or local laws;

d. Breach of any manual of employment policies or procedures issued to the **Insureds** by **You**;

e. Retaliatory action in response to that **Employee's**:

(1) disclosure or threat of disclosure of any act by an **Insured** alleged to be a violation of any federal, state, local or foreign law, common or statutory, or any rule or regulation promulgated thereunder;

(2) actual or attempted exercise of any right that **Employee** has under law;

(3) filing of any **Claim** under the Federal False Claims Act or any other federal, state, local or foreign "whistleblower" law;

f. Misrepresentation, libel, slander, humiliation, defamation, invasion of privacy, infliction of emotional distress or mental anguish;

g. Wrongful failure to employ or promote, wrongful deprivation of career opportunity, including tenure, wrongful demotion or evaluation or wrongful discipline; or

h. Breach of a contract to commence or continue employment with **You**.

An Employment Practices Wrongful Act shall not include an **Educators Wrongful Act**.

11. **IEP Act** means a **Claim** under the Individuals with Disabilities Education Act (IDEA), Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act, or any similar state or federal statute, whether brought as a due process hearing, mediation, arbitration or lawsuit to address a dispute between the **Named Insured** and its student, or the parent or guardian of a student of the **Named Insured**, concerning: the **Named Insured's** proposal of, or refusal to initiate or change the identification, evaluation or provisions of, an Individual Education Plan ("IEP") or 504 Plan for such student; the implementation of the IEP or 504 Plan for such student; the educational placement of such student; or the provision of a free appropriate public education.

12. **Insured** means:

a. **You**;

b. **Your** past, present or future duly elected, appointed or employed directors, officers, regents, trustees or school board members, or their functional equivalents;

c. **Employees**;

d. In the event of the death, incapacity or bankruptcy of a natural person Insured, such Insured's estate, heirs, legal representatives or assigns, but only in connection with a **Claim** arising from a **Wrongful Act** against the Insured individual; and

e. The lawful spouse or domestic partner of any individual Insured identified in the paragraphs above, but only with respect to liability arising out of **Wrongful Acts** committed by such individual, and provided that such spouse or domestic partner is represented by the same counsel as such individual with respect to any **Claim**.

13. **Loss** means damages, pre-judgment interest, post-judgment interest, front pay and back pay, judgments, settlements, punitive or exemplary damages where insurable under applicable law, or other amounts that an **Insured** is legally obligated to pay as a result of a **Claim**.

Loss will not include:

a. **Defense Expenses**;

b. **Non-Monetary Relief**;

c. Any amount representing the value of diminished or lost retirement, health care or other benefits;

d. Fines, taxes, penalties;

e. The cost of disaster response activities conducted by the **Insured** as required by the Federal Emergency Management Agency (FEMA);

f. Amounts due under any contract to commence, continue or separate from employment with **You**, including but not limited to the value of any compensation or employment benefits lost, or the cost of specific performance in connection with any such contract; or

g. The multiplied portion of multiplied damages; provided that Loss will include any multiplied damages awarded pursuant to the Age Discrimination in Employment Act or the Equal Pay Act ("Specified Multiplied Damages") that an **Insured** is obligated to pay as a result of a **Claim**, but only if such Specified Multiplied Damages are insurable under applicable law.

For the purpose of determining the insurability of punitive damages, exemplary damages or Specified Multiplied Damages under this Policy, the laws of the jurisdiction most favorable to the insurability of such damages shall control, provided that such jurisdiction:

(1) is the location of the court which awarded or imposed such punitive, exemplary damages or Specified Multiplied Damages;

(2) is where **You** are incorporated or otherwise organized or have a place of business; or

(3) is where **We** are incorporated or has **Our** principal place of business.

14. **Medical Services** means services performed in the treatment or care of any person, including but not limited to: medical, dental, nursing, psychiatric, osteopathic, chiropractic or other medical professional care or services; the furnishing or dispensing of medications, drugs, blood, blood products, or medical, dental or surgical supplies, equipment or appliances in connection with such treatment or care; the furnishing of food or beverages in connection with such treatment or care; the providing of counseling or social services in connection with such treatment or care; and the handling of or performance of post-mortem examinations on human bodies, including autopsies, organ donations or other procedures. Medical Services shall also include an **Insured's** activities as a member of an accreditation, standards review or professional review board, quality assurance board or committee, or any similar board or committee for a healthcare entity or organization.

15. **Named Insured** means the educational entity set forth in Item 1. of the Declarations.

16. **Non-Monetary Relief** means relief or redress in any form other than compensatory or monetary damages, including: the costs of complying with any injunctive, declaratory or equitable relief, remedy or order; the costs of compliance with the Americans with Disabilities Act or any similar provisions of federal, state or local statutory or common law; and any award of claimant's or plaintiff's attorneys fees or costs, whether or not provided for by statute, but only with respect to **Claims** seeking such Non-Monetary Relief. Non-Monetary Relief shall not include the cost of disaster response activities conducted by the **Insured** as required by the Federal Emergency Management Agency (FEMA).

17. **Personal Injury** means the following, when alleged against an **Insured** by an entity or a person who is not a past or present **Insured**, or applicant for employment with the **Insured**: libel, slander, or other defamation, invasion of privacy, false arrest, wrongful detention or imprisonment, malicious prosecution, wrongful entry or eviction, infringement or copyright or trademark, or other unauthorized use of title, or plagiarism or misappropriation of ideas.

18. **Policy Period** means the period from the Inception Date of this Policy set forth, in Item 2. of the Declarations, to the Expiration Date of this Policy set forth in Item 2. of the Declarations, or to any earlier cancellation date of this Policy.

19. **Pollutant** means any of the following:

a. Smoke, vapors, soot, fumes, acids, alkalis, toxic chemicals, liquids or gases, waste materials (including medical or pharmaceutical supplies and materials which are intended to be or have been recycled, reconditioned or reclaimed) or other irritants, Pollutants or contaminants;

b. Mold(s), mildew(s), fungi and/or spore(s); or any materials, goods or products containing, harboring or nurturing any such mold(s), mildew(s), fungi and/or spore(s);

c. Lead, silica or asbestos, whether or not airborne as a particle, contained in or formed as part of a product, structure or other real or personal property, ingested or inhaled or transmitted in any fashion, or found in any form whatsoever; or

d. Nuclear reaction, radioactive contamination or any radiation of any kind, including but not limited to nuclear radiation and electromagnetic radiation.

20. **Premises** means the following, if located in the continental United States:

a. A building, facility or other real property including adjoining ways, which **You** own, rent or lease and is used by **You** to conduct **Your** business, including administration, maintenance and recreational facilities;

b. A building, facility, or other real property being visited by **Your** elected, appointed or employed, directors, officers, regents, trustees, or school board members, or their functional equivalents, or **Employees**, on an official business trip on **Your** behalf;

c. A vehicle that **You** own or lease pursuant to a written contract, but solely if being used in the transportation of **Your** elected or appointed or employed, directors, officers, regents, trustees or school board members, or their functional equivalents, or **Employees**.

Premises does not include any location for an event independently organized by **Employees** or others without **Your** knowledge or approval.

21. **Related Claims** means all **Claims** based upon, arising out of, resulting from, or in any way involving the same or related facts, circumstances, situations, transactions or events or the same or related series of facts, circumstances, situations, transactions or events, whether related logically, casually or in any other way. All Related Claims will be deemed to be a single **Claim** for purposes of Section **C. LIMITS OF LIABILITY / RETENTIONS**, Item 5.

22. **Retroactive Date** means the applicable date set forth in Item 7. of the Declarations.

23. **Sexual Abuse and Molestation** means any actual or alleged conduct, physical act, gesture or spoken or written word of a sexual nature directed by an **Insured**, or by any person for whom an **Insured** is legally responsible, toward any of **Your** students or any minor not a student of **You**, and including without limitation any actual, alleged or threatened sexual intimacy (even if allegedly consensual), molestation, assault or battery, exploitation or any other sexual act.

24. **Student Program Act** means a **Claim** alleging the failure to integrate or desegregate student enrollment, or the operation or administration of any student program on a discriminatory basis, whether in violation of a court order or otherwise.

25. **Terrorism** means “Certified Acts” as defined by the Terrorism Risk Insurance Act of 2002, or any subsequent amendments or reauthorizations of such Act (TRIA).

26. **Third Party Wrongful Act** means any of the following, when alleged against an **Insured** by **Your Business Invitee** or by a third party individual (other than another **Insured**, student or minor) with

whom an **Insured** interacts outside of the **Premises** for the purpose of conducting official business on **Your** behalf:

a. Harassment (including sexual harassment);

b. Discrimination based upon age, gender, race, color, national origin, religion, sexual orientation or preference, pregnancy or disability or any basis prohibited by federal, state or local laws; or

c. Invasion of privacy.

A Third Party Wrongful Act shall not include an **Educators Wrongful Act**.

27. **Wrongful Act** means, for purposes of Insuring Agreements A.1. or A.2., an **Educators Wrongful Act**, **Employment Practices Wrongful Act** or **Third Party Wrongful Act**. For purposes of Insuring Agreements A.3. Wrongful Act means an **IEP Act**, **Collective Bargaining Act** or **Student Program Act**.

F. CONDITIONS

1. **Other Insurance:**

Insurance provided under this Policy will be excess of and will not contribute with other valid and collectible insurance, including but not limited to any insurance under which there is a duty to defend, unless such other insurance is specifically stated to be in excess of this Policy by reference in such other policy to the Policy number of this Policy. This Policy will not be subject to the terms of any other insurance.

In the event that coverage is available for a **Claim** under any other insurance policy that applies to **Claims** for **Bodily Injury**, **Personal Injury** or property damage, **We** will have no duty to defend such **Claim**, or to pay any **Defense Expenses** incurred by **You** or on **Your** behalf, or to contribute to or reimburse **Defense Expenses** incurred by such other insurance policy in connection with such **Claim**.

2. **Cooperation:**

In the event of a **Claim**, the **Insured** will provide **Us** with all information, assistance and cooperation that **We** reasonably request, and will do nothing that may prejudice **Our** position or potential or actual rights of recovery. The **Insured** shall not make any payment, admit any liability, settle any **Claim**, assume any obligation, or incur any expense without **Our** consent. At **Our** request, the **Insured** will assist in any actions, suits, or proceedings, including but not limited to attending hearings, trials and depositions, securing and giving evidence, and obtaining the attendance of witnesses, and will also assist in making settlements.

3. **Subrogation:**

We will be subrogated to the extent of any payment **We** make under this Policy to all of the rights of recovery of the **Insured**. The **Insured** will execute all papers and do everything necessary to secure such rights, including the execution of any documents necessary to enable **Us** effectively to bring suit in their name. The obligations of the **Insured** under this condition will survive the expiration or cancellation of the Policy.

4. **Extended Reporting Period:**

a. If this Policy is cancelled or non-renewed for any reason other than nonpayment of premium, the **Named Insured** will have the right to:

(1) a seventy-five (75) day Automatic Extended Reporting Period, beginning on the effective date of such cancellation or non-renewal, for no additional premium charge; and

(2) to purchase an Additional Extended Reporting Period, beginning on the effective date of the cancellation or non-renewal, for an additional premium; provided that the **Named Insured** elects to purchase the Additional Extended Reporting Period in writing and provides **Us** any additional premium due within thirty (30) days of the effective date of cancellation or non-renewal, subject to the available options as set forth in subparagraph c.

b. The coverage otherwise afforded by this Policy will be extended to apply to **Loss** or **Defense Expenses** from **Claims** first made during the Extended Reporting Period, but only if such **Claims** are for **Wrongful Acts** committed on or after the **Retroactive Date** and before the end of the **Policy Period**. An Extended Reporting Period does not increase or reinstate any Limit of Liability and may only be effective if all premiums and retentions due under the Policy have been paid. The Automatic Extended Reporting Period shall not become effective if the **Insured** procures replacement coverage. Once purchased, the Extended Reporting Period may not be canceled and the premium shall be deemed fully earned.

c. Extended Reporting Period Options:

(1) a one (1) year extended reporting period for an additional premium of seventy percent (70%) of the Premium set forth in Item 6. of the Declarations;

(2) a two (2) year extended reporting period for an additional premium of one hundred percent (100%) of the Premium set forth in Item 6. of the Declarations; or

(3) a three (3) year extended reporting period for an additional premium of one hundred and fifty percent (150%) of the Premium set forth in Item 6. of the Declarations.

5. **Notice; Timing, and Interrelationship of Claims:**

a. As a condition precedent to any right to payment under this Policy, the **Insured** must give **Us** written notice of a **Claim** with full details, as soon as practicable after any of **Your** school administrators becomes aware of such **Claim** and in no event, no later than seventy-five (75) days after the expiration of the **Policy Period**.

b. If, during the **Policy Period**, the **Insured** first becomes aware of any **Wrongful Act** that may subsequently give rise to a **Claim**, and, as soon as practicable thereafter but before the expiration or cancellation of this Policy:

(1) gives **Us** written notice of such **Wrongful Act**, including a description of the **Wrongful Act** in question, the identities of the potential claimants, the consequences that have resulted or may result from such **Wrongful Act**, the damages that may result from such **Wrongful Act** and the circumstances by which the **Insured** first became aware of such **Wrongful Act**; and

(2) requests coverage under this Policy for any subsequently resulting **Claim** for such **Wrongful Act**;

then **We** will treat any such subsequently resulting **Claim** as if it had been first made during the **Policy Period**.

c. All notices under this condition must be sent in writing to the address or email address set

forth in Item 5. of the Declarations.

d. All **Related Claims** will be treated as a single **Claim** made when the earliest of such **Related Claims** was first made, or when the earliest of such **Related Claims** is treated as having been made in accordance with Condition 5.b., whichever is earlier.

6. **Cancellation; No Obligation to Renew:**

a. **We** may not cancel this Policy except for **Your** failure to pay a premium when due. **We** will deliver or mail by first class, registered or certified mail to **You** at **Your** last known address, written notice of cancellation at least twenty (20) days before the effective date of cancellation. Such notice shall state the reason for cancellation. A copy of such notice shall be sent to the agent of record.

b. **You** may cancel this Policy by mailing to **Us** written notice stating when, not later than the Expiration Date set forth in Item 2. of the Declarations, such cancellation will be effective. In such event, return premium will be computed as 0.90 times the pro rata unearned premium shown in Item 6. of the Declarations and rounded to the nearest whole dollar. Premium adjustment may be made either at the time that cancellation by **You** is effective or as soon as practicable thereafter. If **Our** maximum aggregate Limit of Liability for Insuring Agreements A.1. and A.2., as set forth Item 3.(c) of the Declarations, is exhausted by the payment of **Loss** or **Defense Expenses**, the entire premium will be deemed fully earned.

c. **We** will not be required to renew this Policy upon its expiration. If **We** elect not to renew this Policy, **We** will deliver or mail by first class, registered or certified mail to **You** at **Your** last known address, written notice to that effect at least sixty (60) days before the Expiration Date set forth in Item 2. of the Declarations. Such notice shall state the specific reason(s) for non-renewal. A copy of such notice shall be sent to the agent of record.

7. **Representations:**

The **Named Insured** represents that the statements contained in the **Application** are true, accurate and complete, and agrees that this Policy is issued in reliance upon the truth thereof, which are deemed to be incorporated into and to constitute a part of this Policy.

8. **Separation of Insureds; Protection of Innocent Insureds:**

a. In the event of any material untruth, misrepresentation or omission in connection with any of the particulars or statements in the **Application**, this Policy will be void:

(1) with respect to any natural person **Insured** who knew of such untruth, misrepresentation or omission; and

(2) with respect to **You**, if, and only if, **Your** principal, assistant principal, dean, assistant dean, director, officer, regent, trustee or school board member, or any other person in a functionally equivalent position, knew of such untruth, misrepresentation or omission.

b. No act, error or omission of any **Insured** will be imputed to any other **Insured** to determine the application of any exclusion set forth in Section **D. EXCLUSIONS** of this Policy. If it is determined that an exclusion applies to an **Insured** in connection with a **Claim**, no coverage shall be available under this Policy for such **Insured**, however, coverage shall continue in effect under this Policy for any other **Insured**, subject to all other terms, conditions, and exclusions herein.

9. **No Action against Us:**

a. No action may be taken against **Us** unless, as conditions precedent thereto, there has been full compliance with all of the terms of this Policy and the amount of an **Insured's** obligation to pay has been finally determined either by judgment against an **Insured** after adjudicatory proceedings, or by written agreement of an **Insured**, the claimant and **Us**.

b. No person or entity will have any right under this Policy to join **Us** as a party to any **Claim** to determine the liability of an **Insured**; nor may **We** be impleaded by an **Insured** or his, her or its legal representative in any such **Claim**.

10. **Insolvency of Insured:**

We will not be relieved of any of **Our** obligations under this Policy by the bankruptcy or insolvency of an **Insured**.

11. **Non-Accumulation of Limits:**

If coverage is provided under this Policy and any other policy or policies underwritten or reinsured by **Us** to **You**, the maximum amount payable in the aggregate under this Policy and all such other policies shall not exceed the single highest Limit of Liability available under all such policies. Only one retention or deductible will apply, which shall be the retention or deductible corresponding to the Limit of Liability applied to the **Claim**.

12. **Territory:**

This Policy applies to **Wrongful Acts** committed by an **Insured**, or to any **Claim** brought against an **Insured**, anywhere in the world.

13. **Authorization and Notices:**

The **Insureds** agree that **You** will act on their behalf with respect to receiving any notices and return premiums from **Us**.

14. **Changes:**

This Policy contains all the agreements between any and all **Insureds** and **Us** concerning this insurance. The **Named Insured** is authorized on behalf of all **Insureds** to make changes in the terms of this Policy with **Our** consent. This Policy's terms can be amended or waived only by endorsement issued by **Us** and made part of this Policy.

15. **Assignment:**

No assignment of interest under this Policy will bind **Us** without **Our** consent.

16. **Entire Agreement:**

The **Insured** agrees that this Policy, including the **Application** and any endorsements, constitutes the entire agreement between every **Insured** and **Us** or any of **Our** agents relating to this insurance.

17. **Choice of Law:**

All matters arising hereunder, including but not limited to questions related to the validity, interpretation, performance and enforcement of this Policy, shall be determined in accordance with the law and practice of the State of New York, notwithstanding New York's conflicts of law rules.

18. **Premium:**

The **Named Insured** shall be responsible for payment of all premiums and will be the payee of any return premium. The Policy premium may be changed at any time if the Policy terms and conditions are changed by, among other things, adding additional insureds, changing limits of liability or extending the **Policy Period**. The **Named Insured** or its designee agrees to pay all increased premiums promptly in accordance with the Company's invoices.

19. **Conformity to Statute:**

All terms of this Policy that conflict with any applicable laws or regulations are hereby amended to conform to such laws or regulations.

20. **Headings:**

The descriptions in the headings and sub-headings of this Policy are solely for convenience, and form no part of the terms and conditions of coverage.

In witness whereof, the Insurer has caused this Policy to be executed on the Declarations Page.

ENDORSEMENT NO._____

ACT OF SCHOOL VIOLENCE CRISIS MANAGEMENT COVERAGE

This Endorsement, effective at 12:01 a.m. on 04/01/2025 , forms part of

Policy No.: ELL0956632-02
Issued to: South Texas Independent School District
Issued by: Indian Harbor Insurance Company

In consideration of the premium charged, it is hereby agreed that:

I. The following is added to Section **A. INSURING AGREEMENTS**:

5. Act of School Violence Crisis Management

We will pay on behalf of the **Named Insured** those **Crisis Management Expenses** incurred in response to any **Act of School Violence** first taking place during the **Policy Period** and reported to **Us** in accordance with Item VIII. of this Endorsement, subject to the applicable Limits of Liability set forth in Item 3(f) of the Declarations.

II. Item 3. of the Declarations, Limits of Liability, is amended by the addition of the following:

(f) Act of School Violence Crisis Management Limits of Liability

(1) $ $25,000 **Company's** maximum Limit of Liability for all **Crisis Management Expenses** from each **Act of School Violence** under **INSURING AGREEMENT A**.5.

(2) $ $50,000 **Company's** maximum Limit of Liability for all **Crisis Management Expenses** from all **Acts of School Violence** under **INSURING AGREEMENT A.**5.

III. Item 4. of the Declarations, Retentions, is amended by the addition of the following:

(d) $ 25,000 all **Acts of School Violence** in the aggregate under **INSURING AGREEMENT A**.5.

IV. The amount set forth in Item 3.(f)(1) of the Declarations is the most **We** will pay for all **Crisis Management Expenses** from each **Act of School Violence**. The amount set forth in Item 3.(f)(2) of the Declarations is the most **We** will pay for all **Crisis Management Expenses** from all **Acts of School Violence**.

V. Solely with respect to the coverage provided pursuant to this Endorsement, the following definitions shall apply:

Act of School Violence means:

a. Any violent act of a criminal nature taking place on the **Named Insured's Premises** which causes **Bodily Injury** to a **Victim**; or

b. A credible threat communicated to the **Named Insured** of a violent act of a criminal nature taking place on **Your Premises** which **You** reasonably believe may imminently cause **Bodily Injury** to a **Victim**; in response to which the **Named Insured**:

(1) reasonably determines it is necessary to suspend all classes for one or more days or lock down all or a substantial part of **Your Premises**;

(2) implements its **Emergency Response Plan**; and

(3) contacts federal, state or local police authorities for assistance.

Acts of School Violence involving a sequence or series of related violent acts or threats will be deemed to have taken place at the time the first of such acts began or the threat occurred and shall be considered one Act of School Violence, regardless of the number of **Victims** or perpetrators.

Bodily Injury means bodily injury, sickness or disability sustained by a **Victim**, including death resulting from any of these at any time.

Crisis Management Expenses means **Public Relations Expenses**, **Insured's Travel/Printing Expenses**, **Extraordinary Family Travel Expenses** and **Post-Violence Avoidance Expenses**; provided, however, that **Crisis Management Expenses** shall not include:

(1) The **Named Insured's** overhead expenses or any salaries, wages, fees or benefits of **Employees**; or

(2) The cost of medical, psychiatric or counseling services, even if provided by a **Crisis Management Firm**.

Crisis Management Firm means any public relations firm, crisis management firm or law firm hired or appointed by the **Named Insured** to perform Crisis Management Services in connection with **Acts of School Violence**.

Emergency Response Plan means the formal written school safety and crisis response manual that details the **Named Insured's** policies and procedures in the event of an **Act of School Violence**.

Extraordinary Family Travel Expenses means the reasonable and necessary expenses incurred by any natural or adoptive parent, legal guardian, spouse, or child of a **Victim** within thirty (30) days after such **Act of School Violence** took place to travel to the location where the **Act of School Violence** took place, so long as the **Act of School Violence** took place on an official trip sponsored by the **Named Insured**. For the purpose of this definition, coach air transportation or ground transportation and standard class hotel accommodations shall be deemed reasonable expenses.

Insured's Travel/Printing Expenses means the reasonable and necessary expenses incurred by the **Named Insured** in response to an **Act of School Violence** within one hundred (120) days after such **Act of School Violence** took place for printing, advertising, mailing materials, or travel by any **Insured** or the **Crisis Management Firm** in connection with such **Act of School Violence**.

Named Insured's Premises means the following, if located at the time of the **Act of School Violence** in the United States:

a. Any building, facility or other real property including adjoining ways, which **You** own, rent or lease and is used by the **Named Insured** at the time of the **Act of School Violence** to conduct education, including administration, maintenance and recreational facilities, or for school authorized after-school or extracurricular activities for the **Named Insured's** students;

b. Any other location, but solely if being visited at the time of the **Act of School Violence** by the **Named Insured's** students or **Employees** on an official trip sponsored by the **Named Insured**;

c. Any other location, but solely if being used at the time of the **Act of School Violence** for a special event sponsored by a Parent Teacher Organization, Association or Council affiliated with the **Named Insured**; and

d. Any school bus or other vehicle that the **Named Insured** owns or leases pursuant to a written contract, but solely if being used at the time of the **Act of School Violence** in the transportation of the **Named Insured's** students;

provided, however, the Named Insured's Premises does not include: (i) any building, facility, or other real property owned, rented or leased by, or under the management and direction of any individual or entity other than the **Named Insured**; (ii) any location for an event independently organized by students; or (iii) any other vehicle.

Post-Violence Avoidance Expenses means the reasonable costs incurred by the **Named Insured** within sixty (60) days after the **Act of School Violence** took place to purchase equipment or make property improvements that are not covered by other insurance and that relate directly to the security of the **Named Insured's** school and may assist in prevention or mitigation of future **Acts of School Violence**.

Public Relations Expenses means the reasonable and necessary fees and expenses incurred by the **Named Insured** in response to an **Act of School Violence** within one hundred twenty (120) days after such **Act of School Violence** took place for services performed by a **Crisis Management Firm** to minimize potential harm to the name or reputation of the **Named Insured** arising from such **Act of School Violence**, including but not limited to maintaining and restoring public confidence in the **Named Insured** and providing advice to the **Insureds**; provided, however, Public Relations Expenses do not include **Post-Violence Avoidance Expenses**, **Insured's Travel/Printing Expenses** or any fees or expenses related to civil or criminal investigations, proceedings or litigation.

Victim means:

a. Any student of the **Named Insured**, including a student attending **Your** school as part of a school sponsored exchange program;

b. Any **Business Invitee**, including any parent or legal guardian of a student of the **Named Insured** or any person visiting the **Your Premises** for purposes related to students' education; or

c. Any **Employee**;

provided, however, Victim does not include any independent contractors or subcontracted personnel working on the **Named Insured's Premises** or any person who has or is alleged to have made any attempt at, or knowingly participated in, or encouraged any **Act of School Violence**.

VI. Solely with respect to the coverage provided pursuant to this Endorsement, Section **F. CONDITIONS**, Item 2. **Cooperation**, is amended by the deletion of the words: "In the event of a **Claim**."

VII. **We** shall not pay any **Crisis Management Costs** from any **Act of School Violence** based on, arising out of, directly or indirectly resulting from, in consequence of, or in any way involving any war, whether or not declared, or any act or condition incidental to war, including civil war, insurrection, rebellion or revolution.

VIII. As a condition precedent to coverage under this Endorsement, **You** must notify **Us** in writing as soon as practicable during the **Policy Period**, but in no event more than ten (10) days after such **Act of School Violence** first took place. The written notice to **Us** must be as complete as possible, stating how, when, and where such **Act of School Violence** took place and the **Bodily Injury** or damage arising therefrom and providing a complete and detailed summary of the **Crisis Management Expenses** incurred or expected to be incurred.

To be eligible for coverage, **Crisis Management Expenses** must be submitted **Us** no later than ninety (90) days after such **Crisis Management Expenses** are incurred.

IX. **We** will be permitted, but not obligated, to inspect **Your** property and operations and to review the **Emergency Response Plan** at any time, upon reasonable notice. Neither the Company's right to make such inspection or review nor the making of any such inspection or review shall constitute an undertaking, on behalf of or for the benefit of the **Insured** or others, to determine or warrant that such property and operations are safe or that the **Emergency Response Plan** is adequate, effective or legal.

All other terms, conditions and limitations of this Policy shall remain unchanged.

Martin H. Kamejo, Jr.

(Authorized Representative)

ENDORSEMENT NO._____

MINIMUM EARNED PREMIUM UPON CANCELLATION

This Endorsement, effective at 12:01 a.m. on 04/01/2025 , forms part of

Policy No.: ELL0956632-02
Issued to: South Texas Independent School District
Issued by: Indian Harbor Insurance Company

In consideration of the premium charged, it is hereby agreed that:

Section **F. CONDITIONS**, Item 6. **Cancellation; No Obligation to Renew**, Paragraph b. is deleted in its entirety and replaced as follows:

b. **You** may cancel this Policy by mailing **Us** written notice stating when, no later than the Expiration Date set forth in Item 2.(b) of the Declarations, such cancellation will be effective. In such event, the earned premium amount to be retained by **Us** will be the greater of:

(1) The amount computed in accordance with **Our** customary short rate table and procedure;

(2) 25% of the total policy premium shown in Item 6. of the Declarations; or

(3) $1,500.00 .

Premium adjustment may be made either at the time that cancellation by **You** is effective or as soon as practicable thereafter. If the Policy Aggregate Limit of Liability, as set forth Item 3.(c) of the Declarations, is exhausted by the payment of **Loss** or **Defense Expenses**, the entire premium will be deemed fully earned.

All other terms, conditions and limitations of this Policy shall remain unchanged.

Martin H. Kaufman, Jr.
_____
(Authorized Representative)

ENDORSEMENT NO._____

FLSA/WAGE AND HOUR COVERAGE

This Endorsement, effective at 12:01 a.m. on 04/01/2025 , forms part of

Policy No.: ELL0956632-02
Issued to: South Texas Independent School District
Issued by: Indian Harbor Insurance Company

In consideration of the premium charged, it is hereby agreed that:

I. The words "Fair Labor Standards Act" are removed from Section **D. EXCLUSIONS**, Item 5.

II. **We** shall reimburse the **Insured** for **Defense Expenses** only, resulting from **Claims** based upon or arising out of an actual or alleged violation of the Fair Labor Standards Act or other similar provisions of any federal, state or local law, or any rules or regulations promulgated under any of the foregoing, including but not limited to any actual or alleged improper classification of any employee, improper payroll practices, failure to provide or enforce legally required meal or rest break periods, improper wage and hour policies, and failure or refusal to pay wages, overtime or vacation pay (hereinafter an FLSA Violation).

III. The most **We** shall reimburse to the **Insured** for **Defense Expenses** in connection with all **Claims** covered under Section II of this endorsement is $50,000 , which amount shall be part of, and not in addition to, the Limits of Liability set forth in Item 3.(c) of the Declarations.

IV. Each **Claim** for an FLSA Violation covered by this Endorsement shall be subject to a Retention in the amount of $25,000 .

V. It shall be the duty of the **Insured**, and not **Us**, to defend a **Claim** otherwise covered by this Endorsement. The **Insured** shall have the right to select defense counsel for the investigation and defense of such **Claims**, subject to the consent of the **Company**, which shall not be unreasonably withheld. **We** shall have the right to associate in the defense and settlement of any such **Claim**.

All other terms, conditions and limitations of this Policy shall remain unchanged.

Martin N. Ramajo, Jr.
_____
(Authorized Representative)

ENDORSEMENT NO._____

HARASSMENT/BULLYING COVERAGE

This Endorsement, effective at 12:01 a.m. on 04/01/2025 , forms part of

Policy No.: ELL0956632-02
Issued to: South Texas Independent School District
Issued by: Indian Harbor Insurance Company

In consideration of the premium charged, it is hereby agreed that:

I. **We** will reimburse **Defense Expenses** incurred by an **Insured** in connection with a **Claim** alleging **Harassment or Bullying Activities** that is first made against an **Insured** during the **Policy Period** or any applicable Extended Reporting Period, and arising out of **Harassment or Bullying Activities** occurring on or after the **Retroactive Date** and before the end of the **Policy Period**.

II. It shall be the duty of the **Insured**, and not **Us**, to defend such **Claims**. The **Insured** shall have the right to select defense counsel for the investigation and defense of such **Claims**, subject to **Our** consent and approval, which shall not be unreasonably withheld. **We** shall have the right to associate in the defense and settlement of any such **Claim**.

III. The most **We** shall reimburse the **Insured** for all **Defense Expenses** from **Claims** arising out of **Harassment or Bullying Activities** is $50,000 , which shall be part of and not in addition to the Limit of Liability shown in the Declarations.

The Limit of Liability set forth above is the most **We** will pay for all **Claims** against one or more **Insureds** involving **Harassment or Bullying Activities**, whether alone or in combination with any other claims. If **Harassment or Bullying Activities** are alleged at any stage during a **Claim**, all allegations in that **Claim** and any **Related Claims** will be subject to the Limit of Liability as set forth in this Endorsement. If the **Company** has paid the Limit of Liability set forth herein, it will no longer be obligated to make any payment in connection with any **Claims** involving **Harassment or Bullying Activities**.

IV. Each **Claim** arising out of **Harassment or Bullying Activities** that is covered by this Endorsement shall be subject to a Retention in the amount of $25,000 .

V. The term **Harassment or Bullying Activities** as used in this Endorsement means:

Any gesture, or any written, verbal or physical act, or any electronic communication that is directed at a student or group of students, and takes place on school property, at any school-sponsored function or on a school bus, which a reasonable person should know, under the circumstances, will have the effect of:

a. Harming a student, damaging the student's property, damaging a student's education or future educational opportunities, or placing a student in reasonable fear of harm to his or her person, damage to his or her property, or damage to his or her education or future educational opportunities; or

b. Insulting or demeaning any student or group of students in such a way as to cause substantial disruption in, or substantial interference with, the orderly operation of the school or that student's or students' education or future educational opportunities.

VI. The coverage under this Endorsement shall be the sole and exclusive coverage under this Policy for **Claims** based upon, arising out of, resulting from, or in any way involving or related to **Harassment or Bullying Activities**, whether alone or in connection with any other claims. Except as set forth in this Endorsement, there shall be no coverage under this Policy for any **Claim** based upon, arising out of, resulting from, or in any way involving or related to **Harassment or Bullying Activities**.

VII. The term **Related Claims** as used in this Endorsement means:

Related Claims means all **Claims** for **Harassment or Bullying Activities** or **Wrongful Acts** based upon, arising out of, resulting from, or in any way involving, the same or related facts, circumstances, situations, transactions or events, or the same or related series of facts, circumstances situations, transactions or events, whether related logically, causally or in any other way, or the same persons.

All other terms, conditions and limitations of this Policy shall remain unchanged.

Martin H. Kanefsky, Jr.

(Authorized Representative)

ENDORSEMENT NO._____

CORPORAL PUNISHMENT COVERAGE

This Endorsement, effective at 12:01 a.m. on 04/01/2025 , forms part of

Policy No.: ELL0956632-02
Issued to: South Texas Independent School District
Issued by: Indian Harbor Insurance Company

In consideration of the premium charged, it is hereby agreed that:

Section **D. EXCLUSIONS**, Item 6., is deleted in its entirety and replaced with the following:

6. Damage to, destruction or loss of use of tangible property, **Bodily Injury**, sickness, disease or death.

   Notwithstanding the above, this exclusion shall not apply to a **Claim** alleging assault and battery, **bodily injury**, sickness, disease or death, due solely to corporal punishment administered to a student by an **Insured**, other than the malicious infliction of punishment resulting in **bodily injury** or corporal punishment administered in violation of law or the policy or regulations of the educational entity named in the Declarations or its governing body, when applicable.

   In the event that the educational entity or any **Insured** has any other insurance that insures against **Loss** covered by virtue of the above exception to Exclusion 6, the insurance provided by this Policy shall apply in excess of such other insurance, including any costs or fees incurred in the defense of a **Claim**.

All other terms, conditions and limitations of this Policy shall remain unchanged.

Martin H. Kamejie, Jr.
_____
(Authorized Representative)

ENDORSEMENT NO._____

FEDERAL IMMIGRATION AND NATIONALITY ACT COVERAGE

This Endorsement, effective at 12:01 a.m. on 04/01/2025 , forms part of

Policy No.: ELL0956632-02
Issued to: South Texas Independent School District
Issued by: Indian Harbor Insurance Company

In consideration of the premium charged, it is hereby agreed that:

Section **A. INSURING AGREEMENTS**, is amended to include the following:

Subject to the Limits of Liability set forth in the Declarations, and all other terms and conditions of this Policy, **We** agree as follows:

> **We** will pay on behalf of an **Insured Loss** and **Defense Expenses** an **Insured** becomes legally obligated to pay as a result of a **Claim** arising out of an actual or alleged violation of Federal Immigration & Nationality Act, 8 U.S.C. Section 1101, et seq., provided that such **Claim** is first made during the **Policy Period** or any applicable Extended Reporting Period for a violation that occurred or is alleged to have occurred on or after the **Retroactive Date** and before the end of the **Policy Period**.
>
> The most **We** will pay for all **Loss** and **Defense Expenses** in excess of the Retention set forth in Item 4.(a) of the Declarations is fifty thousand ($50,000) for all **Claims** covered under this endorsement. The payment of **Defense Expenses** shall be part of and not in addition to this sub-limit of liability, and **Our** payment of such **Defense Expenses** will reduce this sub-limit. This sub-limit shall be part of and not in addition to the amount set forth in Item 3.(a) of the Declarations.

All other terms, conditions and limitations of this Policy shall remain unchanged.

Martin A. Kanojia, Jr.
_____
(Authorized Representative)

ENDORSEMENT NO._____

DEFENSE ONLY REIMBURSEMENT COVERAGE FOR BREACH OF CONTRACT

This Endorsement, effective at 12:01 a.m. on 04/01/2025 , forms part of

Policy No.: ELL0956632-02
Issued to: South Texas Independent School District
Issued by: Indian Harbor Insurance Company

In consideration of the premium charged, it is hereby agreed that:

Section **D. EXCLUSIONS** is amended to include:

> **We** shall reimburse for **Defense Expenses** in connection with an **Insured's** liability under a contract or agreement $25,000 in the aggregate, which amount shall be part of and not in addition to the Limit of Liability set forth in Item 3.(c). of the Declarations.

All other terms, conditions and limitations of this Policy shall remain unchanged.

Martin V. Kampke, Jr.
_____
(Authorized Representative)

ENDORSEMENT NO._____

US PROFESSIONAL INDEMNITY - CYBER EXCLUSION

(Cyber Act, Cyber Incident and Data Breach exclusion)

This Endorsement, effective at 12:01 a.m. on 04/01/2025 , forms part of

Policy No. ELL0956632-02
Issued to South Texas Independent School District
Issued by Indian Harbor Insurance Company

In consideration of the premium charged:

1. This Policy shall not apply to any Claim based upon, arising out of, directly or indirectly resulting from, in consequence of, or in any way involving a:

   a. **Cyber Act;**

   b. **Cyber Incident**; or

   c. **Data Breach**.

2. For the purposes of this endorsement, the following terms shall have the meanings set forth below:

   a. "**Computer System**" means any computer, hardware, software, communications system, electronic device (including, but not limited to, smart phone, laptop, tablet, wearable device), server, cloud or microcontroller including any similar system or any configuration of the aforementioned and including any associated input, output, data storage device, networking equipment or back up facility, owned or operated by the Insured or any other party.

   b. "**Cyber Act**" means an unauthorised, malicious or criminal act or series of related unauthorised, malicious or criminal acts, regardless of time and place, or the threat or hoax thereof involving access to, processing of, use of or operation of any **Computer System**.

   c. "**Cyber Incident**" means:

      i. any error or omission or series of related errors or omissions involving access to, processing of, use of or operation of any **Computer System**; or

      ii. any partial or total unavailability or failure or series of related partial or total unavailability or failures to access, process, use or operate any **Computer System**.

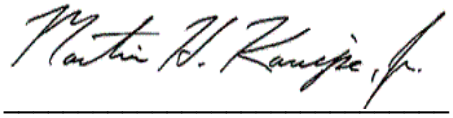
   d. "**Data Breach**" means:

      i. the theft, loss, access to, acquisition of, or unauthorized or unlawful use or disclosure of any person's or organization's confidential or personal information, including patents, trade secrets, processing methods, customer lists, financial information, credit or payment card information, health information, biometric data or any other type of non-public information, involving access to, processing of, use of or operation of any **Computer System**; or

      ii. the violation of any statute, regulation, common-law, or any other law regulating or protecting access to collection, use or disclosure of, or failure to protect any non-public confidential or personal information in the form of **Electronic Data.**

e. "**Electronic Data**" means information, facts or programs stored as or on, created or used on, or transmitted to or from computer software, including systems and applications software, hard or floppy disks, CD-ROMs, tapes, drives, cells, data processing devices or any other media which are used with electronically controlled equipment.

All other terms, conditions and limitations of this Policy shall remain unchanged.



Authorized Representative

PGU 1133 0122

ENDORSEMENT NO._____

CONSUMER PROTECTION LAWS EXCLUSION ENDORSEMENT

This Endorsement, effective at 12:01 a.m. on 04/01/2025 , forms part of

Policy No.: ELL0956632-02
Issued to: South Texas Independent School District
Issued by: Indian Harbor Insurance Company

In consideration of the premium charged, it is hereby agreed that:

This Policy shall not apply to any Claim based upon, arising out of (in whole or in part), attributable to, relating to, or in any way involving, either directly or indirectly, any actual or alleged unsolicited electronic communication or deceptive trade practice by or on behalf of an Insured, including but not limited to any action, suit, or administrative proceeding, including by the Consumer Financial Protection Bureau (CFPB) or any other state or federal agency, brought under or alleging the violation of the following: the Telephone Consumer Protection Act (TCPA), the Federal Debt Collection Practices Act (FDCPA), the Fair Credit Reporting Act (FCRA), the CAN-SPAM Act of 2003, and the Fair and Accurate Credit Transaction Act (FACTA), including any amendments or additions thereto; or any similar federal, state, local, or foreign law, statute, regulation or statutory or common law.

All other terms, conditions and limitations of this Policy shall remain unchanged.

Martin H. Ramirez, Jr.

Authorized Representative

ENDORSEMENT #

This endorsement, effective 12:01 a.m. 04/01/2025 , forms a part of Policy No. ELL0956632-02

issued to South Texas Independent School District

by Indian Harbor Insurance Company

SERVICE OF PROCESS

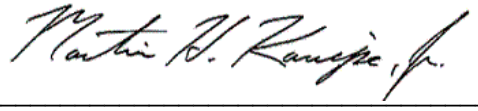
The Commissioner of Insurance of the State of Texas is hereby designated the true and lawful attorney of the Company upon whom may be served all lawful process in any action, suit or proceeding arising out of this policy. The Company further designates:

Sarah Mims
Assistant Secretary
505 Eagleview Boulevard, Suite 100
Exton, Pennsylvania 19341-0636

as its agent in Texas to whom such process shall be forwarded by the Commissioner of Insurance.

For Illinois exposures, the Insurer further designates the Director of the Illinois Division of Insurance and his successors in office, as its true and lawful attorney upon whom may be served any lawful process in any action, suit or proceeding instituted by or on behalf of the insured or any beneficiary hereunder arising out of an Illinois exposure and this contract of insurance.

All other terms and conditions of this policy remain unchanged.



(Authorized Representative)

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Amwins Insurance Brokerage, LLC
3630 Peachtree Rd. NE
Suite 1700
Atlanta, GA 30326

amwins.com

March 12, 2025

Raul Cabaza
HUB International Texas, Inc.
121 West Pecan Blvd.
McAllen, TX 78501

RE: South Texas ISD

TERRORISM - PROPERTY CONFIRMATION OF COVERAGE

Dear Raul:

In accordance with your instructions to bind, please find the attached Binder for South Texas ISD which confirms that coverage is bound for your client as follows:

DATE OF ISSUANCE:	3/12/2025
INSURED:	South Texas ISD
MAILING ADDRESS:	7001 E. Expressway 83 Mercedes, TX 78570
CARRIER:	Liberty Surplus Insurance Corporation (Non-Admitted)
POLICY NUMBER:	5N443618002
POLICY PERIOD:	From 4/1/2025 to 4/1/2026 12:01 A.M. Standard Time at the Mailing Address shown above

POLICY PREMIUM:

Premium	$16,500.00
TRIA	Not Applicable
Surplus Lines Taxes and Fees	$806.85
Total	**$17,306.85**

MINIMUM EARNED PREMIUM:	As per the attached binder
SAUBJECT TO LOCATIONS & VALUES:	As per the Schedule on file with the Company TIV: $219,7136,557
COMMISSION:	11.000% of premium excluding fees and taxes
ADDITIONAL TERMS AND CONDITIONS:	FUNDS ARE DUE TO AMWINS WITHIN 20 DAYS
SUBJECTIVITIES:	As per the attached binder Agent & Agency TX P&C licenses Texas Diligent Effort Confirmation or ECP/Industrial Insured Checklist (if applicable)

SURPLUS LINES TAX SUMMARY

HOME STATE: Texas

SURPLUS LINES TAX CALCULATION:

State	Description	Taxable Premium	Taxable Fee	Tax Basis	Rate	Tax
Texas	Surplus Lines Tax	$16,500.00	$0.00	$16,500.00	4.850%	$800.25
	Stamping Fee	$16,500.00	$0.00	$16,500.00	0.040%	$6.60
Total Surplus Lines Taxes and Fees						**$806.85**

Important Notice: Surplus Lines Tax Rates and Regulations are subject to change which could result in an increase or decrease of the total Surplus Lines Taxes and Fees owed on this placement. If a change is required, we will promptly notify you. Any additional taxes owed must be promptly remitted.

The attached Binder from the carrier sets forth the coverage as bound. Please review carefully with your client to ensure the bound coverage matches the terms and conditions of the bind order. It is your responsibility to ensure the bound terms and conditions are accurate and consistent with the agreed bind order terms.

If after reviewing you should have any questions or requested changes, please let us know as soon as possible so we can discuss with the carrier.

Thank you for your business. We truly appreciate it.

Sincerely,

Laramie Bolin
Associate Broker
T 404.592.2639 | laramie.bolin@amwins.com
Amwins Insurance Brokerage, LLC
3630 Peachtree Rd. NE | Suite 1700 | Atlanta, GA 30326 | amwins.com

Matt Kaps
Assistant Vice President – Property AmWINS Brokerage of Georgia, LLC
T 678.385.1011 M 404.578.0066 | matt.kaps@amwins.com
3630 Peachtree Road, 17th Floor, Atlanta, Georgia 30326

On behalf of,

Matt Brott
Executive Vice President
T 404.920.3736 | **F** 404.920.3789 | matt.brott@amwins.com
Amwins Insurance Brokerage, LLC
In California: Amwins Brokerage Insurance Services | License 0F19710
3630 Peachtree Rd. NE | Suite 1700 | Atlanta, GA 30326 | amwins.com

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 GEORGIA LLC
3630 Peachtree Road NE, Suite 1600
Atlanta, GA 30326

Re: South Texas ISD
7001 E. Expressway 83
Mercedes, TX 78570
War & Terrorism Policy - Binder

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
Address: 4725 Piedmont Row Dr. Suite 600
Charlotte, NC 28210

Dear Matt,

Liberty is pleased to provide this binder for the above captioned account. An invoice will follow under separate cover.

Please contact me if you require any specimen wordings or policies, or if you require any amendments to this binder.

TERMS AND CONDITIONS

Policy Period:	12:01 am, April 01, 2025 to 12:01 am, April 01, 2026
Policy Form:	LMA 3030 + LMA 5039 + Active Shooter Endorsement
Policy Number:	5N443618002
Security:	Liberty Surplus Insurance Corporation Member of the **Liberty Mutual Group**

Texas Premium:	$ 16,500.00
Fees:	
Surplus Lines Tax:	$ 800.25
Stamping Fee:	$ 6.60
Total:	$ 17,306.85

The Insurer is a surplus lines insurer, is not licensed by the State and is subject to limited regulation. In the event of insolvency of the Insurer, the insurance is not covered by the State's guaranty fund. This policy may be subject to surplus lines taxes, stamping fees, surcharges, and certain surplus lines reporting requirements mandated by state regulations. The Surplus Lines Broker is responsible for the disclosure of all related taxes, surcharges, and fees. The Surplus Lines Broker is also responsible for the applicable surplus lines reporting requirements including but not limited to the submission of diligent search forms.

Other Terms:

- Excluding Nuclear / Chemical / Biological / Cyber Terrorism, Hoaxes and Threats
- Excluding Transmission, Distribution and Pipelines
- Excluding Unnamed Contingent Business Interruption

Sabotage and Terrorism Binder			
1.	**NAMED INSURED:**	South Texas ISD	
2.	**MAILING ADDRESS:**	7001 E. Expressway 83 Mercedes, TX 78570	
3.	**PERILS:**	Terrorism and/or Sabotage	
4.	**COVERAGE:**	For all Property Damage and/ or Business Interruption resulting solely and directly from Terrorism and /or Sabotage, subject to the values being reported and accepted.	
5.	**POLICY PERIOD:**	**FROM:** April 01, 2025	**TO:** April 01, 2026
		12:01 A.M. Standard Time at the location of the property involved.	
6.	**TERRITORY:**	USA (as reported and accepted)	
7.	**LIMITS OF LIABILITY (100%)**	$100,000,000.00 per occurrence and in the annual aggregate	
8.	**ATTACHMENT (100%)**	Excess policy Deductible as defined below	
9.	**PARTICIPATION:**	Liberty can authorize 100% participation, subject to the 100% Limit of Liability and Sublimits as stated above.	
10.	**TOTAL INSURED VALUE:**	**Property Damage:**	$219,713,557.00
		Business Interruption:	$0.00
		TOTAL:	$219,713,557.00
11.	**DEDUCTIBLE:**	$10,000.00 per occurrence	
12.	**PREMIUM**	$16,500.00 – 100% $16,500.00 – LSM Share	
14.	**SUBLIMITS:**	Active Shooter $1,000,000.00 per occurrence and in the annual aggregate	

SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT
SOLD BINDER

PREPARED FOR:

SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT
100 MED HIGH DR
MERCEDES, TX 78570

SUBMITTED BY:
HUB INTERNATIONAL TEXAS, INC.

PROVIDED BY:



PROVIDED ON: 3/17/2025

Liberty Mutual Insurance is the marketing name for the property and casualty insurance operations of Liberty Mutual Insurance Company and its' affiliates, 175 Berkeley Street, Boston, MA 02116. Not all insurance coverages are available in all states and policy terms may vary based on individual state requirements. This binder may include a policy from a Liberty Mutual nonadmitted surplus lines affiliate that is not licensed in your state. Surplus lines insurers generally do not participate in state guaranty funds and coverage may only be obtained through duly licensed surplus lines brokers.

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Account Team



Melinda Kirkpatrick
Underwriter

704-759-7210
Email me

Responsible for account underwriting and a liaison for the Broker/Customer

- Account Pricing
- Business Coordination
- Policy Coverage
- Risk Evaluation/Loss and Hazard Analysis



James Lunde
Account Analyst

469-997-9762
Email me

Responsible for underwriting support

- Policy Change and Transaction Requests
- Signature Documents
- State Filing, Inquiries and Criticisms



Kevin Postelnik
Client Service Coordinator

715-261-5985
Email me

Responsible for account installation and administration

- Account Service Instructions
- Auto Liability Insurance Reporting
- Claim Review Coordination
- Location Coding

Summary

Line of Coverage	Effective Date	Rating Plan	Underwriting Company	Pay Plan	Commission Rate/ Amount	Estimated Premium*
Commercial Auto AS7-Z51-294316-015	04/01/2025 - 04/01/2026	Guaranteed Cost	Political Subdivision Alliance of Texas	Annual 100%/0	12.5%/ 12.5%	$164,866
General Liability TB5-Z51-294316-035	04/01/2025 - 04/01/2026	Guaranteed Cost	Political Subdivision Alliance of Texas	Annual 100%/0	15.0%	$13,736
Law Enforcement Liability R32-Z51-294316-065	04/01/2025 - 04/01/2026	Guaranteed Cost	Political Subdivision Alliance of Texas	Annual 100%/0	12.5%	$16,886
Crime YCC-Z51-294316-045	04/01/2025 - 04/01/2026	Guaranteed Cost	Political Subdivision Alliance of Texas	Annual 100%/0	15.0%	$1,017
Umbrella TH7-Z51-294316-075	04/01/2025 - 04/01/2026	Guaranteed Cost	Political Subdivision Alliance of Texas	Annual 100%/0	15.0%	$4,080
Total Estimated Premium						**$200,585**

*Estimated premium includes Terrorism Risk Insurance Act (TRIA) premium, taxes, assessments and surcharges.

Payment Terms:
- Commissions will be paid in accordance with the payment plans established for the customer.
- Mid-Term premium endorsements will be: **Bill Now - Outside Payment Plan**
- **Producer** will be billed for premium, taxes, assessments, and surcharges.
- Pay Terms Offered: **Non-ACH**

Billing Estimate

SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT

Pay Terms Offered*

Effective: 04/01/2025 to 04/01/2026

Line of Coverage	Pay Plan	Deposit Amount	Installment Amount	Grand Total
Commercial Auto	Annual 100%/0	$163,986.00	$0.00	$163,986.00
Taxes, Assessments & Surcharges	-	$880.00	-	$880.00
General Liability	Annual 100%/0	$13,736.00	$0.00	$13,736.00
Law Enforcement Liability	Annual 100%/0	$16,886.00	$0.00	$16,886.00
Crime	Annual 100%/0	$1,017.00	$0.00	$1,017.00
Umbrella	Annual 100%/0	$4,080.00	$0.00	$4,080.00
Total Amount		**$200,585.00**	**$0.00**	**$200,585.00**

*Billing will also be set up in your online portal. Please contact your Client Service Representative for access.

This is not your actual invoice. It is an estimate based on proposed exposures, coverages, and is subject to change when the actual invoice is mailed by Customer Accounting Services under separate cover. We are offering this estimate for your information and planning.

Producer or Broker will be billed for premium, taxes, assessments, and surcharges.

Mid-Term premium endorsements will be: **Bill Now - Outside Payment Plan**

Commercial Auto

Premium Details

Underwriting Company: **Political Subdivision Alliance of Texas**
Rating Plan: **Guaranteed Cost**
Named Insured: **South Texas Ind. School Dist.**

Premium	
Estimated Composite Premium	$163,986
Taxes, Assessments & Surcharges	$880
Michigan Catastrophic Claims Association (MCCA)	$0
Total Estimated Premium with Taxes, Assessments & Surcharges	**$164,866**

May be subject to audit.

Coverages	Symbols	Limits	Deductibles	Premium
Liability	01	$1,000,000	$10,000	$143,582
Personal Injury Protection	N/A	N/A	N/A	N/A
Auto Medical Payments	02	$5,000	N/A	Included
Uninsured Motorist	02	Various	N/A	Included
Underinsured Motorist	N/A	N/A	N/A	N/A
Physical Damage				
Comprehensive	02, 08	Actual Cash Value or Cost of Repair	Various	$9,105
Collision	02, 08	Actual Cash Value or Cost of Repair	Various	$11,299
Towing and Labor	N/A	N/A	N/A	N/A
Hired Liability	N/A	$1,000,000	$10,000	$0
Endorsements	N/A	Various	Various	$0

Commercial Auto

Rating Information

Composite

Composite Group	Coverages	Exposure	Composite Rate*
Ambulance/Medical	Liability	2	2,733
	Comprehensive	2	212
	Collision	2	408
			Total: 3,353
Dist. School Bus	Liability	130	857
	Comprehensive	130	48
	Collision	130	63
			Total: 968
All Others	Liability	32	836
	Comprehensive	32	76
	Collision	32	73
			Total: 985

*Taxes, Assessments and Surcharges are not included in the Composite Rates shown.

Commercial Auto

Forms & Endorsements

Form Name	Form Number	Fill-Ins
Alaska Exclusion of Terrorism Above Minimum Statutory Limits	CA 23 88 10 13	
Alaska Exclusion of Terrorism Involving Nuclear, Biological or Chemical Terrorism Above Minimum Statutory Limits	CA 23 89 10 13	
Auto Medical Payments	CA 99 03 10 13	
Business Auto Coverage Form	CA 00 01 10 13	
Business Auto Declarations	AC 00 03 02 13	
Business Auto Declarations Extension Schedule - Hired or Borrowed Autos and Nonowned Autos	ACS 00 03 11 11	
Changes In Your Policy	AC 00 30 10 13	
Changes in Item Two of the Declarations - Physical Damage Coverages	ACS 00 25 04 13	
Common Policy Conditions	IL 00 17 11 98	
Composite Endorsement - Number Of Power Unit	AC 99 08 08 12	**Owner Operator "Power Units" excluded**: Y
Deductible Endorsement	CA 03 01 10 13	**Liability Deductible Per "Accident"**: 10,000
Emergency Services- Volunteer Firefighters' and Workers' Injuries Excluded	CA 20 30 10 13	
Exclusion of Terrorism	CA 23 84 01 06	
Exclusion of Terrorism	CA 23 84 10 13	
Exclusion of Terrorism Above Minimum Statutory Limits	CA 23 86 01 06	
Exclusion of Terrorism Above Minimum Statutory Limits	CA 23 86 10 13	

Continued on next page...

Note: Endorsement numbers listed above may be replaced with/or used in conjunction with State Specific endorsements. The forms listed on this proposal are not all inclusive of the forms that will be included in the published policy.

Commercial Auto

Forms & Endorsements

Form Name	Form Number	Fill-Ins
Exclusion of Terrorism Involving Nuclear, Biological or Chemical Terrorism	CA 23 85 01 06	
Exclusion of Terrorism Involving Nuclear, Biological or Chemical Terrorism	CA 23 85 10 13	
Exclusion of Terrorism Involving Nuclear, Biological or Chemical Terrorism Above Minimum Statutory Limits	CA 23 87 01 06	
Exclusion of Terrorism Involving Nuclear, Biological or Chemical Terrorism Above Minimum Statutory Limits	CA 23 87 10 13	
Forms Inventory	ACS 00 26 04 13	
Have A Complaint Or Need Help?	SNI 42 03 07 23	
Insured Mailer	CNI 90 04 01 12	
Item 3 - Schedule of Covered Autos You Own	ACS 00 24 04 13 A	
Item Three - Schedule for Composite	ACS 99 01 08 12	
Item Three - Schedule for Composite State Summary	ACS 99 02 08 12	
Liberty Mutual Group Privacy Notice	SNI 04 01 06 24	
Manuscript Endorsement	102	**Title**: SNI 42 04 Political Subdivision Alliance
Named Insured Endorsement	AC 84 13 01 11	**Named Insured**: South Texas Ind. School Dist.
Notice of Cancellation to Third Parties	LIM 99 01 05 11	**Name 1**: William Marsh Rice University, **Name 1 (line 2)**: Its Affiliates, Subsidiaries,

Continued on next page...

Note: Endorsement numbers listed above may be replaced with/or used in conjunction with State Specific endorsements. The forms listed on this proposal are not all inclusive of the forms that will be included in the published policy.

Commercial Auto

Forms & Endorsements

Form Name	Form Number	Fill-Ins
		Name 1 Email or Mailing Address: P.O. Box 1892 **Name 1 Email or Mailing Address (line 2)**: Houston, TX 77251-1892 **Number of Days Notice 1**: 30 **Name 2**: Board of Trustees, Officers, **Name 2 (line 2)**: Employees, Agents and Volunteers
Nuclear Energy Liability Exclusion Endorsement (Broad)	IL 00 21 09 08	
Participating Provision	LIL 90 05 06 13	
Policyholder Notice - Audit Basis Beginning/Ending Inventory	CNA 90 04 08 12	
Producer Mailer	CNI 90 05 01 12	
Professional Services Not Covered	CA 20 18 10 13	
Public Entity Immunity And Tort Cap Preservation Endorsement	LIL 90 09 05 17	
Public Transportation Autos	CA 24 02 10 13	
School Business Auto Extension Endorsement	AC 84 52 12 16	**Provision 18 per "loss" Comprehensive Coverage deductible**: 37,750
State Application of Terrorism Exclusion Endorsements	AC 84 27 08 15	
State Application of Terrorism Exclusion Endorsements Involving Nuclear, Biological Or Chemical Terrorism	AC 84 26 08 15	
Summary of Required State Surcharges	ACS 00 27 04 13	
Temporary Substitute Auto - Physical Damage Insurance	AC 84 73 01 16	

Continued on next page...

Note: Endorsement numbers listed above may be replaced with/or used in conjunction with State Specific endorsements. The forms listed on this proposal are not all inclusive of the forms that will be included in the published policy.

Commercial Auto

Forms & Endorsements

Form Name	Form Number	Fill-Ins
Texas 2016 Commercial Auto Miscellaneous Form Revisions Advisory Notice To Policyholders	CNA 90 20 01 19	
Texas Assault, Battery, Abuse or Molestation Exclusion	AC 20 04 11 16	
Texas Changes	CA 01 96 10 13	
Texas Changes-Cancellation And Nonrenewal	CA 02 43 11 13	
Texas Motor Vehicle Crime Prevention Authority Fee	SNA 42 02 08 19	
Texas Notice - Notification Of The Availability Of Loss Control Information/Services	SNI 42 02 02 24	
Texas Notice To Insurance Claimants For Motor Vehicle Repairs	SNA 42 03 11 23	
Texas Personal Injury Protection Coverage	PIP TX 01 01 09	
Texas Public or Livery Passenger Conveyance, Transportation Network and On-demand Delivery Services Exclusion	CA 05 06 12 18	
Texas Split Uninsured/underinsured Motorists Coverage Limits	CA 31 25 02 01	
Texas Supplementary Death Benefit	CA 99 95 10 13	
Texas Uninsured/Underinsured Motorists Coverage	CA 21 09 10 13	
U.S. Treasury Department's Office of Foreign Assets Control ("OFAC") Advisory Notice To Policyholders	IL P 001 01 04	

Continued on next page...

Note: Endorsement numbers listed above may be replaced with/or used in conjunction with State Specific endorsements. The forms listed on this proposal are not all inclusive of the forms that will be included in the published policy.

Commercial Auto

Forms & Endorsements

Form Name	Form Number	Fill-Ins
Uninsured/Underinsured Motorists Insurance (UM/UIM) Schedule	ACS 21 02 04 13	
Waiver of Transfer of Rights of Recovery Against Others to Us (Waiver of Subrogation)	CA 04 44 10 13 B1	
Washington Exclusion of Terrorism	CA 23 92 10 13	
Washington Exclusion of Terrorism Involving Nuclear, Biological or Chemical Terrorism	CA 23 93 10 13	

Note: Endorsement numbers listed above may be replaced with/or used in conjunction with State Specific endorsements. The forms listed on this proposal are not all inclusive of the forms that will be included in the published policy.

General Liability

Premium Details

Underwriting Company: **Political Subdivision Alliance of Texas**
Rating Plan: **Guaranteed Cost**
Named Insured: **South Texas Independent School District**

Premium	
Estimated Coverage Premium	$2,477
Estimated Endorsement Premium	$10,490
Total Estimated Premium	$12,967
Terrorism Risk Insurance Act (TRIA) Premium	$769
Taxes, Assessments & Surcharges	$0
Total Estimated Premium with TRIA, Taxes, Assessments & Surcharges*	**$13,736**

*TRIA Premium, Taxes, Surcharges & Assessments are estimates and are subject to change based upon coverage changes, exposure changes, and/or written premium.
May be subject to audit.

Coverages	Limits of Liability
General Aggregate Limit	$2,000,000
Products/ Completed Operations Limit	$2,000,000
Personal and Advertising Injury Limit	$1,000,000
Each Occurrence Limit	$1,000,000
Damage to Premises Rented to You (or any premises)	$100,000
Medical Expense Limit (any one person)	No Coverage
Employee Benefits Liability*	$1,000,000
Employee Benefits Aggregate*	$1,000,000

* Employee Benefits Liability Retroactive Date: 9/1/2012

General Liability

Forms & Endorsements

Additional Insured

Form Name	Form Number	Fill-Ins
Additional Insured - Designated Person Or Organization	CG 20 26 12 19	**Name**: Prince of Peace Church And The Roman Catholic Diocese Of Brownsville, 8413 N. Park Ave., Lyford, TX 78569

Common Policy Form

Form Name	Form Number	Fill-Ins
Common Policy Conditions	IL 00 17 11 98	
Inventory Coverage Forms/Parts, Endorsements, Enclosures	IC 00 42 07 09	
Notice of Cancellation to Third Parties	LIM 99 01 05 11	**Name**: Colombia Rio Grande Healthcare LP DBA Rio Grande Regional Hospital, Attn: Chief Executive Officer **Email or Mailing Address**: 101 East Ridge Road, McAllen, TX 77503 **Number of Days Notice**: 30 **Name**: William Marsh Rice University, Its Affiliates, Subsidiaries, Board of Trustees, Officers, Employees, Agents and Volunteers. **Email or Mailing Address**: P.O. Box 1892, Houston, TX 77251-1892 **Number of Days Notice**: 30

Coverage

Form Name	Form Number	Fill-Ins
Amendment Of Insured Contract Definition	CG 24 26 04 13	
Commercial General Liability Coverage Form	CG 00 01 04 13	
Corporal Punishment	CG 22 67 10 93	

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Note: Endorsement numbers listed above may be replaced with/or used in conjunction with State Specific endorsements. The forms listed on this proposal are not all inclusive of the forms that will be included in the published policy.

General Liability

Forms & Endorsements

Form Name	Form Number	Fill-Ins
Cyber Suite Coverage Endorsement	LC 32 747 02 20	**Fill-In**: Cyber Suite Annual Aggregate Limit: First Party Annual Aggregate Limit: $250,000 Third Party Annual Aggregate Limit: $250,000 Cyber Suit Deductible Per Occurrence: $2,500 Data Compromise Response Expenses: Included Forensic IT Review Sublimit: $125,000 Legal Review Sublimit: $125,000 Public Relations Sublimit: $5,000 Regulatory Fines and Penalties Sublimit: $125,000 PCI Fines and Penalties Sublimit: $125,000 Computer Attack: Included Loss of Business Sublimit: $125,000 Public Relations Sublimit: $5,000 Cyber Extortion: Included Cyber Extortion Sublimit Per Occurrence: $25,000 Misdirected Payment Fraud: Included Misdirected Payment Fraud Sublimit Per Occurrence: $25,000 Computer Fraud: Included Computer Fraud Sublimit Per Occurrence: $25,000 Data Compromise Liability: Included Network Security Liability: Included Electronic Media Liability: Included
Employee Benefits Liability Coverage	CG 04 35 12 07	**Retroactive Date**: 09/01/2012 **Aggregate Limit**: $1,000,000 **Deductible**: 1000 **Limit**: $1,000,000

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Note: Endorsement numbers listed above may be replaced with/or used in conjunction with State Specific endorsements. The forms listed on this proposal are not all inclusive of the forms that will be included in the published policy.

General Liability

Forms & Endorsements

Form Name	Form Number	Fill-Ins
Non-Cumulation Of Liability (Same Occurrence)	LC 25 13 08 08	
Personal And Advertising Injury - Occurrence Redefined	LC 29 06 08 08	
Personal And Advertising Injury Redefined - Definition Of Publication	LC 29 04 08 08	
Premium Responsibility	LC 99 36 02 13	
Public Entity Immunity And Tort Cap Preservation Endorsement	LIL 90 09 05 17	
Sexual Misconduct Liability Coverage	LC 32 428 07 21	**Fill-In**: Sexual Misconduct Liability (Occurrence) Each Sexual Misconduct: $1,000,000 Aggregate Sexual Misconduct: $1,000,000 Sexual Misconduct Liability Deductible:$10,000
Texas Disclosure Form	LC 99 13 03 11	**"Other" (Y/N)** : N
Texas School Amendatory Endorsement	LC 32 464 07 18	
Violent Event Response Coverage For Schools	LC 32 462 02 20	**Fill-In**: Each Violent Event Limit - Response Expenses and Loss: $300,000 Aggregate Limit - Response Expense and Loss: $300,000 Each Person Limit - Loss: $25,000

Declaration

Form Name	Form Number	Fill-Ins
Commercial General Liability Declarations	LC 00 04 08 12	
Declarations Extension Schedule	LCS 00 02 05 12	

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Note: Endorsement numbers listed above may be replaced with/or used in conjunction with State Specific endorsements. The forms listed on this proposal are not all inclusive of the forms that will be included in the published policy.

General Liability

Forms & Endorsements

Form Name	Form Number	Fill-Ins
Declarations Extension Schedule - Classification Descriptions	LCS 00 01 05 12	
Declarations Extension Schedule - Miscellaneous Charges	LCS 00 03 05 12	

Notice to Policyholder

Form Name	Form Number	Fill-Ins
Have A Complaint Or Need Help?	SNI 42 03 07 23	
Important Information Regarding Cyber Suite Claims Reporting and Response and Risk Control Services and Risk Control Services	CNL 90 17 04 24	
Liberty Mutual Group Privacy Notice	SNI 04 01 06 24	
Policyholder Disclosure Terrorism Risk Insurance Act	SNI 90 02 01 20	
Political Subdivision Alliance of Texas	SNI 42 04 09 20	
Texas Notice - Notification Of The Availability Of Loss Control Information/Services	SNI 42 02 02 24	
U.S. Treasury Department's Office of Foreign Assets Control ("OFAC") Advisory Notice To Policyholders	IL P 001 01 04	

Other Exclusion

Form Name	Form Number	Fill-Ins
Asbestos Exclusion	LC 21 01 06 05	
Cyber Suite Amendatory Endorsement	LC 21 201 12 23	
Discrimination Exclusion	LC 21 04 06 05	

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Note: Endorsement numbers listed above may be replaced with/or used in conjunction with State Specific endorsements. The forms listed on this proposal are not all inclusive of the forms that will be included in the published policy.

General Liability

Form Name	Form Number	Fill-Ins
Exclusion - Access Or Disclosure of Confidential or Personal Material or Information	CG 21 06 12 23	
Exclusion - Coverage C Medical Payments	CG 21 35 10 01	**All Premises and Classifications.**: All Premises and Classifications.
Exclusion - Cyber Incident	CG 40 35 12 23	
Exclusion - Firearms	LC 21 155 08 18	
Exclusion - Law Enforcement Professional Liability	LC 21 110 08 18	
Exclusion - Silica (Schools)	LC 21 111 02 14	
Exclusion - Trampolines	LC 21 112 02 14	
Exclusion - Violation of Law Addressing Data Privacy	CG 00 69 12 23	
Fungi or Bacteria Exclusion (Legionella Bacterium Excluded)	LC 21 91 09 12	
Land or Earth Movement Exclusion	LC 21 64 08 07	
Lead Exclusion	LC 21 06 06 07	
Nuclear Energy Liability Exclusion Endorsement (Broad)	IL 00 21 09 08	

Policy Cover

Form Name	Form Number	Fill-Ins
Participating Provision	LIL 90 05 06 13	

State Mandatory

Form Name	Form Number	Fill-Ins
Texas Changes	CG 01 03 06 06	

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Note: Endorsement numbers listed above may be replaced with/or used in conjunction with State Specific endorsements. The forms listed on this proposal are not all inclusive of the forms that will be included in the published policy.

General Liability

Form Name	Form Number	Fill-Ins
Texas Changes - Cancellation And Nonrenewal Provisions For Casualty Lines And Commercial Package Policies	IL 02 75 11 13	
Texas Changes - Duties	IL 01 68 03 12	
Texas Changes - Employment Related Practices Exclusion	CG 26 39 12 07	

TRIA Exclusions

Form Name	Form Number	Fill-Ins
Alaska Exclusion Of Punitive Damages Related To A Certified Act Of Terrorism	CG 26 93 01 15	
Arkansas Exclusion Of Punitive Damages Related To A Certified Act Of Terrorism	CG 26 86 01 15	
Cap On Losses From Certified Acts Of Terrorism	CG 21 70 01 15	
Exclusion Of Punitive Damages Related To A Certified Act Of Terrorism	CG 21 76 01 15	

Note: Endorsement numbers listed above may be replaced with/or used in conjunction with State Specific endorsements. The forms listed on this proposal are not all inclusive of the forms that will be included in the published policy.

Law Enforcement Liability

Premium Details

Underwriting Company: **Political Subdivision Alliance of Texas**
Rating Plan: **Guaranteed Cost**
Named Insured: **SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT**

Coverages	Premiums
Law Enforcement / Security Guards Personal Liability Premium	$16,719
Non-Monetary Relief Defense Premium	Included
Terrorism Risk Insurance Act (TRIA) Premium	$167
Total Estimated Premium with TRIA, Taxes, Assessments & Surcharges*	**$16,886**

*TRIA Premium, Taxes, Surcharges & Assessments are estimates and are subject to change based upon coverage changes, exposure changes and/or final written premium.
May be subject to audit.

Coverages	Limits of Liability	Deductibles
Each Wrongful Act	$1,000,000	$10,000
Aggregate	$1,000,000	-
Non-Monetary Relief Defense Coverage	$100,000	N/A

The insurance does not apply to "wrongful acts" committed prior to the **Retroactive Date: 4/1/2024. Claims-made Inception Date: 4/1/2024.**

Law Enforcement Liability

Form Name	Form Number	
Annual Meeting Notice	LIL 90 04 06 13	
Cap On Losses From Certified Acts Of Terrorism	LC 21 128 05 17	
Common Policy Conditions	IL 00 17 11 98	
Declarations Extension Schedule	LCS 00 02 05 12	
Declarations Extension Schedule - Classification Descriptions	LCS 00 01 05 12	
Declarations Extension Schedule - Miscellaneous Charges	LCS 00 03 05 12	
Exclusion - Access or Disclosure of Confidential or Personal Material or Information	LC 21 174 08 24	
Exclusion - Cyber Incident	LC 21 203 12 23	
Exclusion - Firearms	LC 21 154 08 18	
Exclusion - Recording And Distribution Of Material In Violation Of Law	LC 21 175 12 21	
Exclusion - Violation of Law Addressing Data Privacy	LC 21 204 12 23	
Exclusion Of Punitive Damages Related To A Certified Act Of Terrorism	LC 21 130 05 17	
Form Inventory	IC 00 42 07 09	
Have a Complaint or Need Help?	SNI 42 03 07 23	
Insured Mailer	CNI 90 04 01 12	
Law Enforcement Professional Liability Coverage Form	LC 00 13 02 20	
Law Enforcement Professional Liability Declarations	LC 00 16 02 20	

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Law Enforcement Liability

Form Name	Form Number	
Liberty Mutual Group Privacy Notice	SNI 04 01 06 24	
Non-Monetary Relief Defense Coverage	LC 99 49 02 20	
Policyholder Disclosure Terrorism Risk Insurance Act	SNI 90 02 01 20	
Producer Mailer	CNI 90 05 01 12	
Public Entity Immunity And Tort Cap Preservation Endorsement	LIL 90 09 05 17	
Texas Changes	LC 32 445 02 20	
Texas Changes - Cancellation and Nonrenewal	LC 32 726 02 20	
Texas Notice - Notification Of The Availability Of Loss Control Information/Services	SNI 42 02 02 24	
U.S. Treasury Department's Office of Foreign Assets Control ("OFAC") Advisory Notice To Policyholders	IL P 001 01 04	

Note: Endorsement numbers listed above may be replaced with/or used in conjunction with State Specific endorsements. The forms listed on this proposal are not all inclusive of the forms that will be included in the published policy.

Crime

Premium Details

Underwriting Company: **Political Subdivision Alliance of Texas**
Rating Plan: **Guaranteed Cost**
Named Insured: **South Texas Independent School District**

Premium	
Estimated Premium	$1,017
Taxes, Assessments & Surcharges	$0
Total Estimated Premium with Taxes, Assessments & Surcharges	**$1,017**

Coverages	Limits of Insurance	Deductibles
Inside the Premises - Robbery or Safe Burglary of Other Property	$25,000	$1,000
Inside the Premises - Theft of Money and Securities	$25,000	$1,000
Computer and Funds Transfer Fraud	$25,000	$1,000
Employee Theft - Per Loss	$300,000	$5,000
Forgery Or Alteration	$25,000	$1,000

Any other requested coverages not included will require further discussion prior to providing.

Crime

Forms & Endorsements

Form Name	Form Number	Fill-Ins
Reporting A Commercial Claim 24 Hours A Day	CNI 90 11 07 18	
Annual Meeting Notice	LIL 90 04 06 13	
Common Policy Declarations	IC0002 03 05	
Crime Declarations	EY DS 01 03 13	
Exclusion of Terrorism	EY 07 01 04 19	
Form Inventory	IC 00 42 07 09	
Government Crime Policy (Loss Sustained Form)	CR 00 27 08 13	
Have a Complaint or Need Help?	SNI 42 03 07 23	
Liberty Mutual Group Privacy Notice	SNI 04 01 06 24	
Notice To Policyholders-Restriction Of Coverage	CNC 90 02 04 19	
Political Subdivision Alliance of Texas	SNI 42 04 09 20	
Texas Changes	CR 02 47 12 19	
U.S. Treasury Department's Office of Foreign Assets Control ("OFAC") Advisory Notice To Policyholders	IL P 001 01 04	

Note: Endorsement numbers listed above may be replaced with/or used in conjunction with State Specific endorsements. The forms listed on this proposal are not all inclusive of the forms that will be included in the published policy.

Umbrella

Premium Details

Underwriting Company: **Political Subdivision Alliance of Texas**
Rating Plan: **Guaranteed Cost**
Named Insured: **SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT**

Premium	
Estimated Coverage Premium	$4,000
Terrorism Risk Insurance Act (TRIA) Premium	$80
Taxes, Assessments & Surcharges	$0
Total Estimated Premium with TRIA, Taxes, Assessments & Surcharges*	**$4,080**

*TRIA Premium, Surcharges & Assessments are estimated and are subject to change based upon coverage changes, exposure changes, and/or written premium. May be subject to audit.
Tax calculation for the purpose of KY will be calculated at time of binding.

Coverage	Limits of Liability
Each Occurrence Limit	$5,000,000
General Aggregate Limit	$5,000,000
Products - Completed Operations Aggregate Limit	$5,000,000
Self-Insured Retention - Each Occurrence	$0

Umbrella

Underlying Schedule

Underlying Schedule	Limits	Writing Company & Effective Date
General Liability		
Each Occurrence	$1,000,000	Political Subdivision Alliance of Texas *04/01/2025 - 04/01/2026*
General Aggregate	$2,000,000	
Products/Completed Operations Aggregate	$2,000,000	
Personal & Advertising Injury Limit	$1,000,000	

Umbrella

Form Name	Form Number	Fill-Ins
Access or Disclosure of Confidential or Personal Material or Information Exclusion	LCU 21 84 12 23	
Additional Insured - Designated Persons Or Organizations	LCU 20 03 01 18	
Cap On Losses From Certified Acts Of Terrorism	LCU 60 04 01 18	
Commercial Liability - Umbrella Coverage Form	LCU 00 01 01 18	
Commercial Liability - Umbrella Declarations	LCU 00 02 01 18	
Crisis Management Coverage	LCU 04 11 01 18	
Cyber Incident Exclusion	LCU 21 222 12 23	
Damage First Occurring Prior To Policy Period Exclusion	LCU 21 47 01 18	
Foreign Liability Limitation	LCU 24 09 09 19	
Fungi or Bacteria Exclusion (Legionella Bacterium Excluded)	LCU 21 203 11 22	
Have a Complaint or Need Help?	SNI 42 03 07 23	
Insured Contract Definition Amendment - Extent Permitted By Law	LCU 29 10 01 18	
Land Or Earth Movement Exclusion	LCU 21 137 01 18	
Lead Exclusion	LCU 21 122 01 18	
Liberty Mutual Group Privacy Notice	SNI 04 01 06 24	
Non-Cumulation Of Liability (Same Occurrence)	LCU 25 09 01 18	

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TRIA: See the Terms & Conditions section for a list of endorsements that will be added to your policy depending on whether TRIA is accepted or rejected.

Umbrella

Form Name	Form Number	Fill-Ins
Notice Of Cancellation To Third Parties	LCU 99 16 01 18	
Participating Provision	LIL 90 05 06 13	
Personal and Advertising Injury Redefined - Definition of Publication	LCU 29 19 04 22	
Policyholder Disclosure Terrorism Risk Insurance Act	SNI 90 02 01 20	
Political Subdivision Alliance of Texas	SNI 42 04 09 20	
Public Entity Immunity And Tort Cap Preservation	LCU 22 04 01 18	
Punitive Damages Related To A Certified Act Of Terrorism Exclusion	LCU 60 06 01 18	
Schedule of Forms and Endorsements	LCS 00 16 10 23	
School Amendatory Endorsement	LCU 04 20 02 20	
School Law Enforcement Professional Liability Exclusion	LCU 21 109 08 18	
School Leaders Errors And Omissions Liability Exclusion	LCU 21 108 01 18	
Sexual Misconduct Exclusion	LCU 32 236 07 21	
Silica Or Silica-Related Dust Exclusion	LCU 21 19 01 18	
Texas Changes - Cancellation And Nonrenewal	LCU 02 25 01 18	
Texas Changes - Claims Handling Procedures	LCU 32 41 01 18	
Texas Disclosure Form	SNU 42 01 01 18	

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TRIA: See the Terms & Conditions section for a list of endorsements that will be added to your policy depending on whether TRIA is accepted or rejected.

Umbrella

Form Name	Form Number	Fill-Ins
Total Pollution Exclusion	LCU 26 01 01 18	
Violation of Law Addressing Data Privacy Exclusion	LCU 21 223 12 23	

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TRIA: See the Terms & Conditions section for a list of endorsements that will be added to your policy depending on whether TRIA is accepted or rejected.

Umbrella

Estimated Exposures

Estimated Exposures		
Students		4,637
Power Units		
	Private Passenger Type	0
	Light Trucks	0
	Medium Trucks	0
	Heavy Trucks	0
	Extra Heavy Trucks	0
	Tractor	0
	Total:	0

The Liberty Mutual Advantage

Experience the Liberty Mutual Difference.

Industries evolve. Market conditions shift. Risks change. That's why you need the stable partnership of a global leader with strength in every corner. When you work with Liberty Mutual you can expect industry-leading coverages delivered by a team that is empowered to provide a superior experience. With experts in underwriting, risk control, claims, and more, we harness innovation to address your concerns at each touch point. Look to Liberty if you value long-term partnership and want a carrier with the expertise and stability to adapt as your business changes.

The Liberty Mutual Advantage

Financial Strength
Working with a Fortune 100 company, you get the advantage of more: more industry-leading resources and deeper expertise in more areas, including outstanding access to quality care and powerful return-to-work strategies and risk control strategies.

Industry Expertise
With 100+ years in business, we have deeply earned experience in your industry. At every touch point – from how we underwrite to how we manage claims – we have the experience you need. It's our business to know your business. Our experts understand the challenges you face and are ready to help mitigate risk at every level.

A Superior Customer Service Experience
Work with engaged, responsive professionals, from onboarding to claims management. We collaborate constantly to ensure your program is designed and operating for optimal results. We back this with technologies that maximize agility and efficiency — plus the steadfastness of an established partner. Count on us to stay focused on you.

Industry-leading Claims Handling
Our specialized approach leads to better outcomes and a better overall experience. Superior claims experience enabled by unparalleled focus on exceptional people, innovation and harnessing data to put your business ahead.

Advanced Risk Control and Engineering*
We can help lower your total cost of risk by providing access to resources that can help you identify exposures and practical ways to mitigate them. You benefit from relevant insights and practical programs that address your areas of greatest loss, such as workplace injuries, product recalls, and property damage.

*Our risk control services are advisory only. We assume no responsibility for management or control of customer safety activities nor implementation of recommended corrective measures.

Services

Providing you with a great experience is important to us. Here are some of the services that you'll receive when you join us:

Account Management Services

- Designated Account Management Team
- Seamless onboarding to Liberty Mutual
  - Policy number assignment and signature documents
  - Claim intake procedures
  - Policy issuance
  - Quick action on state reporting and posting notices
  - Set up and training for Liberty Mutual's online portal and Risk Management Information System
- Facilitation/Navigation of a smooth claims experience by quickly addressing questions and resolving issues

Claims Services

- 24 Hour Emergency Claims Service Center
- 24 Hour Claim Reporting – Internet & Telephonic
- Claimant and Customer contact on Liability Bodily Injury claims in 1 business day
- Injured Worker, Employer, and Medical Provider contact on WC Indemnity claims
- Claims Acknowledgements within 24 hours
- Comprehensive Liability and/or Compensability Investigations
- Customer Specific Location Coding for WC
- Designated National Claims Service Teams
- Notification of relevant claims team changes
- Fraud Investigations and Handling
- Index Bureau Reporting
- On-line Medical Provider Referral Service
- Catastrophic Case Management Unit available for WC when referral is needed
- Second Injury Fund Recovery for WC
- Notification of reserve changes equal to or exceeding $20,000
- Notification of settlements equal to or exceeding $20,000

Litigation Management Services

Liberty Mutual reserves the right to retain and direct legal counsel:
Liberty Mutual Staff Counsel or Managed Panel Counsel will be used unless otherwise directed by Liberty Mutual or agreed upon.
A Defense Cost Containment fee (3.2% of paid) will be charged when any non-Liberty Mutual Staff Counsel is retained.

Services

Risk Control Services

On-demand Risk Control resources including:

- Risk Control Consulting Center
- Access to comprehensive safety and health resources through Liberty Mutual SafetyNet (an online destination for safety tools, training, and resources)

Technology Services

- Access to Liberty Mutual's online portal to include:
  - Account and billing information
  - Risk control services and medical providers
  - Reporting and tracking claim activity through RISKTRAC

- Access to RISKTRAC, Liberty Mutual's Risk Management Information System
  - View adjuster claim notes and monitor activity
  - Create watch lists to keep track of important claims
  - Set alerts to be notified of reserve and payment activity

Please speak with your Underwriter if additional services are needed.

Terms & Conditions

This document is not a policy of insurance. Coverage will be determined by the terms and conditions of the policy or policies issued by us. This document was created and distributed to you solely for information purposes only. You must look to and rely upon the full terms and conditions of the policy to determine the nature and extent of coverage.

To learn more about Liberty Mutual's privacy policy, go to libertymutual.com/privacy

This binder and any policy or contract that may be issued pursuant to this binder, is based on the information you or your authorized representative provided regarding named and additional insureds. In the event that individuals, entities, vessels or countries that have a direct or indirect interest in the bound insurance coverage are subject to U.S. or foreign financial sanctions laws, or appear on any domestic or foreign list of persons with whom we are prohibited from doing business or conferring financial benefit, Liberty Mutual Insurance reserves the right to amend this binder; and, in the event a policy of insurance or a contract for other benefits is issued by us prior to or after learning that any subject persons or entities appear on the prohibited list, or otherwise are identified in connection with an economic sanctions program, Liberty Mutual Insurance reserves the right to declare any such issued policy or contract null, void and without legal or binding effect, such voiding to be effective from the otherwise effective date of such bound or issued policy or contract and regardless of whether any circumstance has arisen, or there has been an occurrence since such issuance that would be material to the duties and responsibilities set forth in such policy or contract.

Binder Stipulations

All policy coverages, terms, and conditions are subject to applicable State Amendatory Endorsements.

If the Named Insured's signature is required for any of the policies or coverages included in this binder, they must be signed by the proposed Named Insured and returned to us by the effective date of the policy, or within 30 days of receipt, whichever is later. Failure to execute and return any required signature documents within the specified time frame may result in withdrawal of the proposed payment plan or cancellation or rescission where allowed by law, and/or coverage changes and corresponding premium increase(s) required by law as a result of not having signed forms.

The following additional binder terms and conditions apply:

We hereby bind coverage for the named insured and dates listed in this document, but only for and pursuant to the specific coverages, terms and conditions (including limits, exclusions, deductibles, covered property, covered locations, insureds, etc.) listed in this SOLD binder.

Terms & Conditions

This binder may be cancelled by you surrendering this binder, or by written notice to us stating when cancellation will be effective. We may cancel this binder by notifying you in accordance with state law and the applicable conditions contained within any draft policy linked in this binder.

This binder is cancelled when replaced by a policy. If this binder is not replaced by a policy, we are entitled to charge premium according to the Rules and Rates in use by us.

Services

These services are provided during the effective period, unless otherwise specified. Services will convert to our standard claims and other services, except as otherwise agreed in writing or stated below, if:

1) all of the policies described, including any renewals and rewrites of those policies, are cancelled or non-renewed by you or by us,
2) losses are projected to exceed a rating plan maximum, or
3) you become insolvent or file for bankruptcy.

We may modify our standard services at any time without notice.

Claim Service Definitions

Notification: the formal act of alerting the customer/broker when a specific claim action is taking place. Specific actions can include but are not limited to Nurse Case Manager, Field Investigation, Surveillance, Third Party, Reserves and Settlement. No response from customer is required in order for Claims to proceed with their action plan.

Risk Control Services

Our risk control service is advisory only and does not include:

- Providing for the health and safety of your employees or the public
- Managing or controlling your safety activities or implementing recommended corrective measures
- Identifying all hazards
- Warranting that requirements of any federal, state, or local law, regulation, or ordinance have or have not been met.

Regulatory Service Requirements

After the effective date of this policy, we may be required to provide certain services (e.g., managed care) or to re-classify/re-code certain services - under the policy in accordance with filed rating and statistical plans. If this happens, we will align the charges with the filed rating and statistical plans (e.g., medical loss, indemnity loss, allocated loss adjustment expense, or unallocated loss adjustment expense).

Terms & Conditions

Risk Management Information Systems (RMIS)

You will have access to certain claims information ("DATA") from the electronic data processing files of the member companies of the Liberty Mutual Insurance. This DATA pertains to claims made against some of the insurance policies or claims service agreements issued to you by our member companies through the risk management information systems (collectively "RMIS").

Access to DATA or media is based on your ongoing acceptance of the terms and conditions listed on the portal used to access RMIS, as well as the following:

- We do not warrant that operation of the RMIS or the DATA provided will be error-free. We make no warranties, express or implied, and further, we DISCLAIM THE IMPLIED WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE.
- You understand and agree that the limit of our liability for any cause of action arising from, or related in any way to RMIS and/or DATA, is for direct damages only. We are not liable to you for any indirect, consequential, punitive, or special damages of any kind or nature.

To the extent that we provide DATA to you through RMIS and/or through any other means or media otherwise, the following terms shall apply:

a. We and you (the "Parties") shall comply with all laws and regulations governing the confidentiality, security, transmission, retransmission, copying, disclosure, and use of information pertaining to individuals, including but not limited to any medical information or non-public information as individually identifiable medical information and non-public, protected personal information of persons as defined in applicable law or regulation.

b. Access to RMIS is restricted to employees for whom the applicable subscription fees have been paid. You shall restrict access to RMIS and DATA to those employees who may lawfully access and use such information unless they agree otherwise in writing.

c. You shall instruct all employees accessing RMIS and DATA with regard to the obligations imposed under paragraphs a. and b. and ensure that your employees fully comply.
Each party agrees to defend, indemnify, and hold harmless the other party and its officers, directors, subsidiaries, affiliates, and employees from and against any third-party claims* that the party seeking indemnification may suffer or incur that arises out of:

- Any allegation that the other party's possession of or access to DATA violates any statute or regulation
- Any allegation that the other party's treatment or use of any DATA including, by way of example and not limitation, the transmission, retransmission, communication, or other publication of such DATA, was negligent, grossly negligent or intentionally improper
- The other party's breach of any representation or other obligation arising under this agreement with regard to DATA or RMIS

*Claims collectively refers to losses, damages, suits, fees, judgments, costs, and expenses, including reasonable attorneys' fees, made by the directors, officers, and employees of the party responsible for

indemnification.

The party seeking indemnification will:

- Promptly let the other party know in writing of any claim for which it is seeking indemnification
- Forward to the other party all documents in its possession related to the matter

Failure to provide prompt notice of a claim for indemnification will not prevent the party's claim for indemnification unless the other party is negatively impacted.

With regard to DATA and RMIS provided according to this section, your obligations and ours will survive indefinitely regardless of the termination of our partnership, any insurance policy, this or any other agreement between the parties.

Broker/Third-Party Access

If you want to extend access to RMIS and/or DATA to your broker/consultant or any third party, they must enter into a separate agreement with us that includes the terms and conditions of such access

New Mexico Limitation Of Uninsured/Underinsured Motorist Coverage

On October 4, 2021, the New Mexico Supreme Court issued an opinion titled Crutcher v., Liberty Mutual Insurance Company et al (No. S-1-SC-37478). As a result of the Court's decision, we are required to provide the following clarification of the limitation of Uninsured/Underinsured Mototrist Coverage (UM/UIM). In the event of a loss from a motor vehicle accident in which the total reimbursement you receive from the other parties' insurance policies is equal to or in excess of your UM/UIM limit, you may not have any UIM coverage available to you.

An Underinsured Motorist is NOT simply a motorist who does not have sufficient insurance coverage to pay for all of your injuries and/or damages. Rather, an Underinsured Motorist is an operator of a motor vehicle for which the sum of the Limits Of Liability under all bodily injury liability insurance applicable at the time of the accident is less than the Limits Of Liability under all Uninsured/Underinsured Motorist Coverage applicable to you. This means that if you have the same amount of Underinsured Motorist Coverage that an at fault driver carries in liability limits, you may not have any Underinsured Motorist Coverage available to you. For example, if you receive $25,000 in liability bodily injury benefits from an at fault driver and you have $25,000 per person in UM/UIM Coverage available to you under your own or someone else's policy, you may not receive any benefits for UIM Coverage under the Policy because that driver would most likely not be an Underinsured Motorist. Similarly, if you received $50,000 in liability bodily injury benefits from the at fault driver and you have a total of $50,000 per person in UM/UIM Coverage available to you under your own or someone else's policy, you may not receive any benefits for UIM Coverage under your policy(ies) because that driver would most likely not be an Underinsured Motorist. This is because under New Mexico law, Underinsured Motorist Coverage pays the 'gap' between the at fault driver's liability insurance limits and the limits of Underinsured Motorist Coverage available to you. It does not pay the 'excess' of damages you suffer that are above the at fault driver's liability limits – only the difference between that person's liability limits and the limits of all Underinsured Motorist Coverage available to you, if there is any difference.

Please note that the above example applies only to situations inlvolving UIM coverage and not UM

coverage.

Therefore, it is very important to consider this when selecting UM/UIM coverage limits.

Umbrella Terrorism Risk Insurance Act, Including all Amendments, ("TRIA" or the "Act")

If you ACCEPT TRIA: The following endorsements will be added to your policy:

Underlying Coverage Requirement for Certified Acts of Terrorism - LCU 60 01

Cap on Losses from Certified Acts of Terrorism - LCU 60 04

Punitive Damages Related to a Certified Act of Terrorism Exclusion - LCU 60 06

Punitive Damages Related to a Certified Act of Terrorism Exclusion - LCU 60 10
(This endorsement applies only in Arkansas.)

If you REJECT TRIA: The following endorsement will be added to your policy:

Certified Acts of Terrorism Exclusion - LCU 60 05

Please note TRIA does not apply to Commercial Automobile.

Umbrella Important Considerations:

Please read this binder carefully, as the terms and conditions may differ from those in the submission.

We reserve the right to amend premium, terms & conditions or withdraw the proposal if underlying carriers, pricing or terms change. All underlying carriers must be rated A- V or better by A.M. Best.

Underlying policy numbers must be received upon binding for policy issuance.

Copies of all non-Liberty Mutual underlying policies must be received within 60 days of binding.

To learn more about Liberty Mutual's privacy policy,
go to: https://www.libertymutualgroup.com/about-lm/corporate-information/privacy-policy

EXHIBIT E

2025-2026 Employee Enrollment	
Staff	Count
Administration	19
Certified Teaching Faculty	341
Counselors/Psychologists	34
Non-Certified Teaching Faculty	56
Non-Professional	360
Security/Law Enforcement	10
Grand Total	820

Employee Titles by Location 2025-2026		Count
CENTRAL ADMINISTRATION		**94**
ACCOUNTANT		2
ACCOUNTING SPECIALIST		1
ACCOUNTS PAYABLE SPECIALIST		3
ADMINISTRATIVE ASSISTANT		1
ASMT&ACCOUNTABILITY COORD		1
ASSIST SUPT - HUMAN RESOURCES		1
ASSIST SUPT FOR FINANCE & OPER		1
BOOKKEEPER CO-OP		1
CAREER & TECHNICAL DIRECTOR		1
CCMR SPECIALIST		1
CHILD NUTRITION DIRECTOR		1
COMM MEDIA SPECIALIST		1
CTE COORDINATOR		1
CUSTODIAN		4
DATA ANALYTICS DIRECTOR		1
DEPUTY SUPERINTENDENT		1
DIR OF PAYROLL & EMPLOYEE BENE		1
DIST STU WELLNESS SPEC		3
DISTRICT OPERATIONS SECRETARY		1
ED DIAGNOSTICIAN CO-OP		3
EDUCATIONAL DIAGNOSTICIAN		3
EXEC DIR FAC / CONSTRUCTION		1
EXEC DIR FOR STUDENT SUPP		1
EXEC. DIR. FOR ACADEMIC EXCEL.		1
EXEC. DIR.FOR PR / MKTG		1
EXECUTIVE DIR. SPECIAL PROG.		1
FINANCE DIRECTOR		1
HUMAN RESOURCES COORDINATOR		1
HUMAN RESOURCES SPECIALIST		1
HVAC TECHNICIAN		1
LITERACY INSTRUCTION COACH		1
MAINTENANCE COORDINATOR		1
MEP TECHNICIAN		1
NETWORK SPECIALIST		1
OCCUPATIONAL THERAPIST		2
OCCUPATIONAL THERAPIST CO-OP		1
PAYROLL SPECIALIST		2
POST SECONDARY SUCCESS SPCLST		1
PUBLIC INF & MKTG ASSISTANT		1
PUBLIC REL/MKTG SECRETARY		1
PURCHASING AGENT/ACCOUNTANT		1
RECEPTIONIST/SEC FOR HR		1
SCHOOL PSYCHOLOGIST		5

SCHOOL PSYCHOLOGIST-COOP		1
SCHOOL PSYCHOLOGIST-INTERN		1
SCHOOL PSYCHOLOGIST-LEAD COOP		1
SEC EXEC DIR ACADEMIC EXCELLEN		1
SEC EXEC DIR. SPECIAL PROG		1
SEC TO EXEC DIR FOR STDNT SUPP		1
SEC TO SPEC PROG DIRECTOR		1
SEC TO SUPERINTENDENT		1
SEC/RECEPTIONIST		1
SEC-ASSIST SUPT FOR FINANCE		1
SEC-CHILD NUTRITION COORDINATO		1
SEC-DEPUTY SUPERINTENDENT		1
SHARS SPED CLERK		1
SHIPPING/RECEIVING CLERK		2
SLP ASSISTANT CO-OP		1
SLP CO-OP		3
SPECIAL EDUCATION CLERK CO-OP		1
SPECIAL EDUCATION COORDINATOR		2
SPECIAL EDUCATION SECRETARY		1
SPED COUNSELOR LEAD		1
SPED INSTRUCTIONAL SPECIALIST		1
SPEECH LANGUAGE PATHOLOGIST		2
SUPERINTENDENT		1
SYSTEMS PROGRAMMING SPECIALIST		1
TECHNOLOGY PURCHASING SUP SPEC		1
TIA COORDINATOR		1
TRANSPORTATION COORDINATOR		1
VISUALLY IMPAIRED CO-OPTEACH		1
POLICE DEPARTMENT		**11**
CHIEF OF POLICE		1
CHIEF OF POLICE SECRETARY		1
POLICE CAPTAIN		1
POLICE OFFICER		8
SOUTH TEXAS ISD-HEALTH PROFESSIONS		**128**
ASST PRINCIPAL		2
BOOKKEEPER/PURCHASING CLERK		1
BUS DRIVERS		24
CAMPUS SECRETARY		1
CHILD NUTRITION SUPV		1
CHILD NUTRITION WORKER		9
CLASSROOM AIDE		2
COUNSELOR		3
COUNSELOR'S SECRETARY		1
CUSTODIAN		11
DEAN OF INSTRUCTION		1
INST.TECH.SPECIALIST		1
LIBRARIAN		2
LIBRARY AIDE		3
MAINTENANCE SUPERVISOR		1
PEIMS CLERK		1
PRINCIPAL		1
RECEP/SEC-ASSIST PRINCIPAL		1
RN		1
SOCIAL WORKER		1
SPECIAL ED. AIDE		5
TEACHER - FULL TIME		53
TECHNOLOGY SUPPORT SPECIALIST		1
TRANSPORTATION SUPERVISOR		1
SOUTH TEXAS ISD-MEDICAL PROFESSION		**133**
ASST PRINCIPAL		3
ATTENDANCE CLERK		1
BOOKKEEPER/PURCHASING CLERK		1

BUS DRIVERS		21
CAMPUS SECRETARY		1
CHILD NUTRITION SUPV		1
CHILD NUTRITION WORKER		7
CLASSROOM AIDE		2
COUNSELOR		3
COUNSELOR'S SECRETARY		1
CUSTODIAN		12
DEAN OF INSTRUCTION		1
INST.TECH.SPECIALIST		1
LIBRARIAN		1
LIBRARY AIDE		1
MECHANIC		1
PEIMS CLERK		1
PRINCIPAL		1
RECEP/SEC-ASSIST PRINCIPAL		1
RN		1
SOCIAL WORKER		1
SPECIAL ED. AIDE		6
TEACHER - FULL TIME		62
TECHNOLOGY SUPPORT SPECIALIST		1
TRANSP/MAINT SUPV		1
SOUTH TEXAS ISD-PREPARATORY ACADEMY		**108**
ASST PRINCIPAL		3
BOOKKEEPER/PURCHASING CLERK		1
BUS DRIVERS		10
CAMPUS SECRETARY		1
CHILD NUTRITION WORKER		1
CLASSROOM AIDE		2
COUNSELOR		3
COUNSELOR'S SECRETARY		1
CUSTODIAN		10
DEAN OF INSTRUCTION		1
DIST STU WELLNESS SPEC		1
INST.TECH.SPECIALIST		1
MAINTENANCE SUPERVISOR		1
PEIMS CLERK		1
PRINCIPAL		1
RECEP/SEC-ASSIST PRINCIPAL		1
RN		1
SOCIAL WORKER		1
SPECIAL ED. AIDE		7
TEACHER - FULL TIME		59
TECHNOLOGY SUPPORT SPECIALIST		1
SOUTH TEXAS ISD-RISING SCHOLARS		**115**
ASST PRINCIPAL		3
BOOKKEEPER/PURCHASING CLERK		1
BUS DRIVERS		16
CAMPUS SECRETARY		1
CHILD NUTRITION SUPV		1
CHILD NUTRITION WORKER		6
CLASSROOM AIDE		1
COUNSELOR		3
COUNSELOR'S SECRETARY		1
CUSTODIAN		10
DEAN OF INSTRUCTION		1
INST.TECH.SPECIALIST		1
LIBRARIAN		1
LIBRARY AIDE		2
MECHANIC		1
PEIMS CLERK		1
PRINCIPAL		1

RECEP/SEC-ASSIST PRINCIPAL		1
RN		1
SPECIAL ED. AIDE		4
TEACHER - FULL TIME		56
TECHNOLOGY SUPPORT SPECIALIST		1
TRANSP/MAINT SUPV		1
SOUTH TEXAS ISD-SCIENCE ACADEMY		**117**
ASST PRINCIPAL		3
BOOKKEEPER/PURCHASING CLERK		1
BUS DRIVERS		15
CAMPUS SECRETARY		1
CHILD NUTRITION WORKER		1
CLASSROOM AIDE		2
COUNSELOR		3
COUNSELOR'S SECRETARY		1
CUSTODIAN		10
DEAN OF INSTRUCTION		1
INST.TECH.SPECIALIST		1
PEIMS CLERK		1
PRINCIPAL		1
RECEP/SEC-ASSIST PRINCIPAL		1
RN		1
SPECIAL ED. AIDE		7
STEM MASTER MAKER		1
TEACHER - FULL TIME		65
TECHNOLOGY SUPPORT SPECIALIST		1
SOUTH TEXAS ISD-VIRTUAL ACADEMY		**25**
CAMPUS SECRETARY		1
CLASSROOM AIDE		1
COUNSELOR		1
DEAN OF INSTRUCTION		1
SPECIAL ED. AIDE		2
TEACHER - FULL TIME		17
TECHNOLOGY SUPPORT SPECIALIST		1
VIRTUAL INSTR. STRATEGIST		1
SOUTH TEXAS ISD-WORLD SCHOLARS		**89**
ASST PRINCIPAL		2
BOOKKEEPER/PURCHASING CLERK		1
BUS DRIVERS		15
CAMPUS SECRETARY		1
CHILD NUTRITION SUPV		1
CHILD NUTRITION WORKER		7
CLASSROOM AIDE		2
COUNSELOR		2
COUNSELOR'S SECRETARY		1
CUSTODIAN		9
DEAN OF INSTRUCTION		1
GROUNDSKEEPER		2
INST.TECH.SPECIALIST		1
LIBRARIAN		1
LIBRARY AIDE		2
MECHANIC		1
PEIMS CLERK		1
PRINCIPAL		1
RECEP/SEC-ASSIST PRINCIPAL		1
RN		1
SPECIAL ED. AIDE		5
TEACHER - FULL TIME		29
TECHNOLOGY SUPPORT SPECIALIST		1
TRANSPORTATION SUPERVISOR		1
Grand Total		**820**

2025-2026 District Student Enrollment

Grade Level	Enrollment
6th	540
7th	566
8th	580
9th	834
10th	734
11th	743
12th	744
District Enrollment	4741

Number of Student Games/Externships	
Powder puff	100
Externship	1100
Dates to be determined	

Grand Total 820

Athletics Count *Number of student and age group for each Sport*	Age 11	Age 12	Ages 13-15	Ages 16-18	Ages 19 & Over
SPORT					
Boys Baseball	0	0	28	43	0
Boys Basketball	4	6	34	52	0
Boys Cross Country	2	5	51	57	0
Boys Flag Football	4	8	38	52	0
Boys Golf	1	2	17	21	0
Boys Soccer	16	22	61	63	0
Boys Tennis	3	4	32	33	0
Boys Volleyball	0	0	15	47	0
Girls Basketball	8	13	46	48	0
Girls Cross Country	2	5	47	55	0
Girls Golf	1	2	15	20	0
Girls Soccer	14	22	66	55	0
Girls Softball	0	0	36	50	0
Girls Tennis	3	5	37	31	0
Girls Volleyball	6	16	64	36	0
E Sports Girls	4	5	15	13	0
E Sports Boys	4	5	34	26	0

BOYS	790
GIRLS	740
Total Students	**1530**

Number of Licence Drivers	
CDL Licence Drivers	106
Non CDL - Licence Drivers	25

*List will be provided to awarded vendor

Number of Student Medical Professionals	
11th Grade	415
12th Grade	410
Total	825

Always Innovating
South Texas ISD
RIO GRANDE VALLEY | GRADES 6-12

1. Have you had on-site monitoring visits by state or federal regulatory agencies?
If yes, provide name of agency and purpose of visit. **Yes, Texas Department of Public Safety, Audit Compliance with DPS Website and Fingerprinting**

II.FISCAL BOND INFORMATION

YEAR	ACTUAL REVENUES	ACTUAL EXPENDITURES	SURPLUS/DEFICITS	ACCUMULATED SURPLUS
2024-2025	$108,169,690	$114,847,864	-6,470,560	$40,777,866
2023-2024	$97,225,490	$82,076,109	+$13,838,679	$38,721,840
2022-2023	$91,012,786	$74,540,413	+$16,165,950	$37,036,335

2. How much of the operating budget is State aid? **49.07%** Federal aid? **0.0263%**
3. Has any bond or tax increase been defeated in the last year? **Yes**
If yes, explain: Paid Off Bonds
4. Do you expect a budget reduction in the next year? **No**
Please give amount and impact of shortfall:

III. OPERATIONAL ADMINISTRATIVE INFORMATION

5. Is the educational entity accredited? **Yes**
List accrediting organization: **TEA**
Date of last review: **August 15, 2025**
6. Has the educational entity or any of the educational entity's academic programs lost accreditation, been placed on probation or been deemed unable to gain accreditation in the last twelve (12) months? **No**
If yes, please explain:
7. Has the educational entity added or eliminated any academic programs, including music, arts or athletic program in the last twelve (12) months or do you plan to add or eliminate any in the next twelve (12) months? **No**
If yes, please explain:
8. Have there been any school openings, mergers, or closings or are there any plans to do so in the next twelve (12) months? **No**
If yes, please explain:
9. Do you expect a reduction in staff in the next eighteen (18) months? **No**
If yes, has your attorney reviewed your staff reduction plan? **No**
10. Did any of the following take place in the last year? **Explain all "yes" answers below.**
a. Strike, slowdown or other disruption? **No**
b. Layoff of staff or reduction in service? **No**
c. Disputes involving integration, segregation, discrimination or violations or civil rights? **No**
d. Has any employee been suspended, dismissed, demoted, transferred or tenure contract non-renewed? **Yes**
Explanations: Terminations in best interest of the district (7) ; Suspended ALWP (3); Demotions (2)
11. Does the entity operate daycare facilities or services? **No**
If yes, provide details of services:

12. Has entity been criticized by the state board of education? **No**
13. Is entity operating under a court's supervision? **No**
If "yes," provide details:
14. Do Guidelines provide for administrative hearings and appeals? **Yes**
a. How many hearings/appeals have taken place in the last twelve (12) months? **0**
b. How many hearings/appeals from "10A" are in the area of special education? **0**
In what areas?

IV. CLAIMS HISTORY – INCIDENTS – INSURED/UNINSURED LOSSES – CURRENT AND PRIOR TWO (2) YEARS

15. Does any board member, employee or volunteer have any knowledge of any negligent act, error, omission, or breach of duty which may reasonably be expected to give rise to a claim? **No**
16. Is the applicant aware of any claims, acts, omissions, incidents or circumstances which might reasonably be expected to be the basis of a claim or suit? **No**

17. Has any such insurance been declined, canceled or not renewed? **No**
If yes, please explain.
18. Is sexual molestation covered under your General Liability policy? **No**

19. Does your school have threat assessment policy in place? Yes

Threat Assessment Policy Yes

a. Does the policy outline methods to identify a potential threat before a violent act occurs? Yes
b. Does the policy require a formal evaluation of the threat conducted by a threat assessment team? Yes
i. Who comprises your Threat Assessment Team? Mark all that apply
1. Administrators Yes
2. Teachers Yes
3. School Safety/Security Officers/Security Guards Yes
4. School Resource Officers/Law Enforcement Officers Yes
5. Mental Health Professionals (Guidance Counselors, Psychologist) Yes
6. Other (Describe) Yes, Board Members, County and City Law Enforcement Officers

c. Does the policy detail what level of response should be taken based on the severity of the threat? Yes
If no, proceed to "3. Communication protocols"
d. For threats that are determined to be serious, such as threats to hit or fight, which of the following does your policy require?
1. Take precautions to protect potential victims /remove from harm Yes
2. Warn intended victims and parents Yes
3. Look for ways to resolve conflict Yes
4. Discipline student, when appropriate Yes
f. For Very Serious Threats, such as threats to kill, rape, or use weapons, which of the following does your policy require?
1. Screen student for mental health services and counseling; refer as needed Yes
2. Law enforcement investigation for evidence of planning and preparation, criminal activity. Yes
3. Develop, implement, & monitor safety plan that reduces risk and addresses student needs. Yes

20. Communication Protocols
a. Are there multiple channels for students, parents/guardians, and the community to report suspicions/concerns? Yes
b. Are there procedures in place for contacting law enforcement in the event of a threat or violent incident? Yes
c. Are there procedures in place for communicating with parents/guardians if there is a threat or violent incident? Yes

d. Is there a mass notification system with approved message content and message release procedures in place? Yes
e. Specific individuals are identified and authorized to act as a spokesperson if there is a threat/violent incident? Yes

4. School documentation

a. Are all threats documented regardless of outcome? If no, provide comment: Yes
b. Do you retain completed Threat Assessment form(s) in accordance with any local, municipal and state laws? Yes
c. Are all completed Threat Assessment forms housed in a secure location? Yes
d. Are all threat assessments brought to a resolution and reviewed and approved by district level administration? Yes

5. Training

a. Do students receive age-appropriate training (such as see something say something) Yes on how to report suspicious activity or threats?

b. Does staff have annual and ongoing training on:

1. How violent events can be prevented Yes
2. How to recognize potential threats Yes
3. How, when, and where to report threats or concerns they may have Yes.

c. Does Threat Assessment Team have annual and ongoing training including best practices for:

1. Investigating and evaluating threatening behavior Yes.
2. Their role and responsibilities Yes.
3. Tabletop exercises to gain practical experiences Yes.

21. Does the school allow or have plans to allow armed staff or volunteers on campus other than SROs, Security, or Law Enforcement Professionals? Yes

22. Threat Assessment

Does your school have a threat assessment policy in place (If yes, complete the following) Has there been changes/updates to: Yes

Threat Assessment Policy Yes

Communication Protocols Yes

Documentation Procedures Yes

Training Yes

23. Does the school currently have, or intend to create, a law enforcement agency operating independently from local governmental (city, county, etc.) law enforcement? Yes

24. Security information

a. Indicated number of security personnel:

Contracted Security/ School Resource Officer (SRO) through Law enforcement agency None

Contracted Security/ School Resource Officer (SRO) through private security firm 59

Employed Security/ School Resource Officer (SRO) 0

Employed School Police Officer ARMED 11

b. Do all school sites have security personnel representation? Yes

If the security, please provide a list of school sites with security personnel: If the security is provided by a security firm, is there a written agreement in place that has been reviewed by legal counsel and includes certificates of insurance with limits at least equal to the schools? If yes, please provide copy of COI. Yes

25. Is there a written policy for the use of force? Yes

26. Indicate scope of security guard or law enforcement personnel operations (check all that apply):
Athletics Events, Concerts or Plays, On School Premises during School Hours, Graduations, Student Performances

27. Does the school allow or have plans to allow armed staff or volunteers on campus other than SROs, Security or Law, Enforcement Professionals? If yes, a separate Armed Staff questionnaire is required. No

28. Does the school currently have, or intend to create, a law enforcement agency operating independently from local governmental (city, county, etc.) law enforcement? Yes, STISD PD

29. Policies, Procedures, and Training:

1. Are background checks performed for all security personnel? If yes, how often: Yes, upon hire
2. Is drug testing performed for all security personnel? If yes, how often: Yes, upon hire
3. Are psychological evaluations conducted for all security personnel? If yes, how often: No
4. Security personnel receive training?

All policies & procedures & CPR/First Aid

5. Do security personnel use tasers? No

Complete the section if security personnel are armed.

1. Weapons Storage:

a. Are any weapons stored on premises by security personnel or others? Yes
b. If yes, is access to the room where weapons are stored restricted? Yes
c. If yes, are weapons stored in a safe? Yes
d. If yes, does the safe have biometric access? No
e. Are any weapons stored when security personnel are not present? Yes

2. Are armed officers trained and/or re-certified on an annual basis? Yes

Complete this section if contracted security officers from local law enforcement agencies are used.

1. Is there a current contract or Memorandum of Understanding (MOU) in place?

If yes, please provide a copy. Yes

2. Are K-9/Guard Dogs used? If yes, how many: Yes, starting in 2026 (New K9 STISD Position)
3. Does legal counsel conduct a review of the contract/MOU with local law enforcement? Yes

Complete this section if contracted security officers from a private security firm are used.

1. Name of security firm providing officers: MLG Protection Services
2. Does the security firm carry insurance limits at least equal to the school's limits for the following (select all that apply):

□ General Liability □ LEL/PL □ Umbrella/Excess □ Auto

3. Are all contractors covered by their employer's Workers Compensation policy? Yes
4. Are contractors required to provide a certificate of insurance, school named as Additional Insured, and hold harmless agreement? Yes
5. Does the school's legal counsel conduct a full review of the contract? Yes

Complete this section if the school employs their own Police Department/Campus Police or security officers.

1. Do security officers perform any duties other than providing security at school sites during school hours or for school events? No

2. Are any security services performed for 3rd parties? No
3. Do officers have arresting powers? Yes
4. Are written policies/procedures established in accordance to state/federal guidelines? yes, are policies/procedures formed with legal counsel oversight? Yes
5. Policies and training address the following topics (select all that apply):
Active Shooter, Arrest, Search, Seizure, Body Worn Cameras, Drug Overdose, Firearms, Jurisdiction, Off-Duty Employment, Persons with Disabilities Pursuit, Racial Profiling, Use of Force, Vehicle Operations
6. Are there established roles and responsibilities for officers? Yes If yes, does it include (select all that apply):
Daily Responsibilities, Standard Operation Procedures, Involvement in Emergency Preparedness Plans/Threat Assessments
7. Is there a written code of conduct in place for officers? Yes
8. Is training conducted according to state guidelines? Yes
9. Do officers receive National Association of School Resource Officers (NASRO) basic training or equivalent? Yes
10. Do officers assist local law enforcement? Yes
11. Is there a Memorandum of Understanding (MOU) in place between the school and local law enforcement? If yes, please provide a copy. Yes
12. Do officers have their own police vehicles? Yes
13. For Police Departments, is there an established department structure including a Police Director/Chief and Board/Administration oversight? Yes
14. Please indicate experience level security personnel:

Years of experience	# Armed	#Unarmed
0-5 years	x	
5-10 years	x	
10-20 years	x	
25+ years	x	

30. Student Medical Professional

1.Confirm Signed permission slips from each student that will be participating in the course, the school district should keep these in file. Each campus must complete training plans as required for work-based learning. Signatures from all parties required. (see tab 2 for an example)

2. Confirm Hold harmless agreement in place for each place where they will be doing the clinicals, reviewed by the school's attorney. We only have affiliation agreements in place.

3. What is the timeframe of this course? Course is yearlong the duration of the practical experience depends on each campus and type of program. They range from nine weeks to half a semester.

4. Will the teacher be attending these clinicals? If so, how many teachers will be joining the students? The teacher is not necessarily traveling with the students at all times. Some rotation sites may consist of just teacher visit and student evaluations as required by work-based learning. (see tab 4 for an example)

Training Plan Agreement

Student _____ Grade - Select Age _____

School District South Texas ISD Campus Name - Select -

Career Cluster - Select - Business Name _____

Program of Study - Select - CTE Course Title - Select -

Time Class Meets _____ Course Code _____

The student agrees to diligently perform the work-based training experiences and conscientiously pursue the coordinated classroom course of study as outlined in this training plan. Work-based training experiences will be assigned by the training sponsor and performed according to the same company policies and regulations applicable to regular employees. The student agrees to take advantage of every opportunity to improve his or her efficiency, knowledge, and personal traits in order to pursue further education and enter the chosen occupation as a desirable employee.

The company and school are responsible for providing students with opportunities for training in the basic skills of an occupation and knowledge of related technical information. In order to provide a systematic plan for well-rounded training, a schedule of work-based training experiences and a parallel classroom course of study have been coordinated and agreed upon by the training sponsor and CTE teacher.

In addition to providing practical instruction, the work-based learning instruction the student receives can be paid or unpaid.

Please check one:

☑ Unpaid work-based instruction

OR

☐ Paid work-based instruction. The training sponsor agrees to pay the student for the useful work done while undergoing training according to the following plan:

1. The beginning wage will be $_____ per _____ for _____ hours per school week.
2. Periodically, the training sponsor and CTE teacher will jointly review the wages paid the student to determine a fair and equitable wage consistent with the student's increased ability, prevailing economic conditions, and company policy.

The training period begins the _____ day of _____, 20____, and extends through _____, _____.

There will be a probationary period of days during which the interested parties may determine if the student has made a wise choice of an occupational training area, and if the training should be continued. This plan may be terminated for just cause by either party without recourse.

Is the training objective listed considered to be a hazardous occupation by the U. S. Department of Labor, Employment Standards Administration and the Wage and Hour Division: Yes ☐ No ☐

If yes, any exemption(s) for student-learners or apprentices will apply as described in the *Youth Employment Provisions for Nonagricultural Occupations Under the Fair Labor Standards Act - Child Labor Bulletin 101* or *Child Labor Requirements in Agricultural Occupations - Child Labor Bulletin 102*. Current information for exemptions is available from the U. S. Department of Labor in the Wage and Hour Division or its website at www.dol.gov/whd.

It is the policy of South Texas Independent School District and _____ (business name) not to discriminate on the basis of race, color, national origin, sex, disability or age in its programs or activities and provides equal access to the Boy Scouts and other designated youth groups. The following person has been designated to handle inquiries regarding the nondiscrimination policies: title, address, telephone number, email.

Es norma del Distrito Escolar de South Texas y _____(Nombre del Negocio) no discriminar por motivos de raza, color, origen nacional, sexo, discapacidad o edad en sus programas o actividades y brinda igualdad de acceso a los Boy Scouts y otros grupos juveniles designados. La siguiente persona ha sido designada para manejar consultas sobre las políticas de no discriminación: título, dirección, número de teléfono, correo electrónico.

Signature Approvals

_____ (Student) Date

_____ (Training Sponsor) Date

_____ (Parent or Guardian) Date

_____ (CTE Teacher) Date

Note: Each party to this agreement should receive a signed copy. Keep the original or a copy with the student's permanent record.

Description of Specific and Related Occupational Training

In the section below labeled *Texas Essential Knowledge and Skills (TEKS) for Training Objective*, insert the knowledge and skill statements from the related CTE course.[1] The *Advanced Occupationally Specific Essential Knowledge and Skills* section is available to add specific training opportunities otherwise not identified in the TEKS. **NOTE**: Add rows as needed.

Texas Essential Knowledge and Skills (TEKS) for CTE Course	Work-Based Instruction	Individualized Class Study	Specific Related Study Assignments
[Add knowledge and skill statements from the TEKS here. Student expectations are not necessary to list here.]			
Advanced Occupationally Specific Knowledge and Skills	**Work-Based Instruction**	**Individualized Class Study**	**Specific Related Study Assignments**
[Add knowledge and skill statements developed from collaboration among the student, CTE teacher, and training sponsor.]			

NOTE: This form is intended as a template; the user may modify as needed

Always Innovating

South Texas ISD

RIO GRANDE VALLEY | GRADES 6-12

South Texas ISD Affiliation Agreement

It is recognized that trained personnel in the field of allied health are necessary to the staffing operation of Heath Care Institutions and Facilities in the Rio Grande Valley. THEREFORE, it is of great benefit and service to the people of this are that _____(hereinafter called "Affiliate"), through the administrators and staff, and South Texas ISD _____ (hereinafter called "School"), through the administrators and staff of its Health Science Education Programs, do associate together in a cooperative endeavor for the purpose of training students (hereinafter called "Students") in the fields of allied health (hereinafter called the "Program").

AGREEMENT between _____ and South Texas ISD _____:

I. This agreement shall become effective immediately upon execution by the parties and shall continue in full force and effect until terminated as hereinafter provided. This agreement may be modified at any time by mutual consent of the parties; or it may be terminated by either party, with or without cause, upon a 30-day written notice to the other party as provided in Paragraph III of this agreement. Such nonconsensual termination shall become effective six months after the proper notice. Termination shall not become effective until the students then involved in the cooperative program shall have had an opportunity to complete the full experience so long as the cause for termination does not fall within the terms of Paragraphs VD-7.

II. The parties hereto recognized that, in the performance of this contract, the greatest benefits will be derived by promoting the interest of both parties and do, therefore, enter into this contract with intention of cooperating with the other in carrying out the terms insofar as it may legally do so, in such manner as will best promote the interest of both and render the highest service to the public.

III. All notices to parties hereunder must be in writing, signed by the party giving it, and shall be served either personally or by mail addressed as follows:

TO: *South Texas ISD Campus name and address*

_____

_____

_____

TO: *Affiliate's name and address*

_____

_____

_____

or to such other address as may be hereunder designed by notice. All notices become effective only when received by the addressee.

IV. This agreement is to be evaluated and reviewed triennially by both parties, and revision may be made as deemed necessary.

V. Program Responsibilities:

A. Responsibilities of All Parties

1. All parties to this agreement shall cooperate in providing Students a proper learning opportunity in maintaining good patient care.
2. It is agreed that those Students permitted to utilize the Affiliate's facilities under this agreement shall be mutually agreed to by both parties, with due consideration given to the number of Students and to the clinical material available.

B. Responsibilities of School

1. Will provide qualified instructors as expressed in the curriculum. All instructors will validate their professional license before the clinical rotation starts.
2. Instructors of the Program shall comply with the existing policies of the Affiliate when carrying out the "Affiliate Centered" portion of the Program.
3. Will require the Students to be properly attired when reporting for clinical experiences.
4. The School will maintain all results of student skin tests and/or chest X-rays on file for quick reference.
5. Will instruct its Students and faculty to respect the confidential nature of all information, which may come to the knowledge in their experience with members of the health care team, patients, and records.
6. School must recognize that its employees are not subject to coverage by the Affiliate's worker's compensation program.
7. School will supply each Student within this Program with photograph identification.
8. School's faculty will cooperate with and participate in Affiliate's in-service programs as appropriate.
9. Will be responsible for administrative functions related to the student experience such as rotation schedule, attendance, and proficiency.
10. School's faculty will evaluate and counsel Students regarding performance.
11. The faculty will meet the patient care standards of the Affiliate.
12. Will provide teaching facilities for Students and faculty.
13. School agrees that control of the Program ultimately rests with the School.
14. The School's faculty will assume responsibility for breaking or damaging equipment due to negligence of the School's faculty.
15. Will supervise the practical experience to assure the safety of the Students and others.
16. Will cooperate in each party's respective evaluation of the clinical Program for purposes of accreditation, performance improvement and peer review.
17. School shall maintain a policy of liability insurance naming Affiliate as an additional named insured providing coverage for Affiliate for damages, causes of action and liability incurred as a result of the negligent acts of Students. A copy of such policy shall be provided to the Affiliate.

C. Responsibilities of Students and Parent/Guardian

1. Students within the program shall comply with the existing policies of the Affiliate when carrying out the "Affiliate Certified" portion of the Program.
2. Students shall have current immunizations for hepatitis B, measles, mumps, rubella, diphtheria, tetanus, and a tuberculosis skin test (PPD). If any skin test is positive, such student shall be required to submit a negative chest X-ray.

Students should also have current immunizations for influenza and if required the COVID-19 vaccine.

3. Students recognize and understand they are not entitled to coverage under Affiliate's Worker's Compensation Plan.
4. Students agree and understand they shall wear a photograph identification badge at all times while on Affiliate's premises.
5. All Students shall be subject to the rules and regulations pertaining to the employees of the Affiliate.
6. Students shall meet the minimum patient care standards of the Affiliate.
7. Each Student shall accept responsibility for all damage to Affiliate's premises, equipment or materials of any sort caused by that Student's negligence and does hereby agree to make restitution to Affiliate for such damage upon request of Affiliate.
8. In the event of a potential exposure to an infectious disease, the Affiliate will conduct appropriate baseline testing on the Student and the source of the potential exposure (if known) and shall report such results to the affected Student. Any recommended follow-up testing and/or treatment required shall be the responsibility of the Student.

D. <u>Responsibilities of the Affiliate</u>

1. The Affiliate agrees to assist the program by providing through its supervisory personnel, regular evaluation of the Students at intervals to be agreed upon by the Affiliate and School. The evaluation form(s) are to be provided by School.
2. The Affiliate shall allow participating Students to use any library facilities that are open to Affiliate staff.
3. The Affiliate shall orient the School faculty on the Affiliate facilities and policies.
4. The Affiliate shall inform its professional staff of its participation in the various training program(s) of the School.
5. The teaching equipment owned by the Affiliate may be used in the teaching Program. Authorization for use of central supply equipment (not expendable), necessary for demonstration in patient care skills may be available upon request.
6. The Affiliate shall supply opportunity for practical and/or observation experience designed to supplement theory training.
7. The Affiliate reserves the right, at its absolute discretion, to refuse its facilities and services to any students or to personnel who do not meet the professional or other requirements of the Affiliate or any appropriate authority controlling and directing said Affiliate.

VI. The Affiliate will not be charged for any services performed by the School's Students or personnel in connection with the Program contemplated by this agreement. The Affiliate will not have any obligation to pay the salaries or expenses of any Student or School personnel in connection with this Program. Under no circumstances will any Student or personnel be considered an agent or employee of the Affiliate, but rather be on the Affiliate premises for purpose of training only. This basic agreement with addenda paragraphs and the Health Science Program agreement between School and Students together constitute the entire agreement of the parties hereto. Should the Affiliate desire to enter into additional training programs; this basic agreement may be used, and specific program requirements may be outlined in addended paragraphs.

VII. The Affiliate shall designate a qualified member(s) of the staff (designated supervisor) to assist with student supervision and to assist Students in clinicals.

VIII. It is understood that when Students are in clinical practice in a patient care unit, the responsibility for patient care and all related duties are retained by the Affiliate.

IX. It is understood that all Students and instructors shall have an annual tuberculosis skin test (PPD) and/or chest X-Ray.

X. All parties hereto agree that no cause of action, claim, liability or damage of any sort shall be asserted by any party hereto against any other party hereto except as specifically provided herein. This agreement to not sue any other party shall be construed liberally so as to prevent and preclude any action outside the terms of this contract.

XI. In keeping with Title VI of Civil Rights Act of 1964, no person shall, on the basis of race, sex, color or national origin, or handicap may be excluded from participation in the Program or any activity included herein.

XII. This agreement and the promises and covenants made herein are for the benefit of the parties and the Students of School. No other third party shall be entitled to rely upon this agreement.

XIII. South Texas ISD does not discriminate on the basis of race, color, national origin, gender, religion, age, disability or genetic information in employment or provision of services, programs or activities.

_____ ___/___/___

Dr. Marco Antonio Lara, Jr. Superintendent South Texas ISD

___/___/___

Campus principal name and title

___/___/___

Affilate's full name and title

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South Texas ISD

RIO GRANDE VALLEY | GRADES 6-12

South Texas ISD Affiliation Agreement

It is recognized that trained personnel in the field of _____ are necessary to the staffing operation of Facilities in the Rio Grande Valley. THEREFORE, it is of great benefit and service to the people of this are that _____(hereinafter called "Affiliate"), through the administrators and staff, and South Texas ISD _____ (hereinafter called "School"), through the administrators and staff of its _____ Programs, do associate together in a cooperative endeavor for the purpose of training students (hereinafter called "Students") in the field of _____ (hereinafter called the "Program").

AGREEMENT between _____ **a**nd South Texas ISD _____:

I. This agreement shall become effective immediately upon execution by the parties and shall continue in full force and effect until terminated as hereinafter provided. This agreement may be modified at any time by mutual consent of the parties; or it may be terminated by either party, with or without cause, upon a 30-day written notice to the other party as provided in Paragraph III of this agreement. Such nonconsensual termination shall become effective six months after the proper notice. Termination shall not become effective until the students then involved in the cooperative program shall have had an opportunity to complete the full experience so long as the cause for termination does not fall within the terms of Paragraphs VD-7.

II. The parties hereto recognized that, in the performance of this contract, the greatest benefits will be derived by promoting the interest of both parties and do, therefore, enter into this contract with intention of cooperating with the other in carrying out the terms insofar as it may legally do so, in such manner as will best promote the interest of both and render the highest service to the public.

III. All notices to parties hereunder must be in writing, signed by the party giving it, and shall be served either personally or by mail addressed as follows:

TO: *South Texas ISD Campus name and address*

_____

_____

_____

TO: *Affiliate's name and address*

_____

_____

_____

or to such other address as may be hereunder designed by notice. All notices become effective only when received by the addressee.

IV. This agreement is to be evaluated and reviewed triennially by both parties, and revision may be made as deemed necessary.

V. Program Responsibilities:

A. Responsibilities of All Parties

1. All parties to this agreement shall cooperate in providing Students a proper learning opportunity.
2. It is agreed that those Students permitted to utilize the Affiliate's facilities under this agreement shall be mutually agreed to by both parties, with due consideration given to the number of Students and to the material available.

B. Responsibilities of School

1. Will provide qualified instructors as expressed in the curriculum. All instructors will validate their professional license before the student practicum experience starts.
2. Instructors of the Program shall comply with the existing policies of the Affiliate when carrying out the "Affiliate Centered" portion of the Program.
3. Will require the Students to be properly attired when reporting for practicum experiences.
4. Will instruct its Students and faculty to respect the confidential nature of all information, which may come to the knowledge in their experience with members of the team and records.
5. School must recognize that its employees are not subject to coverage by the Affiliate's worker's compensation program.
6. School will supply each Student within this Program with photograph identification.
7. School's faculty will cooperate with and participate in Affiliate's in-service programs as appropriate.
8. Will be responsible for administrative functions related to the student experience such as rotation schedule, attendance, and proficiency.
9. School's faculty will evaluate and counsel Students regarding performance.
10. The faculty will meet the standards of the Affiliate.
11. Will provide teaching facilities for Students and faculty.
12. School agrees that control of the Program ultimately rests with the School.
13. The School's faculty will assume responsibility for breaking or damaging equipment due to negligence of the School's faculty.
14. Will supervise the practical experience to assure the safety of the Students and others.
15. Will cooperate in each party's respective evaluation of the Program for purposes of accreditation, performance improvement and peer review.
16. School shall maintain a policy of liability insurance naming Affiliate as an additional named insured providing coverage for Affiliate for damages, causes of action and liability incurred as a result of the negligent acts of Students. A copy of such policy shall be provided to the Affiliate.

C. Responsibilities of Students and Parent/Guardian

1. Students within the program shall comply with the existing policies of the Affiliate when carrying out the "Affiliate Certified" portion of the Program.
2. Students recognize and understand they are not entitled to coverage under Affiliate's Worker's Compensation Plan.
3. Students agree and understand they shall wear a photograph identification badge at all times while on Affiliate's premises.

4. All Students shall be subject to the rules and regulations pertaining to the employees of the Affiliate.
5. Students shall meet the minimum animal care standards of the Affiliate.
6. Each Student shall accept responsibility for all damage to Affiliate's premises, equipment or materials of any sort caused by that Student's negligence and does hereby agree to make restitution to Affiliate for such damage upon request of Affiliate.

D. <u>Responsibilities of the Affiliate</u>

1. The Affiliate agrees to assist the program by providing through its supervisory personnel, regular evaluation of the Students at intervals to be agreed upon by the Affiliate and School. The evaluation form(s) are to be provided by School.
2. The Affiliate shall orient the School faculty on the Affiliate facilities and policies.
3. The Affiliate shall inform its professional staff of its participation in the various training program(s) of the School.
4. The teaching equipment owned by the Affiliate may be used in the teaching Program. Authorization for use of central supply equipment (not expendable), necessary for demonstration in specific skills may be available upon request.
5. The Affiliate shall supply opportunity for practical and/or observation experience designed to supplement theory training.
6. The Affiliate reserves the right, at its absolute discretion, to refuse its facilities and services to any students or to personnel who do not meet the professional or other requirements of the Affiliate or any appropriate authority controlling and directing said Affiliate.

VI. The Affiliate will not be charged for any services performed by the School's Students or personnel in connection with the Program contemplated by this agreement. The Affiliate will not have any obligation to pay the salaries or expenses of any Student or School personnel in connection with this Program. Under no circumstances will any Student or personnel be considered an agent or employee of the Affiliate but rather be on the Affiliate premises for purpose of <u>training only</u>. This basic agreement with addenda paragraphs and the Program agreement between School and Students together constitute the entire agreement of the parties hereto. Should the Affiliate desire to enter into additional training programs; this basic agreement may be used, and specific program requirements may be outlined in addended paragraphs.

VII. The Affiliate shall designate a qualified member(s) of the staff (designated supervisor) to assist with student supervision and to assist Students in practicum experience.

VIII. It is understood that when Students are engaged in practical experiences, the responsibility for operations, supervision, and all related duties remains with the Affiliate.

IX. All parties hereto agree that no cause of action, claim, liability or damage of any sort shall be asserted by any party hereto against any other party hereto except as specifically provided herein. This agreement to not sue any other party shall be construed liberally so as to prevent and preclude any action outside the terms of this contract.

X. In keeping with Title VI of Civil Rights Act of 1964, no person shall, on the basis of race, sex, color or national origin, or handicap may be excluded from participation in the Program or any activity included herein.

XI. This agreement and the promises and covenants made herein are for the benefit of the parties and the Students of School. No other third party shall be entitled to rely upon this agreement.

XII. South Texas ISD does not discriminate on the basis of race, color, national origin, gender, religion, age, disability or genetic information in employment or provision of services, programs or activities.

_____ ___/___/___

Dr. Marco Antonio Lara, Jr. Superintendent South Texas ISD

_____ ___/___/___

Campus principal name and title

___/___/___

Affilate's full name and title