REQUEST FOR PROPOSALS
RFP-1226-PCWNW

ITEM:	Property, Casualty, Windstorm Insurance Coverage, and Named Windstorm Coverage
DESCRIPTION:	Insurance Coverage for Property and Contents, General Liability, Personal Injury Liability and Employee Benefits Liability Coverage, Professional Legal Liability, Automobile Liability and Physical Damage Coverage, Equipment Coverage, Windstorm Insurance Coverage, and Named Windstorm Coverage
DEADLINE:	Thursday, December 17, 2026 3:00 p.m. (CST)

The San Benito Consolidated Independent School District (District) is accepting proposals for all of the above-mentioned item. The effective date of the first scheduled coverage date is February 1st, 2027.

San Benito Consolidated Independent School District (SBCISD) is interested in purchasing the above items. Sealed bid proposals will be received at the office of **Ms. Ida Ambriz, Assistant Superintendent of Finance & Operations, 240 North Crockett Street, San Benito TX 78586**, where they will be opened.

Interested bidders may obtain specifications and information for bidding by contacting **Eddie Cavazos, Purchasing Director, SBCISD, 2001 UTEX Drive, San Benito, Texas 78586, telephone number (956) 361-6390 or at** www.sbcisd.net.

The District reserves the right to accept the proposal most advantageous to the District or to reject any or all proposals and to waive any formalities and/or technicalities in the proposal and award the contract to best serve the interests of the District.

Ida Ambriz
Assistant Superintendent of Finance & Operations
San Benito CISD

SAN BENITO CONSOLIDATED INDEPENDENT SCHOOL DISTRICT
RFP-1226-PCWNW
PROPERTY, CASUALTY, WINDSTORM INSURANCE COVERAGE, AND NAMED WINDSTORM COVERAGE

GENERAL CONDITIONS AND REQUIREMENTS

I. General Conditions and Requirements

A. This San Benito Consolidated Independent School District (hereafter referred to as the District) is requesting proposals for the following property/casualty coverage.

Building & Contents	Property Equipment Breakdown Flood & Earthquake Scheduled Property (Floaters), Inland Marine Electronic Data Media/Equipment Protection Extra Expense
Liability	General Liability Personal Injury Liability Employee Benefits Liability Automobile Liability School Professional Legal Liability
Automobile & Mobile Equipment Physical Damage	Vehicles Mobile Equipment
Property/Contents Windstorm	Property Equipment Breakdown Scheduled Property (Floaters), Inland Marine Electronic Data Media/Equipment Protection

B. Proposers may quote several plan options as long as each option is fully explained. All relationships between your company and any company offering coverage must be revealed, as well as any commission payments or fees that will be paid to the Proposer as a result of this bid award.

C. Proposers are expected to examine the complete RFP document. Failure to do so will be at proposer's risk. Written questions about this RFP and requests for additional information shall be requested no later than **December 10, 2026** (3:00 p.m.) to the Purchasing Department, Attn: Eddie Cavazos, 2001 UTEX Drive, San Benito, Texas, 78586 or you may email your request to purchasing@sbcisd.net. The district will not respond to verbal inquiries.

D. Proposers must submit one original and four copies (Five complete sets) of the proposal.

E. Proposals will be received as indicated in the front page of the Request for Proposals.

F. Proposals must be plainly marked on the outside of the envelope: **"SEALED PROPOSAL FOR PROPERTY/CASUALTY COVERAGE, WINDSTORM INSURANCE COVERAGE, AND NAMED WINDSTORM COVERAGE"**.

G. The district reserves the right to accept or reject any or all proposals, waive any formalities and/or technicalities in the proposal and award the contract to best serve the interests of the District. The district may negotiate with proposers as deemed advisable or necessary.

H. **Term:** All proposals must be submitted on the Proposal Forms attached hereto, in accordance with all specified conditionals. SBCISD currently has the Windstorm Policy term ending January 31, 2027. Therefore, SBCISD is requesting proposals for the following term:

For the term from February 1, 2027, to January 31, 2028.

Coverage shall be for a 12-month period beginning February 1st, 2027 until January 31, 2028. The rates quoted shall be guaranteed for that period. In addition, multiple year proposals may be offered for a 12-month period for the 2027/2028 and 2028/2029 fiscal years as an additional option and must be fully explained.

I. Any plan of coverage that offers increased protection from the requirements in the Specifications will be welcomed but must be submitted separately as an alternate proposal.

J. Any restrictions, deviations or other modifications which alter or reduce coverage as specified In this RFP must be shown separately and explained in writing. Failure to attach an explanation of deviations to this proposal will indicate your acceptance of the specifications as written.

K. Proposers are required to submit specimen coverage documents, agreements, and/or contracts. The district will be required to sign in order to purchase the coverage quoted.

L. Please indicate the method for payment and any optional methods that may be available.

M. **It is the intent of the District to award the proposal to one carrier or multiple carriers who can provide all lines of coverage as a package or the District will have the option to accept property/casualty coverage and/or windstorm coverage whichever is in the best interest of SBCISD. Preference will be given to packaged proposals, however, final Purchasing decisions will be made based on the options that are most advantageous to the District.**

N. The successful proposer will agree to accept the final adjusted values at the coverage anniversary date.

O. Due care and diligence have been used in the preparation of these specifications and the Information contained herein is believed to be substantially correct. However, the responsibility for determining the full extent of the exposure and the verification of all information presented herein shall rest solely on the proposer. The district and its representatives will not be responsible for any errors and omissions in the specifications nor for the failure on the part of the proposer to determine the full extent of the exposures.

P. Quotations shall be based on the underwriting information furnished by the District. Loss data is believed to be correct but is not warranted. If inspections are required, please coordinate them through the Purchasing Department calling 956-361-6390.

Q. For your information, list of the last five years of our annual contributions, see Exhibit III.

II. Minimum Qualifications

A. Proposers responding to this RFP must be licensed and/or authorized to do business in Texas and have at lease 5 years' experience writing property/casualty coverage in Texas. Proposer qualifications must be included as an exhibit to your proposal.

B. Proposers must attach a brief biography describing the experience of the person assigned to handle this account.

C. Submit a summary of all property/casualty services available to the district. Indicate charges for services that are in addition to the quoted contributions/premiums.

D. Proposers must have an Errors and Omissions policy with a minimum limit of $1,000,000 per occurrence. Attach proof of coverage to your proposal.

E. Self-funded programs or plans organized under the terms of the Interlocal Cooperation Act (Chapter 791, Title 7, Government Code) shall be accepted provided the program offers coverages that are equivalent to a fully insured program. Your most recently audited financial statement must be included with the proposal.

F. The agency must be producing a minimum annual gross fire and casualty premium income of at least $1,000,000.00 average for each of the past five years.

G. The agency must provide a Certificate of Errors and Omissions Coverage with the minimum limits of $1,000,000.00 annual aggregate with a maximum deductible of $50,000.

SAN BENITO CONSOLIDATED INDEPENDENT SCHOOL DISTRICT
RFP-1226-PCWNW
PROPERTY, CASUALTY, WINDSTORM INSURANCE COVERAGE, AND NAMED WINDSTORM COVERAGE

UNDERWRITING INFORMATION

I. General Underwriting Questions/Answers (correct answer is shaded):

Does the applicant have a risk manager on staff or someone in that capacity? If yes, include name and phone here**:**	Yes	No
Has the board implemented specific loss control policies?	Yes	No
Is there a swimming pool at any location?	Yes	No
Do you operate a day care center?	Yes	No
a) If yes, is the center for children of students	Yes	No
b) Can the general public utilize the center?	Yes	No
Is the center operated by paid employees?	Yes	No
Does the applicant receive money from concessions? If yes, amount $_____ (excludes money received by PTA, booster clubs, etc.)	Yes	No
Does the applicant own or lease any watercraft?	Yes	No
Does the applicant own any aircraft?	Yes	No
Does the applicant charter any aircraft in excess of four seats?	Yes	No
Does the applicant loan or lease property to others for activities other than school activities?	Yes	No
If yes, what type of activities? Football Games	Yes	No
Are certificates of insurance required from lessee?	Yes	No
Is the applicant engaged in any joint venture with another entity?	Yes	No
If yes, what is the nature of the joint venture?	Yes	No
Does the applicant use armed security guards or police in any capacity?	Yes	No
If yes, are they certified by Texas Commission of Law Enforcement Officer Standards & Education (TCLEOSE)	Yes	No
Is the applicant a member of a co-op? If yes, include name here:	Yes	No
Does applicant have an on-site physician(s) or clinic?	Yes	No
Does the applicant have a team physician(s)? If yes, how many? Football Games Only	Yes	No
Do the physicians volunteer their time?	Yes	No
Are the physicians paid? If yes, on what basis?	Yes	No
Do you have a contract with the physician(s)?	Yes	No
Enter the total expenditures for the current fiscal year, for all construction work, services (cleaning, lawn, etc.) and any other work to be performed by private contractors on behalf of the applicant over $2,000,000.00. (new additions mainly)	Yes	No
Enter the estimated annual attendance of outdoor stadium events: 35,000 ± (All Sports)		

SAN BENITO CONSOLIDATED INDEPENDENT SCHOOL DISTRICT
RFP-1226-PCWNW
PROPERTY, CASUALTY, WINDSTORM INSURANCE COVERAGE, AND NAMED WINDSTORM COVERAGE

COVERAGE SPECIFICATIONS

I. Property and Contents

1. **Property covered** See attached SECTION I.
2. **Policy Limits** $581,001,000
   State if co-insurance limit represents 90% or 100% of total value.
3. Blanket coverage on buildings, contents and auxiliary structures at all locations including On-site improvements such as fences, light poles, and bleachers.
4. **Basis of Recovery** Full Replacement Cost
5. **Deductibles** $50,000.00 per occurrence
6. **Extra Expense** $50,000.00
7. **Automatic coverage on newly acquired property**: $1,000,000 limits for up to 90 days
8. **Scheduled Property Floater** (Classifications of Property: band equipment, computer equipment, office equipment, electronic and audio/visual equipment, agricultural equipment, valuable papers, etc.) Mobile equipment coverage should be priced with Automobile Physical Damage coverage.

   a. Type of Coverage All Risk
   b. Basis of Loss Recovery Full Replacement Cost

	Deductible(s) per Occurrence
Risk of direct physical loss, replacement cost musical instruments $3,971,140.89* limit	$250.00
Risk of direct physical loss, replacement cost audio/visual equipment $11,332,160.05* limit	$1,000.00
Risk of direct physical loss, replacement cost telecommunications infrastructure $14,746,773.90* limit	$250.00
Risk of direct physical loss, replacement cost equipment $18,513,550.42* limit	$250.00
Risk of direct physical loss, replacement cost Career & Tech/KSBG-TV $112,880.82* limit	$250.00

   Total Policy Limits $**48,676,508.08***

9. **Loss History** (past five years) See attached Exhibit III

10. **Electronic Data Protection for owned computer equipment**

a. **Type of Coverage** All Risk

b. **Basis of Recovery** Full Replacement Cost

c. **Total Policy Limits** **$18,513,550.42**
Single blanket coverage for all locations requested

d. **Deductibles** $1,000.00 per occurrence

e. **Property-In-Transit** Blanket Limits

f. **Property at unscheduled locations** Blanket Limits

g. **Automatic Coverage of Storage of Duplicates**
(Up to 20% at each location not to exceed $50,000)

h. **Reproduction of Data** Blanket Limits

i. **Repair of Replace Media** Blanket Limits

Security/Police: Underwriting Information		
Are security/police personnel employed or used by district? If yes, # of personnel with arrest powers 11 # of personnel carrying firearms 11	Yes	No
Does security personnel patrol facilities?	Yes	No
List any security measures such as burglar alarms, security lighting, etc.:		
Fire Protection: Underwriting Information		
Are fire hydrants located on or across the street from each campus?	Yes	No
Are fire alarm systems located in all buildings?	Yes	No
Is the fire department paid or voluntary? Provided by city	Yes	No
Is the applicant located in a town of less that 15,000 population?	Yes	No
If yes, is the applicant within five miles of a town with a population of more than 15,000?	Yes	No
If yes, will that city's fire department respond to a fire at all your locations?	Yes	No
Does the applicant have a hooded ventilating system in the kitchen?	Yes	No
Does the applicant have a contract for hood-cleaning services? If yes, how often does the contractor clean the hood? Twice a year	Yes	No
Building Maintenance / Occupancy: Underwriting Information		
Does the applicant have any buildings 30 years or older?	Yes	No
If yes, has the wiring been updated?	Yes	No
Are any owned or leased buildings being used for purposed other than their intended use?	Yes	No
Are any owned or leased buildings controlled by the applicant currently vacant or unoccupied	Yes	No
Any owned or leased buildings controlled by the applicant being leased to a third party?	Yes	No

II. General Liability, Personal Injury Liability and Employee Benefits Liability Coverages

1. Limits of Liability: $1,000,000 per occurrence, no annual aggregate.
2. Pays expenses, including judgments and defense costs.
3. Provides coverage for care, custody, and control.

4. Includes incidental medical malpractice.
5. Provides coverage for libel, slander and defamation of character.
6. Covers premises liability, advertising liability, and products liability on a per occurrence form.

7. Persons Covered/Insured **must** include the school district, any trustees, school board members or employees of the district, student teachers, school volunteers and aides.
8. Claims arising out of the negligent act, error, or omission of the district and/or its employees relative to the administration of employee benefit programs must be included.
9. Loss History (past five years): See attached Exhibit III.

III. Professional Legal Liability

1. Provides protection for elected officials, appointed board members, administrators, teachers, substitute teachers, student teachers, and all other employees (including volunteers) who were, are, or shall be employed by the district.
2. Limits of Liability: $2,000,000 per occurrence
   $2,000,000 annual aggregate
3. Deductible: $25,000.00
4. Coverage Form: Claims Made Basis
5. The company will pay all sums to which the Program Participants shall become legally obligated to pay on any claim first made against them during the policy period.
6. The company shall defend civil suits against the Program Participants alleging a Wrongful Act including but not limited to civil rights - Section 1983, discrimination, sexual abuse, sexual harassment and sexual molestation claims.
7. A claim shall include demand received by the Program Participants for money, services or nonpecuniary relief. This shall include the service of suit or institution of arbitration proceedings against the Insured.
8. Claims expenses shall include attorney fees and all other fees, costs and expenses arising from defense of any claim.
9. The company will pay all premiums on bonds to release attachments for an amount not in excess of the applicable limit of liability of the policy.
10. Either professional legal liability or general liability coverages must cover claims arising out of corporal punishment or student discipline.
11. Limits of coverage will not be reduced by the payment of defense costs (defense in addition to limits).
12. Cancellation by either the proposing organization or the District will be subject to the terms and conditions of the contractual agreement or ten (10) days in the case of nonpayment.
13. Please provide an explanation of any **Prior Acts** coverage that will be quoted.
14. **Extended Discovery Period** must be offered.
15. Loss History (past five years): See attached Exhibit III.

IV. Automobile Liability and Physical Damage Coverage

1. Schedule of Vehicles, Bus Seating Capacities, & Values: See attached Exhibit I.
2. Minimum Liability Limits & Coverage desired
   $500,000.00 Combined Single Limits
3. Hired and non-owned vehicle coverage shall be excess over any other valid and collectible insurance.
4. Physical Damage coverage actual cash value:

a. Private Passenger:
   Collision- 2000 and newer vehicles only. $1,000.00 deductible per vehicle

b. All other vehicles (buses, trucks, trailers, and vans).
   Collision-2000 and newer vehicles only. $1,000.00 deductible per vehicle

c. Mobile Equipment:
   Comprehensive-deductible $500.00
   Collision deductible $500.00

5. Fleet Automatic Coverage: Subject to audit, it is agreed that automatic coverage is provided for substitute and newly acquired automobiles (cars, trucks, trailers and buses) for the same coverage provided for all similar type automobiles.

6. Loss History (past five years): See attached Exhibit III.

Automobile Liability & Physical Damage: Underwriting Information		
Are any transportation operations contracted to another? If yes, include name of contractor: _____	Yes	No
Are owned vehicles used by security personnel?	Yes	No
How often do you run Motor Vehicle Reports on district drivers? Annually		

V. Other Related Coverage Specifications

A. Some of the buildings that are vacant and unoccupied are located at the "old" Berta Cabaza Campus, at 600 N. Dowling Street, San Benito, Texas. These buildings are surrounded by school activities during normal work days. The first-floor windows are boarded with plywood boards.

B. With the exception of the UTEX Building, HVAC/Construction Annex, and most of district portables all major buildings districtwide that contain substantial property, such as band equipment, computer equipment, office equipment, electronic equipment and audio/visual equipment have security alarm systems.

C. All campuses are furnished with a video surveillance system districtwide.

D. All middle schools have alarm systems and a video surveillance system.

E. The district has a school police department and a school security (guards) division.

F. All elementary schools have a video surveillance system, and a Police Officer assigned to very campus.

VI. METHOD OF AWARD

It is the intent of the SBCISD to award this bid to a single bidder or multiple bidders whichever is in the best interest of San Benito CISD.
In determining to who to award the contract, the district shall consider the following criteria and their appropriate weighted points:

According to the Texas Education Code, Subchapter B, Section 44.031 (b), in determining to whom to award a contract, the district will consider the following criteria:

No.	Evaluation Criteria
1.	The purchase price – **Cost of services-50 Points**
2.	Reputation of the vendor and of the vendor's goods or services –**References-10 Points**
3.	The quality of the vendor's goods or services. -**10 Points**
4.	The extent to which the goods or services meet the district's needs. -**10 Points**
5.	The vendors past relationship with the district **-A listing of previous projects with the district. -5 Points**
6.	The total long-term cost to the district to acquire the vendor's goods or services -**Financial statement-5 Points**
7.	The impact on the ability of the district to comply with the laws and rules relating to Historically Underutilized Business-**HUB certification form. -5 Points**
8.	Vendor's ultimate parent company or majority owner; has its principal place of business in the state; or employs at least 500 persons in this state(location).-**3 Points**
9.	Any other relevant factor specifically listed in the Request for Proposal. -**2 Points**

VII. The following Exhibits are Attached for your information:

Section I: Property Covered
Exhibit I: Schedule of Vehicles, Bus Seating Capacities, & Values
Exhibit II: Last Five Years of Annual Contributions
Exhibit III: Loss History (Past 5 Years)

SAN BENITO CONSOLIDATED INDEPENDENT SCHOOL DISTRICT
RFP-1226-PCWNW
PROPERTY, CASUALTY, WINDSTORM INSURANCE COVERAGE, AND NAMED WINDSTORM COVERAGE

Proposal Response Form

I. General Information

Name of your company: _____

Address: _____

Primary business: _____

Type of company:
(corp., partnership, etc.): _____

Year started in business: _____

Number of years administering
Workers' Compensation in Texas: _____

Proposers must include in the proposal a notice as to whether the person submitting the bid or an owner or operator of the business entity has been convicted of a felony and the description of the conduct resulting in the conviction. The contract may be terminated if it is determined that the person or business entity failed to give notice or misrepresented the conduct resulting in the conviction.

The proposer, in compliance with the invitation for proposal on property/casualty coverage, having examined the specifications and being familiar with all conditions in the specifications, hereby proposes to provide the coverages in accordance with the proposal documents on the attached response sheets.

"The undersigned affirms that they are duly authorized to execute this contract, that this company, corporation, firm, partnership or individual has not prepared this proposal in collusion with any other Proposer, and that the contents of this proposal as to prices, terms or conditions of said proposal have not been communicated by the undersigned nor by any employee or agent to any other person engaged in this type of business prior to the official opening of this proposal."

Having reviewed the specifications, we have complied with all requirements and conditions except as noted on proposal response forms in the section labeled "Deviations."
Signature: _____ Date: _____
Name of Signature: _____ Title: _____
Proposers Company: _____
Address: _____ Phone: _____
_____ Fax No.: _____
E-Mail: _____

II. Property and Contents Coverage

A. Property and Contents Coverage

Limit $581,001,000

Deductible $50,000.00

For Period February 1, 2026 to January 31, 2027 **Total Cost $_____**

B. Total Scheduled Property Floaters

Limit $48,676,506.08

Deductible $250.00/$1,000.00

For Period February 1, 2026 to January 31, 2027 **Total Cost $_____**

C. Name of Company offering coverage: _____

D. DEVIATIONS from proposal specifications:

E. Please answer these questions:

1. Is this proposal providing "all risk" (including theft) coverage. _____ Yes _____ No
2. Is the policy Blanket or Scheduled coverage? _____
3. Is there a co-insurance clause applicable to property coverage? _____ Yes _____ No
   What is the co-insurance percentage? _____
4. Is the basis of recovery replacement cost new, both on building and contents? _____ Yes _____ No
5. Has a specimen been submitted? _____ Yes _____ No
6. Is newly acquired or constructed property covered? _____ Yes _____ No
   Limit:_____
7. Does the policy include demolition cost? _____ Yes _____ No
   Limit: _____
8. Does proposal include a debris removal clause? _____ Yes _____ No
   Limit: _____

9. Does policy have an extension of coverage for personal property off premises? _____ Yes _____ No
   Limit: _____

10. Increased cost of Construction due to the operation of building ordinances? _____ Yes _____ No
    Limit: _____

11. Will you attach a joint loss agreement if the insurer is not the same as the Boiler & Machinery carrier? _____ Yes _____ No

12. Is Earthquake Coverage included? Limit $5,000,000 _____ Yes _____ No
    Additional Premium: _____

13. Is Flood Coverage available? _____ Yes _____ No
    Limit applicable:_____
    Deductible:_____
    Additional Premium: _____

14. Does the policy include environmental claims such as those for mold? Is there a sub limit. Please explain… _____ Yes _____ No

_____

III. General Liability, Personal Injury Liability and Employee Benefits Liability

A. Limit $1,000,000.00 per occurrence

Deductible $1,000.00

Total Cost $_____

B. Name of Company offering coverage: _____

C. <u>DEVIATIONS from proposal specifications:</u>

IV. Professional Legal Liability

A. Limit $2,000,000.00 per occurrence

Deductible $25,000.00

Total Cost $_____

B. Name of Company offering coverage: _____

C. <u>DEVIATIONS from proposal specifications:</u>

D. Please respond to the following questions as they relate to the School Professional Legal Liability coverage proposed. Please specify if there are any SUBLIMITS, otherwise it will be assumed full policy limits are available:

1. Who are the "covered persons" or "named insured"? _____
2. Is Prior Acts coverage provided as part of the basic coverage? ___yes ___ no
   If yes, what is the retroactive date?_____
3. In corporal punishment/student discipline covered?_____
4. Under what terms is "tail" coverage available when either the insured or insurer cancels or nonrenews? How long is the reporting period and what is the cost?
   _____
5. Does the policy cover non-pecuniary relief? ___ yes ___ no If yes, are there any sublimits for either defense costs or damages? If sublimits apply, please stipulate.
   _____
6. Are board members/employees covered as they serve on other boards within the course and scope of their employment (i.e. , would coverage extend to a superintendent as he/she served on a Special Education Cooperative)?
   _____
7. Are claims alleging discrimination covered (e.g., 1983 Civil Rights violation)?
   ___ yes ___ no If yes, what is the Limit of Liability? _____
8. Is sexual misconduct (i.e. , harassment), sexual abuse and molestation covered?
   ___ yes ___ no If yes, are there sublimits? _____
9. Does the coverage pay on behalf of or indemnify? _____
10. Are defense costs within limits or in addition to?_____
11. Please explain the notice of claim provision and what constitutes a "demand."
    _____
12. What provisions are there if the insured refuses to consent to settle?
    _____
13. Does the insured have to have the Company's consent to incur expenses?
    _____

V. Auto Liability and Physical Damage Including Hired and Non-owned Vehicles

A. Automobile Liability Coverage

Minimum combined single limits: $500,000.00

Deductible $1,000.00

Cost **$**_____

B. Physical Damage Coverage-All 1994 and newer vehicles only

Deductible $1,000.00

Cost-Collision $_____

C. Physical Damage Coverage-Mobile Equipment

Deductible $500.00

Cost-Comprehensive **$**_____

Cost-Collision **$**_____

D. Name of Company offering coverage: _____

E. DEVIATIONS from proposal specifications:

F. Proposed Policy Questionnaire

1. Does the proposed policy provide requested limits of liability, uninsured motorists, and medical payments? _____ Yes _____ No
   If not, explain:
2. Is coverage provided based on coverage symbols stated above? _____ Yes _____ No
   If not, explain:
3. Is quote subject to an experience modifier? _____ Yes _____ No
4. Does this proposal cover all vehicles listed? _____ Yes _____ No
5. Does this proposal cover specified causes of loss on all vehicles? _____ Yes _____ No
6. Is collision coverage provided on all vehicles? _____ Yes _____ No
7. Is there automatic coverage, both liability and physical damage for newly acquired vehicles? _____ Yes _____ No

VI. Property and Contents Coverage-Windstorm, Hurricane, and Hail Insurance

A. Property and Contents Coverage (see SECTIION I)
Total Insurable Value: $581,001,000

Loss Limit: $25,000,000

Deductible 2% per occurrence per building

Total Cost $_____

Loss Limit: $50,000,000

Deductible 2% per occurrence per building

Total Cost $ _____

Loss Limit: $75,000,000

Deductible 2% per occurrence per building

Total Cost $ _____

B. Please answer these questions:

1. Is this proposal providing windstorm, hurricane & hail. _____ Yes _____ No
2. Is there a co-insurance clause applicable to property coverage? _____ Yes _____ No
3. Is the basis of recovery replacement cost new, both on building and contents? _____ Yes _____ No
4. Has a specimen been submitted? _____ Yes _____ No
5. Is newly acquired or constructed property covered? _____ Yes _____ No
   Limit:_____
6. Does the policy include demolition cost? _____ Yes _____ No
   Limit: _____
7. Does proposal include a debris removal clause? _____ Yes _____ No
   Limit: _____
8. Increased cost of Construction due to the operation of building ordinances? _____ Yes _____ No
   Limit: _____

Please answer the following questions (Insurance Agency Questionnaire)

A. Who will have primary responsibility for the District's account?_____

1. Number of years in the insurance business: _____
2. Insurance background: _____
3. Educational background: _____
4. Number of other public entities serviced: _____

B. Who will be the back up person for the District's account?_____

1. Number of years in the insurance business: _____
2. Insurance background: _____
3. Educational background: _____
4. Number of other public entities serviced: _____

C. How many Texas school districts does your agency (this office, if a national broker) provide coverage on behalf of: _____

D. How many school districts do you provide windstorm coverage:

_____

E. What is your (this office, if a national broker) estimated premium volume with Texas school districts:

_____

Other public entities:_____

F. What is your estimated premium volume for windstorm insurance with the Texas School Districts:

_____

G. Has your agency been licensed to conduct fire/casualty insurance in Texas for the past five years?
_____ Yes _____ No

H. Has your agency produced a minimum annual gross fire and casualty premiums income of at least $1,000,000 average for each of the past three years? _____ Yes _____ No

I. The District will expect an annual summary of premium and losses by coverage.

J. Please attach a copy of the following documents:
1. A copy of the current license.
2. A certificate for agent's errors and omissions coverage insured for at least $2,000,000 aggregate limit.

K. Please list services that you provide to assist with the placement of TWIA coverage

L. Are you a historically underutilized business (HUB)? _____ Yes _____ No

VII. Total Contribution: (Please add all of the above):

II. A.	Property and Contents Coverage	$_____
II. B.	Total Schedule Property Floaters	$_____
III.A	General, Personal Injury, and Employee Benefits Liab.	$_____
IV.A	Professional Legal Liability	$_____
V. A.	Automobile Liability	$_____
V. B.	Physical Damage-Collision-All 1994 and newer	$_____
V. C.	Physical Damage-Mobile Equipment-Comprehensive	$_____
V. C.	Physical Damage-Mobile Equipment-Collision	$_____
VI	Property Windstorm Insurance Coverage	$_____
Total Contributions for Property/Casualty Coverage		**$_____**
Total Contributions for Windstorm Coverage		**$_____**

VIII. Please answer the following questions (Insurance Agency Questionnaire)

A. Who will have primary responsibility for the District's account?_____

1. Number of years in the insurance business: _____
2. Insurance background: _____
3. Educational background: _____
4. Number of other public entities serviced: _____

B. Who will be the back up person for the District's account?_____

1. Number of years in the insurance business: _____
2. Insurance background: _____
3. Educational background: _____
4. Number of other public entities serviced: _____

C. How many Texas school districts does your agency (this office, if a national broker) provide coverage on behalf of: _____

D. What is your (this office, if a national broker) estimated premium volume with Texas school districts:
Other public entities:_____

E. Has your agency been licensed to conduct fire/casualty insurance in Texas for the past five years? _____ Yes _____ No

F. Has your agency produced a minimum annual gross fire and casualty premiums income of at least $1,000,000 average for each of the past three years? _____ Yes _____ No

G. The District will expect an annual summary of premium and losses by coverage.

H. Please attach a copy of the following documents:

1. A copy of the current license.
2. A certificate for agent's errors and omissions coverage insured for at least $2,000,000 aggregate limit.

I. Are you a historically underutilized business (HUB)? _____ Yes _____ No

J. Do you have a financial statement? If yes, please provide a copy.
_____yes _____no

K. Are you registered to do business in Texas? If yes, please provide location below.
_____yes _____no

Name _____

REFERENCES:

Contractors must complete and submit three (3) references preferably school districts that your company has done work for in the past. This attachment is part of the evaluation criteria and will be weighted accordingly.

1. Contact Person_____
   Company Name_____
   Address_____
   Phone No._____

2. Contact Person_____
   Company Name_____
   Address_____
   Phone No._____

3. Contact Person_____
   Company Name_____
   Address_____
   Phone No._____

VET HUB CERTIFICATION

San Benito CISD would like to know if your company is a State of Texas registered HUB (Historically Underutilized Business).

Company Name	Texas certified VET HUB		VID Number (required if Texas VET HUB)
	Yes	No	

(Attach copy of Vet HUB certificate if applicable)

SECTION 1

PROPERTY, CASUALTY, AND WINDSTORM INSURANCE COVERAGE of the Proposal Form and Attachment to Coverage Specifications Section I, 1.

SAN BENITO CONSOLIDATED INDEPENDENT SCHOOL DISTRICT
RFP-1226-PCWNW
PROPERTY, CASUALTY, WINDSTORM INSURANCE COVERAGE, AND NAMED WINDSTORM COVERAGE

EXHIBIT I

SCHEDULE OF VEHICLES, BUS SEATING CAPACITIES, & VALUES

Vehicle Unique ID	Vehicle VIN	Trailer VIN	Year	VIN Verification - Make	Vehicle - Make	Trailer - Make	Model	Vehicle Type	Vehicle State
V-45927		4K8NX1627Y1C65193	2000			Big Tex	TRAILER	TT3 - TRAILER	Active
V-45863		4KNTT16258L162307	2008	TOWMASTER INC.		Towmaster Inc.	Towmaster Inc.	TT3 - TRAILER	Active
V-45862		4KNTT1629AL160842	2010				TOW MASTER	TT3 - TRAILER	Active
V-45827		4R7G025207T081534	2007	TOP HAT INDUSTRIES			Top Hat Industries	TT3 - TRAILER	Active
V-45433		49T1U1716L2080267	2020			Big Tex	LIN	TT3 - TRAILER	Active
V-45246		7KC1E101XLT000593	2020			Wells Cargo	FT6	TT3 - TRAILER	Active
V-45209		1F9FT0917PA451625	2023				FLATBED	TT3 - TRAILER	Active
V-45111		17XFE1210B1015259	2011			Texas Bragg	EC612HET60	TT3 - TRAILER	Active
V-44931		4YMUL12108T004593	2008				CARR4593	TT3 - TRAILER	Active
V-44718		16VPX2024K2063976	2019				BIG TEX	TT3 - TRAILER	Active
V-44689		16VAX101692A32930	2009	BIG TEX		Big Tex	Big Tex	TT3 - TRAILER	Active
V-44688		16VAX101782A26214	2008	BIG TEX		Big Tex	Big Tex	TT3 - TRAILER	Active
V-44683		16VEX202562308295	2006	BIG TEX		Big Tex	Big Tex	TT3 - TRAILER	Active
V-44549		5JWOE1210RX110266	2024				612	TT3 - TRAILER	Active
V-44522		16VAX1215K2060749	2019			Big Tex	35SA-12RG	TT3 - TRAILER	Active
V-44455		16VNX1624F2089301	2015				16 FT UTILITY TRAILER 45SS16	TT3 - TRAILER	Active
V-44373		16VAX1214F2037565	2015			Big Tex		TT3 - TRAILER	Active
V-44347		LN2SHOO11CJOOO276	2012			Big Tex		TT3 - TRAILER	Active
V-44338		16VVXO810B2A88058	2011			Big Tex		TT3 - TRAILER	Active
V-44315		4YMUL12189T026102	2009					TT3 - TRAILER	Active
V-44275		17YBP20275B029986	2005					TT3 - TRAILER	Active
V-44266		16VAX101642A04098	2004			Big Tex		TT3 - TRAILER	Active
V-44251		4K8AX081521A95338	2002			Big Tex		TT3 - TRAILER	Active
V-44250		4K8VX081221A82662	2002	cancel but do not reassign				TT3 - TRAILER	Active
V-44239		1WC200N2912042933	2001			Wells Cargo		TT3 - TRAILER	Active
V-44238		4K8AX081711A69046	2001			Big Tex		TT3 - TRAILER	Active
V-44230		4K8LX0811Y1A64749	2000			Big Tex		TT3 - TRAILER	Active
V-44215		4K8NX1624X1D38826	1999			Big Tex		TT3 - TRAILER	Active
V-44189		020051165	1994					TT3 - TRAILER	Active
V-44188		432111621R1007831	1994			Falcon		TT3 - TRAILER	Active
V-44116		4D6EB2024KCO54702	2019	CARGO CRAFT ,INC.			CARGO CRAFT ,INC.	TT3 - TRAILER	Active
V-43936		11614803	2007				TAKEUCHI	TT3 - TRAILER	Active
V-43652		4DYBS2025JMO14521	2018	TRAVALUM		Travalum	TRAVALUM	TT3 - TRAILER	Active
V-43609		4LAAS162695046781	2009			Exiss		TT3 - TRAILER	Active
V-43573		13SKJ3228D1KA6693	2013					TT3 - TRAILER	Active
V-43473		4DYGS3221JMO14525	2018				ALUMIUM STOCK TRAILER	TT3 - TRAILER	Active
V-43463		4DYGS322XJM011424	2018				TRAVALUM	TT3 - TRAILER	Active
V-43242	1GCRNEH5HZ185289		2017	CHEVROLET	Chevrolet		SILVERADO	TT2 - LARGE TRUCK 5+ TONS	Active
V-43148	2NPJHM5XOM73041		2025	PETERBILT	Peterbilt		REEFER	TT2 - LARGE TRUCK 5+ TONS	Active
V-43099	1FDXE4FN9PDD10060		2023	Ford	Ford		E-Series	TT2 - LARGE TRUCK 5+ TONS	Active
V-42938	1HTSCACN4RH604746		1994	INTERNATIONAL			4700	TT2 - LARGE TRUCK 5+ TONS	Active
V-42776	JHHRDM2H6HK004346		2017	HINO	Hino		XJC720 / XFC720	TT2 - LARGE TRUCK 5+ TONS	Active
V-42332	1FTN21LX4EC04337		2004	FORD	Ford		F250 4X4	TT1 - TRUCK / VAN (0 - 5 TON)	Active
V-38475	1FT8W3BT5HEC34014		2017	Ford	Ford		F-350 Super Duty	TT1 - TRUCK / VAN (0 - 5 TON)	Active

V-38411	1FT7W2B64HEE94193	2017	Ford	Ford	F-250 Super Duty	TT2 - LARGE TRUCK 5+ TONS	Active
V-38329	1FT8W3A64KED39629	2019	Ford	Ford	F-350 Super Duty	TT1 - TRUCK / VAN (0 - 5 TON)	Active
V-38294	1FT7W2BT5GEA20967	2016	Ford	Ford	F-250 Super Duty	TT1 - TRUCK / VAN (0 - 5 TON)	Active
V-38241	1FT7W2A67KEG38943	2019	Ford	Ford	F-250 Super Duty	TT1 - TRUCK / VAN (0 - 5 TON)	Active
V-37913	1FTEW1C59KKC42312	2019	Ford	Ford	F-150	TT1 - TRUCK / VAN (0 - 5 TON)	Active
V-36529	1FTEX1CP2JKC39992	2018	Ford	Ford	F-150	TT1 - TRUCK / VAN (0 - 5 TON)	Active
V-36405	1FTEX1CP5HKD02965	2017	Ford	Ford	F-150	TT1 - TRUCK / VAN (0 - 5 TON)	Active
V-36404	1FTEX1CP7HKD02966	2017	Ford	Ford	F-150	TT1 - TRUCK / VAN (0 - 5 TON)	Active
V-36286	1FTWW31R99EA59023	2009	Ford	Ford	F-350 Super Duty	TT1 - TRUCK / VAN (0 - 5 TON)	Active
V-36234	1FTFX1CG9GKD90261	2016	Ford	Ford	F-150	TT1 - TRUCK / VAN (0 - 5 TON)	Active
V-36216	1FTBR1X85LKA63183	2020	Ford	Ford	Transit	TT1 - TRUCK / VAN (0 - 5 TON)	Active
V-36043	1FTFW1CF0EFA43790	2014	Ford	Ford	F-150	TT1 - TRUCK / VAN (0 - 5 TON)	Active
V-35600	3GNFC16037G199489	2007	Chevrolet	Chevrolet	Suburban	CC1 - CAR / SUV	Active
V-35420	1FTSW21568EB30747	2008	Ford	Ford	F-250 Super Duty	TT1 - TRUCK / VAN (0 - 5 TON)	Active
V-35419	1FTSW21598EB43718	2008	Ford	Ford	F-250 Super Duty	TT1 - TRUCK / VAN (0 - 5 TON)	Active
V-34908	1FTYE1Y81LKA04975	2020	Ford	Ford	Transit Cargo Van	TT1 - TRUCK / VAN (0 - 5 TON)	Active
V-34684	3FTSW31F41MA67632	2001	Ford	Ford	F-350 Super Duty	TT1 - TRUCK / VAN (0 - 5 TON)	Active
V-34613	1GCRCNEH9HZ190060	2017	Chevrolet	Chevrolet	Silverado 1500	TT1 - TRUCK / VAN (0 - 5 TON)	Active
V-34609	1GCRCNEH6HZ185673	2017	Chevrolet	Chevrolet	Silverado 1500	TT2 - LARGE TRUCK 5+ TONS	Active
V-34608	1GCRCNEH7HZ187660	2017	Chevrolet	Chevrolet	Silverado 1500	TT2 - LARGE TRUCK 5+ TONS	Active
V-34607	1GCRCNEH8HZ190924	2017	Chevrolet	Chevrolet	Silverado 1500	TT2 - LARGE TRUCK 5+ TONS	Active
V-34336	1GCRCNEH7GZ131121	2016	Chevrolet	Chevrolet	Silverado 1500	TT1 - TRUCK / VAN (0 - 5 TON)	Active
V-33970	1FTYE1YM2HKA89278	2017	Ford	Ford	Transit	TT1 - TRUCK / VAN (0 - 5 TON)	Active
V-33627	1FMNE11WX7DB12612	2007	Ford	Ford	E-Series	TT1 - TRUCK / VAN (0 - 5 TON)	Active
V-33619	1FTEX1CM1DFB19684	2013	Ford	Ford	F-150	TT1 - TRUCK / VAN (0 - 5 TON)	Active
V-33254	IFTEW1CW4AFB43574	2010	Ford	Ford	F-150	TT1 - TRUCK / VAN (0 - 5 TON)	Active
V-33233	1FTPX12V88FB96061	2008	Ford	Ford	F-150	TT1 - TRUCK / VAN (0 - 5 TON)	Active
V-33229	1FTRX17L62KC76196	2002	Ford	Ford	F-150	TT1 - TRUCK / VAN (0 - 5 TON)	Active
V-33226	1FTRX17L82KD43106	2002	Ford	Ford	F-150	TT1 - TRUCK / VAN (0 - 5 TON)	Active

V-33223	1FTRX17L32KC76205	2002	Ford	Ford	F-150	TT1 - TRUCK / VAN (0 - 5 TON)	Active
V-33056	1FTPX12V67FB00510	2007	Ford	Ford	F-150	TT1 - TRUCK / VAN (0 - 5 TON)	Active
V-33055	1FTPX12V67KC94723	2007	Ford	Ford	F-150	TT1 - TRUCK / VAN (0 - 5 TON)	Active
V-33051	1FTRX17W03NB05261	2003	Ford	Ford	F-150	TT1 - TRUCK / VAN (0 - 5 TON)	Active
V-32769	1FBSS31L61HA04929	2001	Ford	Ford	E-Series	TT1 - TRUCK / VAN (0 - 5 TON)	Active
V-32686	1GCEC19T84Z317977	2004	Chevrolet	Chevrolet	Silverado 1500	TT1 - TRUCK / VAN (0 - 5 TON)	Active
V-32685	1GCEC19TX4Z320010	2004	Chevrolet	Chevrolet	Silverado 1500	TT1 - TRUCK / VAN (0 - 5 TON)	Active
V-32680	1GCEC19T64Z320604	2004	Chevrolet	Chevrolet	Silverado 1500	TT1 - TRUCK / VAN (0 - 5 TON)	Active
V-32536	3FTTW8E92NRA13034	2022	Ford	Ford	Maverick	TT1 - TRUCK / VAN (0 - 5 TON)	Active
V-32535	3FTTW8E9XNRA13783	2022	Ford	Ford	Maverick	TT1 - TRUCK / VAN (0 - 5 TON)	Active
V-32534	3FTTW8E96NRA13148	2022	Ford	Ford	Maverick	TT1 - TRUCK / VAN (0 - 5 TON)	Active
V-32533	3FTTW8E9XNRA13394	2022	Ford	Ford	Maverick	TT1 - TRUCK / VAN (0 - 5 TON)	Active
V-32532	3FTTW8E9XNRA14058	2022	Ford	Ford	Maverick	TT1 - TRUCK / VAN (0 - 5 TON)	Active
V-32530	3FTTW8E90NRA13386	2022	Ford	Ford	Maverick	TT1 - TRUCK / VAN (0 - 5 TON)	Active
V-32529	3FTTW8E90NRA45755	2022	Ford	Ford	Maverick	TT1 - TRUCK / VAN (0 - 5 TON)	Active
V-32528	3FTTW8E92NRA13275	2022	Ford	Ford	Maverick	TT1 - TRUCK / VAN (0 - 5 TON)	Active
V-32412	1FTNS24WX8DB19883	2008	Ford	Ford	E-Series	TT1 - TRUCK / VAN (0 - 5 TON)	Active
V-32232	1GCEC19V95Z241351	2005	Chevrolet	Chevrolet	Silverado 1500	TT1 - TRUCK / VAN (0 - 5 TON)	Active
V-32219	1FTNE1EW0ADA88360	2010	Ford	Ford	E-Series	TT1 - TRUCK / VAN (0 - 5 TON)	Active
V-32159	1GCEC19X54Z230668	2004	Chevrolet	Chevrolet	Silverado 1500	TT1 - TRUCK / VAN (0 - 5 TON)	Active
V-32053	1FTRX12WO7KC40738	2007	Ford	Ford	F-150	TT1 - TRUCK / VAN (0 - 5 TON)	Active
V-31930	NM0LS6E20L1467323	2020	Ford	Ford	Transit Connect Van	TT1 - TRUCK / VAN (0 - 5 TON)	Active
V-31261	3B7HC13Y11G211867	2001	Dodge	Dodge	Ram 1500	TT1 - TRUCK / VAN (0 - 5 TON)	Active
V-31088	3GCEC14V16G143343	2006	Chevrolet	Chevrolet	Silverado 1500	TT1 - TRUCK / VAN (0 - 5 TON)	Active
V-31085	3GCEC14V66G141488	2006	Chevrolet	Chevrolet	Silverado 1500	TT1 - TRUCK / VAN (0 - 5 TON)	Active
V-30968	1FTZF17271KA60530	2001	Ford	Ford	F-150	TT1 - TRUCK / VAN (0 - 5 TON)	Active
V-30528	1FD7X2A67LEC73335	2020	Ford	Ford	F-250 Super Duty	TT1 - TRUCK / VAN (0 - 5 TON)	Active
V-30394	MNOLS6E70G1261551	2016		Ford	TRANSIT CONNECT XL VAN	TT1 - TRUCK / VAN (0 - 5 TON)	Active
V-30071	2ETRX17W63CA08894	2003		Ford		TT1 - TRUCK / VAN (0 - 5 TON)	Active

V-30061	1FDNX20LX2EC63315	2002		Ford		TT1 - TRUCK / VAN (0 - 5 TON)	Active
V-30058	1FTRF14241H818680	2001	Ford	Ford	E 150	TT1 - TRUCK / VAN (0 - 5 TON)	Active
V-29935	1FDXE47SXWHA59531	1998	FORD	Ford	E-450	TT1 - TRUCK / VAN (0 - 5 TON)	Active
V-29849	1FTDF15Y1RNB38778	1994	Ford	Ford	F-150	TT1 - TRUCK / VAN (0 - 5 TON)	Active
V-29151	3GBKC34FX1M111707	2001	CHEVROLET	Chevrolet	Silverado	TT1 - TRUCK / VAN (0 - 5 TON)	Active
V-29085	1GCGC33R5XF076693	1999	Chevrolet	Chevrolet	C/K 3500 Series	TT1 - TRUCK / VAN (0 - 5 TON)	Active
V-29039	1GBHC34R2VF037760	1997	CHEVROLET	Chevrolet	GMT-400	TT1 - TRUCK / VAN (0 - 5 TON)	Active
V-28866	2C3CDXAT8JH2105131 EG	2018	DODGE	Dodge	DODGE CHARGER	EV1 - EMERGENCY OR HIGHLY MODIFIED SERVICE VEHICLE	Active
V-28865	2C3CDXATXJH2105141 R0	2018	DODGE	Dodge	DODGE CHARGER	EV1 - EMERGENCY OR HIGHLY MODIFIED SERVICE VEHICLE	Active
V-28276	1FAHP2L81HG115727	2017	Ford	Ford	Taurus	EV1 - EMERGENCY OR HIGHLY MODIFIED SERVICE VEHICLE	Active
V-28274	1FAHP2L88HG115725	2017	Ford	Ford	Taurus	EV1 - EMERGENCY OR HIGHLY MODIFIED SERVICE VEHICLE	Active
V-28273	1FAHP2L8XHG115726	2017	Ford	Ford	Taurus	EV1 - EMERGENCY OR HIGHLY MODIFIED SERVICE VEHICLE	Active
V-28055	1GNLCDEC3JR162496	2018	Chevrolet	Chevrolet	Tahoe	EV1 - EMERGENCY OR HIGHLY MODIFIED SERVICE VEHICLE	Active
V-28049	1GNLCDEC4JR157114	2018	Chevrolet	Chevrolet	Tahoe	EV1 - EMERGENCY OR HIGHLY MODIFIED SERVICE VEHICLE	Active
V-28001	1GNLCDEC8GR415398	2016	Chevrolet	Chevrolet	Tahoe	EV1 - EMERGENCY OR HIGHLY MODIFIED SERVICE VEHICLE	Active
V-27990	1GNLC2EC4FR268984	2015	Chevrolet	Chevrolet	Tahoe	EV1 - EMERGENCY OR HIGHLY MODIFIED SERVICE VEHICLE	Active
V-27907	1GNLC2E0XCR242682	2012	Chevrolet	Chevrolet	Tahoe	EV1 - EMERGENCY OR HIGHLY MODIFIED SERVICE VEHICLE	Active
V-27540	1FM5K8AR6HGB92924	2017	Ford	Ford	Explorer	EV1 - EMERGENCY OR HIGHLY MODIFIED SERVICE VEHICLE	Active
V-27528	1FM5K8AR8HGB92925	2017	Ford	Ford	Explorer	EV1 - EMERGENCY OR HIGHLY MODIFIED SERVICE VEHICLE	Active
V-27208	2C3CDXAT5KH688664	2019	Dodge	Dodge	Charger	EV1 - EMERGENCY OR HIGHLY MODIFIED SERVICE VEHICLE	Active
V-26707	1GNSCGKC300899	2018	CHEVROLET	Chevrolet	SUBURBAN	CC1 - CAR / SUV	Active
V-25642	1GNSCGKC2JR112996	2018	Chevrolet	Chevrolet	Suburban	CC1 - CAR / SUV	Active
V-25297	1FMJK1FT9HEA45664	2017	Ford	Ford	Expedition EL	CC1 - CAR / SUV	Active

V-24707	2FABP7EV5BX132618	2011	Ford	Ford	Crown Victoria	CC1 - CAR / SUV	Active
V-24206	2G1WA5EK0A1264042	2010	Chevrolet	Chevrolet	Impala	CC1 - CAR / SUV	Active
V-24160	1VWBH7A32CC000438	2012	Volkswagen		Passat	CC1 - CAR / SUV	Active
V-23690	2FAFP71W25X147520	2005	Ford	Ford	Crown Victoria	CC1 - CAR / SUV	Active
V-23689	2FAFP71W65X147519	2005	Ford	Ford	Crown Victoria	CC1 - CAR / SUV	Active
V-23500	1GNSCKEC4GR388698	2016	Chevrolet	Chevrolet	Suburban	CC1 - CAR / SUV	Active
V-22164	1GB3GSB76N1187746 0	2022	THOMAS	Thomas	EXPRESS G6500 CUTAWAY	BB2 - BUS SEATING 21+	Active
V-20630	4DRUC8N1JB437649	2018	INTERNATIONAL		PB10500	BB2 - BUS SEATING 21+	Active
V-20629	4DRUC8N1JB437652	2018	INTERNATIONAL		PB10500	BB2 - BUS SEATING 21+	Active
V-20628	4DRUC8N1JB437653	2018	INTERNATIONAL		PB10500	BB2 - BUS SEATING 21+	Active
V-20627	4DRUC8N1JB693709	2018	INTERNATIONAL		PB10500	BB2 - BUS SEATING 21+	Active
V-20610	4UZABPFC8CUD0951	2023	FREIGHTLINER	Freightliner	THOMAS	BB2 - BUS SEATING 21+	Active
V-17764	4DRUC8NXRB533971	2024	IC	IC Bus	3000	BB2 - BUS SEATING 21+	Active
V-17319	4DRBUC8NXJG693708	2018			PB10500	BB2 - BUS SEATING 21+	Active
V-17318	4DRBUCBNBJB437633	2018			PB10500	BB2 - BUS SEATING 21+	Active
V-16779	4DRBUC8N2NB456510	2022	IC BUS	IC Bus	PB105	BB2 - BUS SEATING 21+	Active
V-16726	4DRBUC8N4NB456511	2022	IC BUS	IC Bus	PB105	BB2 - BUS SEATING 21+	Active
V-16681	4DRBUC8N6NB456509	2022	IC BUS	IC Bus	PB105	BB2 - BUS SEATING 21+	Active
V-16610	4DRBUC8N9NB456519	2022	IC BUS	IC Bus	PB105	BB2 - BUS SEATING 21+	Active
V-15214	4DRBUC8N0JB437643	2018	IC BUS	IC Bus	PB105	BB2 - BUS SEATING 21+	Active
V-15185	4DRBUC8N1JB437635	2018	IC BUS	IC Bus	PB105	BB2 - BUS SEATING 21+	Active
V-15112	4DRBUC8N3JB437636	2018	IC BUS	IC Bus	PB105	BB2 - BUS SEATING 21+	Active
V-15076	4DRBUC8N4JB437631	2018	IC BUS	IC Bus	PB105	BB2 - BUS SEATING 21+	Active
V-15041	4DRBUC8N5JB437637	2018	IC BUS	IC Bus	PB105	BB2 - BUS SEATING 21+	Active
V-15040	4DRBUC8N5JB437640	2018	IC BUS	IC Bus	PB105	BB2 - BUS SEATING 21+	Active
V-14994	4DRBUC8N6JB437632	2018	IC BUS	IC Bus	PB105	BB2 - BUS SEATING 21+	Active
V-14958	4DRBUC8N7JB437641	2018	IC BUS	IC Bus	PB105	BB2 - BUS SEATING 21+	Active
V-14916	4DRBUC8N8JB437650	2018	IC BUS	IC Bus	PB105	BB2 - BUS SEATING 21+	Active
V-14856	4DRBUC8NOJB693457	2018	IC BUS	IC Bus	PB105	BB2 - BUS SEATING 21+	Active
V-14844	4DRBUC8NXJB437634	2018	IC BUS	IC Bus	PB105	BB2 - BUS SEATING 21+	Active
V-14843	4DRBUC8NXJB437651	2018	IC BUS	IC Bus	PB105	BB2 - BUS SEATING 21+	Active
V-13550	1GBJG31K791172345	2009	CHEVROLET	Chevrolet	Express	TT1 - TRUCK / VAN (0 - 5 TON)	Active

V-13242	4DRBUAAL6DB115820	2013	IC BUS	IC Bus	PB105	BB2 - BUS SEATING 21+	Active
V-13121	1HVBBABN01H383548	2001	INTERNATIONAL		3800	BB2 - BUS SEATING 21+	Active
V-13028	4DRBUSKN2CB397572	2012	IC BUS	IC Bus	PB105	BB2 - BUS SEATING 21+	Active
V-13020	4DRBUSKN5CB397551	2012	IC BUS	IC Bus	PB105	BB2 - BUS SEATING 21+	Active
V-13004	4DRBUSKNXCB397576	2012	IC BUS	IC Bus	PB105	BB2 - BUS SEATING 21+	Active
V-12877	4DRBUSKN1BB292231	2011	IC BUS	IC Bus	PB105	BB2 - BUS SEATING 21+	Active
V-12866	4DRBUSKN3BB292232	2011	IC BUS	IC Bus	PB105	BB2 - BUS SEATING 21+	Active
V-12827	4DRBUSKNOBB261312	2011	IC BUS	IC Bus	PB105	BB2 - BUS SEATING 21+	Active
V-10106	1BAKGCEA9LF361262	2020	BLUE BIRD	Blue Bird	BB Conventional	BB2 - BUS SEATING 21+	Active
V-9995	1GB3GSB72N1184927	2022	Chevrolet	Chevrolet	Express	TT1 - TRUCK / VAN (0 - 5 TON)	Active
V-9843	1BAKJCEA0KF347119	2019	BLUE BIRD	Blue Bird	BB Conventional	BB2 - BUS SEATING 21+	Active
V-9838	1BAKJCEA7KF347120	2019	BLUE BIRD	Blue Bird	BB Conventional	BB2 - BUS SEATING 21+	Active
V-9837	1BAKJCEA9KF347118	2019	BLUE BIRD	Blue Bird	BB Conventional	BB2 - BUS SEATING 21+	Active
V-9584	1BAKGCPA0JF337989	2018	BLUE BIRD	Blue Bird	BB Conventional	BB2 - BUS SEATING 21+	Active
V-9553	1BAKGCPA7JF337990	2018	BLUE BIRD	Blue Bird	BB Conventional	BB2 - BUS SEATING 21+	Active
V-9545	1BAKGCPA9JF337988	2018	BLUE BIRD	Blue Bird	BB Conventional	BB2 - BUS SEATING 21+	Active
V-9544	1BAKGCPA9JF337991	2018	BLUE BIRD	Blue Bird	BB Conventional	BB2 - BUS SEATING 21+	Active
V-9467	1BAKBCPA3HF335064	2017	BLUE BIRD	Blue Bird	BB Conventional	BB2 - BUS SEATING 21+	Active
V-8987	1BAKGCPA0FF309732	2015	BLUE BIRD	Blue Bird	BB Conventional	BB2 - BUS SEATING 21+	Active
V-8971	1BAKGCPA2FF309733	2015	BLUE BIRD	Blue Bird	BB Conventional	BB2 - BUS SEATING 21+	Active
V-8916	1BAKGCPA9FF309731	2015	BLUE BIRD	Blue Bird	BB Conventional	BB2 - BUS SEATING 21+	Active
V-8820	1BAKGCPA0EF298309	2014	BLUE BIRD	Blue Bird	BB Conventional	BB2 - BUS SEATING 21+	Active
V-8790	1BAKGCPA7EF298307	2014	BLUE BIRD	Blue Bird	BB Conventional	BB2 - BUS SEATING 21+	Active
V-8783	1BAKGCPA9EF298308	2014	BLUE BIRD	Blue Bird	BB Conventional	BB2 - BUS SEATING 21+	Active
V-7652	1FTSW20528ED27108	2008	Ford	Ford	F-250 Super Duty	TT1 - TRUCK / VAN (0 - 5 TON)	Active
V-5830	4UZABRDT9FCGG9554	2015	FREIGHTLINER	Freightliner	B2 Bus Chassis	BB2 - BUS SEATING 21+	Active
V-5563	4UZABRDT0DCFA7888	2013	FREIGHTLINER	Freightliner	B2 Bus Chassis	BB2 - BUS SEATING 21+	Active
V-5415	4UZABRDTXCCBA0773	2012	FREIGHTLINER	Freightliner	B2 Bus Chassis	BB2 - BUS SEATING 21+	Active
V-5389	4UZABRDT2BCAW9246	2011	FREIGHTLINER	Freightliner	B2 Bus Chassis	BB2 - BUS SEATING 21+	Active
V-5100	4UZABRCSX7CW15191	2007	FREIGHTLINER	Freightliner	B2 Bus Chassis	BB2 - BUS SEATING 21+	Active
V-4518	4UZABPFC1PCNP0635	2023		Thomas	221	BB2 - BUS SEATING 21+	Active

V-4376	4DRBUSKL9CB452730	2012				BB2 - BUS SEATING 21+	Active
V-4239	4DRBUC8N0RB792386	2024	IC BUS	IC Bus	PB105	BB2 - BUS SEATING 21+	Active
V-4238	4DRBUC8N2RB792387	2024	IC BUS	IC Bus	PB105	BB2 - BUS SEATING 21+	Active
V-4237	4DRBUC8N7RB792384	2024	IC BUS	IC Bus	PB105	BB2 - BUS SEATING 21+	Active
V-3283	4DRBUC8N1RB533969	2024	IC BUS	IC Bus	PB105	BB2 - BUS SEATING 21+	Active
V-3282	4DRBUC8N8RB533970	2024	IC BUS	IC Bus	PB105	BB2 - BUS SEATING 21+	Active
V-1016	1GB3GSB7XN1177188	2022	Chevrolet	Chevrolet	Express	TT1 - TRUCK / VAN (0 - 5 TON)	Active
V-1015	1GB3GSB7XN1177689	2022	Chevrolet	Chevrolet	Express	TT1 - TRUCK / VAN (0 - 5 TON)	Active
V-709	1GBHG31K591129248	2009	CHEVROLET	Chevrolet	Express	TT1 - TRUCK / VAN (0 - 5 TON)	Active
V-256	1HA3GSB71RN005038	2024	Chevrolet	Chevrolet	Express	TT1 - TRUCK / VAN (0 - 5 TON)	Active

Report: **Date:**
View All Ve Oct 6, 2026 7:43 AM (America/Chicago)

SAN BENITO CONSOLIDATED INDEPENDENT SCHOOL DISTRICT
RFP-1226-PCWNW
PROPERTY, CASUALTY, WINDSTORM INSURANCE COVERAGE, AND NAMED WINDSTORM COVERAGE

EXHIBIT II

LAST 5-YEARS OF ANNUAL CONTRIBUTIONS

PROPERTY/ CASUALTY
ANNUAL CONTRIBUTIONS FOR 5 YEARS

	2022-2023	2023-2024	2024-2025	2025-2026	2026-2027
PROPERTY					
BLANKET REPLACEMENT					
COST ON BUILDINGS, PERSONAL PROPERTY	330,755.00	396,659.00	555,075.00	700,653.00	782,514.00
MISCELLANEOUS PROPERTY					
RISK OF DIRECT PHYSICAL LOSS, REPLACEMENT					
COST EDP EQUIPMENT, DATA & MEDIA	included	included	included	included	included
RISK OF DIRECT LOSS, REPLACEMENT COST					
BAND INSTRUMENTS	included	included	included	included	included
RISK OF DIRECT LOSS, REPLACEMENT COST					
AUDIO/VISUAL EQUIPMENT	included	included	included	included	included
RISK OF DIRECT LOSS, REPLACEMENT COST					
TELECOMMUNICATIONS INFRASTRUCTURE	included	included	included	included	included
RISK OF DIRECT LOSS, REPLACEMENT COST					
C & T WING, KSBG-TV	included	included	included	included	included
LIABILITY					
GENERAL LIABILITY					
INCLUDES PERSONAL INJURY	included in	included in	included in	included in	included in
EMPLOYEE BENEFITS LIABILITY	Legal Liability	Legal Liability	Legal Liability	Legal Liability	Legal Liability
LAW ENFORCEMENT LIABILITY	n/a	n/a	n/a	n/a	n/a
SCHOOL PROFESSIONAL LEGAL LIABILITY	149,066.00	167,753.00	185,082.00	179,585.00	171,976.00
SEXUAL MISCONDUCT CLAIMS ENDORSEMENT	included	included	included	included	included

PROPERTY/ CASUALTY
ANNUAL CONTRIBUTIONS FOR 5 YEARS

	2022-2023	2023-2024	2024-2025	2025-2026	2026-2027
VEHICLE COVERAGE					
FLEET LIABILITY	72,249.00	79,638.00	91,358.00	89,953.00	121,117.00
PHYSICAL DAMAGE					
PRIVATE PASSENGER					
COLLISION	40,916.00	43,501.00	52,588.00	49,849.00	43,005.00
ALL OTHER VEHICLES					
(Buses Truck, Trailers and Vans)					
COLLISION	included	included	included	included	included
MOBILE EQUIPMENT					
COMPREHENSIVE	included	included	included	included	included
COLLISION	included	included	included	included	included
PRIVACY & INFORMATION SECURITY	42668	51202	51,202.00	20,000.00	20,000.00
TOTAL CONTRIBUTION	**$ 635,654.00**	**$ 738,753.00**	**$ 935,305.00**	**$ 1,040,040.00**	**$ 1,138,612.00**

SAN BENITO CONSOLIDATED INDEPENDENT SCHOOL DISTRICT
RFP-1226-PCWNW
PROPERTY, CASUALTY, WINDSTORM INSURANCE COVERAGE, AND NAMED WINDSTORM COVERAGE

EXHIBIT III

LOSS HISTORY (PAST 5-YEARS)

Loss Run Dated - 09/30/2026

San Benito CISD

Account No: 614345

Policy Term: 02/01/2019 -- 02/01/2020

Policy Numbers: AMR-65592,AMP7535855-00,MSP-27460,CPP1062326-00,USI-24335-00,LEX-014713752-00,SSI-15424-00,HAN-21746-00,ORAMPR006667-00,10T029659-11152-19-00

Broker Company: Acrisure, LLC

No Claims found for this policy

San Benito CISD

Account No: 709829

Policy Term: 02/01/2020 -- 02/01/2021

Policy Numbers: AMR-65592-01,AMP7535855-01,MSP-27460-01,CPP1062326-01,USI-24335-01,LEX-014713752-01,SSI-15424-01,HAN-21746-01,ORAMPR006667-01,10T029659-11152-20-01

Broker Company: Acrisure, LLC

Date Of Loss	Status	Loss Paid	Expense Paid	Loss Reserve	Expense Reserve	Total Incurred
7/25/2020	CLOSED	$0.00	$7,542.71	$0.00	$0.00	$7,542.71
Claim Type :		Property				
Loss Type :		Wind; Named Storm				
Loss Description :		Wind damage to roofs on multiple buildings; Hurricane Hanna.				
Location :		240 N Crockett				
CLM34361		4173611				
Policy Total		$0.00	$7,542.71	$0.00	$0.00	$7,542.71

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 - 09/30/2026

San Benito CISD **Account No: 808354**

Policy Term: 02/01/2021 -- 02/01/2022

Policy Numbers: AMR-65592-02,AMP7535855-02,MSP-27460-02,CPP1062326-02,10T029659-11152-21-02,USI-24335-02,LEX-014713752-02,HAN-21746-02,ORAMPR006667-02,GVS-10515-00

Broker Company: Acrisure, LLC

No Claims found for this policy

San Benito CISD **Account No: 916548**

Policy Term: 02/01/2022 -- 02/01/2023

Policy Numbers: AMR-65592-03,AMP7535855-03,MSP-27460-03,CPP1062326-03,USI-24335-03,LEX-014713752-03,HAN-21746-03,ORAMPR006667-03,GVS-10515-01,TSAMPR0006758-00

Broker Company: Acrisure, LLC

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 - 09/30/2026

San Benito CISD **Account No: 1025204**

Policy Term: 02/01/2023 -- 02/01/2024

Policy Numbers: AMR-65592-04,AMP7535855-04,MSP-27460-04,CPP1062326-04,ORAMPR006667-04,GVS-10515-02,TSAMPR0006758-01,72AMR305422-00,SPI-14630-00

Broker Company: Acrisure, LLC

No Claims found for this policy

San Benito CISD **Account No: 1117686**

Policy Term: 02/01/2024 -- 02/01/2025

Policy Numbers: AMR-65592-05,ORAMPR006667-05,GVS-10515-03,TSAMPR0006758-02,72AMR305422-01,SPI-14630-01,AMEI000088-24-00

Broker Company: Acrisure, LLC

No Claims found for this policy

	Loss Paid	Expense Paid	Loss Reserve	Expense Reserve	Total Incurred
Total All Years:	**$0.00**	**$7,542.71**	**$0.00**	**$0.00**	**$7,542.71**

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 Details

Report run date: 10/06/2025 10:28:31 AM EST

ARCH SPECIALTY INSURANCE COMPANY

Insured Name:: San Benito CISD
Policy Number: ESP101102300
MGA Policy Number:
Policy Term: 02/01/2022 - 02/01/2023
Report run by: jangelo@archgroup.com

Claim	Date Closed	State	Date Of Loss	Date Reported	Claim Status (Open/Closed)	Loss Description	Indemnity Paid	Expense Paid
							$0	$0
Policy Claim Count : 0							**$0**	**$0**

o The reserves reflected here represent estimates of exposure and expenses based upon currently available information. Reserves may reflect other statutorily required parameters. Reserves do not necessarily reflect Arch's valuation of a claim. Final incurred amounts for a claim may be less than, equal to, or greater than currently posted reserves as investigation continues. No representation is therefore made as to their accuracy and the posted amounts are subject to change at any time. Any stated reserve herein is not an admission that any claim is covered by the policy or any other policy issued by Arch. *Claims listed are those reported to Arch pursuant to the policy. This policy may carry a SIR and additional claims may have been reported to the insured or their TPA that are not reflected here. o Arch considers these reserve figures to be proprietary information that should not be disclosed to third parties without Arch's express written consent. This report is intended for review and use by the policyholder or authorized agent of the policyholder.xo By receiving this information, recipient acknowledges and agrees that: (1) the recipient is requesting such information on behalf of the insured; (2) recipient will use this information only for its own internal purposes or for such purposes authorized by the insured; (3) such information is confidential and proprietary and may be subject to privacy laws, regulations or other legal requirements; (4) any unauthorized use of the information is strictly prohibited; (5) recipient's receipt of the information does not waive any privilege or protection attaching to such information by virtue of Arch's work or communications with counsel; and (6) recipient agrees to protect and safeguard the information from unauthorized use or disclosure.

Loss Run Details

Report run date: 10/06/2025 10:28:31 AM EST

ARCH SPECIALTY INSURANCE COMPANY

Insured Name:: San Benito CISD
Policy Number: ESP101102301
MGA Policy Number:
Policy Term: 02/01/2023 - 02/01/2024
Report run by: jangelo@archgroup.com

Claim	Date Closed	State	Date Of Loss	Date Reported	Claim Status (Open/Closed)	Loss Description	Indemnity Paid	Expense Paid
							$0	$0
Policy Claim Count : 0							**$0**	**$0**
Grand Total Claims : 0							**$0**	**$0**

o The reserves reflected here represent estimates of exposure and expenses based upon currently available information. Reserves may reflect other statutorily required parameters. Reserves do not necessarily reflect Arch's valuation of a claim. Final incurred amounts for a claim may be less than, equal to, or greater than currently posted reserves as investigation continues. No representation is therefore made as to their accuracy and the posted amounts are subject to change at any time. Any stated reserve herein is not an admission that any claim is covered by the policy or any other policy issued by Arch. *Claims listed are those reported to Arch pursuant to the policy. This policy may carry a SIR and additional claims may have been reported to the insured or their TPA that are not reflected here. o Arch considers these reserve figures to be proprietary information that should not be disclosed to third parties without Arch's express written consent. This report is intended for review and use by the policyholder or authorized agent of the policyholder.xo By receiving this information, recipient acknowledges and agrees that: (1) the recipient is requesting such information on behalf of the insured; (2) recipient will use this information only for its own internal purposes or for such purposes authorized by the insured; (3) such information is confidential and proprietary and may be subject to privacy laws, regulations or other legal requirements; (4) any unauthorized use of the information is strictly prohibited; (5) recipient's receipt of the information does not waive any privilege or protection attaching to such information by virtue of Arch's work or communications with counsel; and (6) recipient agrees to protect and safeguard the information from unauthorized use or disclosure.

Print Date: 10/7/2025

Velocity Risk

Loss Run Dated - 10/7/2025

Account No: 2022-9003853

CG Brickell, LLC DBA Komodo

Policy Terms: 2/1/2022 - 1/31/2023

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.

Current as of: Friday, October 3, 2025 13:00 PM EST

Loss Report for Policy **GA23LCMZ0CSL3IC**

Policy Number	Effective Date	Expiration Date	Assured Name	No. Claims	No. Open	No. Closed	Incurred Losses
GA23LCMZ0CSL3IC	2/1/2023	2/1/2024	San Benito C I S D	0	0	0	0

No Claims for **GA23LCMZ0CSL3IC**

This report is intended for informational purposes only, is subject to changes, and shall not be construed as admission of liability. Reserve information is revealed only as a recognition of potential exposure and does not necessarily represent the value of a claim or a decision that the claim should or will be paid. The Hartford considers this report and these reserve figures to be confidential and proprietary information.

PENINSULA INSURANCE BUREAU
ADMINISTRATORS & LOSS ADJUSTERS

October 3, 2025

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

INSURED:	San Benito C I S D		
POLICY NUMBER(S):	2/1/2022	2/1/2023	AQS-230108
	2/1/2024	2/1/2023	AQS-220192
INSURER:	Certain Underwriters at Lloyd's, London		

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

Loss Runs Results**: NO LOSSES FOUND FOR THE ABOVE REFERENCED POLICIES**

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

Best Regards,
Monica Haynes (mhaynes@pibadjusters.com)

AMERICAN CLAIMS MANAGEMENT

SPLIT RISK LOSS RUN - PRODUCER

VALUATION DATE: 10/3/2025

CLAIM #	CAT CODE	LOSS DATE	LOSS TYPE	CLAIM STATUS	INSURER	POLICY #	POLICY EFFECTIVE	INSURED NAME	CLAIM DESC OF LOSS	INDEMNITY PAID	EXPENSE PAID	INDEMNITY OUTSTANDING	EXPENSE OUTSTANDING	TOTAL INCURRED	TOTAL RECOVERY	NET INCURRED
There are no claims reported for this policy	0				3DA3CM0001218-00	2022-2023		San Benito C I S D		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
COUNT:	1									$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

SAN BENITO CONSOLIDATED INDEPENDENT SCHOOL DISTRICT
RFP-1226-PCWNW
PROPERTY, CASUALTY, WINDSTORM INSURANCE COVERAGE, AND NAMED WINDSTORM COVERAGE

SECTION II
NAMED WINDSTORM COVERAGE

SAN BENITO CONSOLIDATED INDEPENDENT SCHOOL DISTRICT
RFP-1226-PCWNW
PROPERTY, CASUALTY, WINDSTORM INSURANCE COVERAGE, AND NAMED WINDSTORM COVERAGE

GENERAL CONDITIONS AND REQUIREMENTS

I. General Conditions and Requirements

A. This San Benito Consolidated Independent School District (hereafter referred to as the District) is requesting proposals for windstorm, hurricane, and hail insurance for property and contents.

B. Proposers may quote several plan options as long as each option is fully explained. All relationships between your company and any company offering coverage must be revealed, as well as any commission payments or fees that will be paid to the Proposer as a result of this bid award.

C. Proposers are expected to examine the complete RFP document. Failure to do so will be at proposer's risk. Written questions about this RFP and requests for additional information shall be requested no later than **December 10, 2026 (3:00 p.m.)** to the Purchasing Department, Attn: Mr. Eddie Cavazos, 2001 UTEX Drive, San Benito, Texas, 78586 or you may email your questions to jecavazos@sbcisd.net. The district will not respond to verbal inquiries.

D. Proposers must submit **ONE ORIGINAL AND TWO COPIES** (Three complete sets) of the proposal.

E. Proposals will be received as indicated in the front page of the Request for Proposals.

F. **Proposals must be plainly marked on the outside of the envelope: "SEALED PROPOSAL FOR PROPERTY, CASUALTY, WINDSTORM INSURANCE COVERAGE, AND NAMED WINDSTORM COVERAGE".**

G. The district reserves the right to accept or reject any or all proposals, waive any formalities and/or technicalities in the proposal and award the contract to best serve the interests of the District. The district may negotiate with proposers as deemed advisable or necessary.

H. All proposals must be submitted on the Proposal Forms attached hereto, in accordance with all specified conditions. Coverage shall be for one year beginning February 1st, 2025, and the rates quoted shall be guaranteed for that period or the year may begin earlier or end earlier if mutually agreed. Multiple-year proposals may be offered as an additional option and must be fully explained.

I. Any plan of coverage that offers increased protection from the requirements in the Specifications will be welcomed but must be submitted separately as an alternate proposal.

J. Any restrictions, deviations or other modifications which alter or reduce coverage as specified in this RFP must be shown separately and explained in writing. Failure to attach an explanation of deviations to this proposal will indicate your acceptance of the specifications as written.

K. Proposers are required to submit specimen coverage documents, agreements, and/or contracts. The district will be required to sign in order to purchase the coverage quoted.

L. Please indicate the method for payment and any optional methods that may be available.

M. It is the intent of the District to award the proposal to one carrier who can provide all lines of coverage as a package. Preference will be given to packaged proposals, however, final Purchasing decisions will be made based on the options that are most advantageous to the District. In addition to package pricing, please indicate if monoline pricing is available.

N. The successful proposer will agree to accept the final adjusted values at the coverage anniversary date.

O. Due care and diligence have been used in the preparation of these specifications and the Information contained herein is believed to be substantially correct. However, the responsibility for determining the full extent of the exposure and the verification of all information presented herein shall rest solely on the proposer. The district and its representatives will not be responsible for any errors and omissions in the specifications nor for the failure on the part of the proposer to determine the full extent of the exposures.

P. Quotations shall be based on the underwriting information furnished by the District. Loss data is believed to be correct but is not warranted. If inspections are required, please coordinate them through the Purchasing Department by calling 956-361-6390.

II. Minimum Qualifications

A. Proposers responding to this RFP must be licensed and/or authorized to do business in Texas and have at least 5 years' experience writing property/casualty coverage in Texas. Proposer qualifications must be included as an exhibit to your proposal.

B. Proposers must attach a brief biography describing the experience of the person assigned to handle this account.

III. Method of Award

A. General

The proposals will be evaluated by specific criteria. The SBCISD shall use the following selection criteria to select the offeror that offers the best value to SBCISD. The scores assigned to each selection criteria is indicated in the selection criteria and scores chart attached herein.

Each criteria is assigned a score of 1 to up to the maximum points as indicated in the assigned points column. The scores of each criteria will then be totaled for each proposal; and the proposal receiving the highest score will be considered to be the proposal which offers the best value for the SBCISD.

After determining the offeror that offers the best value to the SBCISD, the SBCISD and its designated administrators may discuss with the selected offeror options for cost reduction. If the SBCISD is unable to reach a contract agreement with the selected offeror, the SBCISD shall terminate further discussions and proceed to the next offeror in the order of the selection rankings until a contract agreement is reached or all proposals are rejected.

B. Procedures/Steps

It is the intent of SBCISD to follow these procedures/steps to award contract:

A. All proposals received will be open and read aloud.
B. Evaluation Committee will evaluate proposals, summarize, and rank the proposals as to the best value proposal to the SBCISD.
C. Assistant Superintendent of Finance & Operations approves the ranking of the proposals and directs next step.
D. At the Assistant Superintendent of Finance & Operations' discretion, negotiation/discussion of changes in the nature of proposal, and in prices begin.
E. After negotiations/discussions are complete, the Superintendent prepares the recommendation to the Board of Trustees for contract approval
F. Board of Trustees act on Superintendent's recommendation
G. Contract is awarded

C. According to the Texas Education Code, Subchapter B, Section 44.031 (b), in determining to whom to award a contract, the district will consider the following criteria:

No.	Evaluation Criteria
1.	The purchase price – **Cost of services-50 Points**
2.	Reputation of the vendor and of the vendor's goods or services –**References-10 Points**
3.	The quality of the vendor's goods or services. -**10 Points**
4.	The extent to which the goods or services meet the district's needs. -**10 Points**
5.	The vendors past relationship with the district **-A listing of previous projects with the district. -5 Points**
6.	The total long-term cost to the district to acquire the vendor's goods or services -**Financial statement-5 Points**
7.	The impact on the ability of the district to comply with the laws and rules relating to Historically Underutilized Business-**HUB certification form. -5 Points**
8.	Vendor's ultimate parent company or majority owner; has its principal place of business in the state; or employs at least 500 persons in this state(location). -**3 Points**
9.	Any other relevant factor specifically listed in the Request for Proposal. -**2 Points**

SAN BENITO CONSOLIDATED INDEPENDENT SCHOOL DISTRICT
RFP-1226-PCWNW
PROPERTY, CASUALTY, WINDSTORM INSURANCE COVERAGE, AND NAMED WINDSTORM COVERAGE

COVERAGE SPECIFICATIONS

I. Property and Contents

1. **Property covered**
   Building Physical Property: $581,001,000.00 (See Exhibit I)

2. **Equipment covered**
   Equipment: $48,676,506.08(See Exhibit II)
   Total Insurable Value: $563,340,869.16

3. Blanket coverage on buildings, contents and auxiliary structures at all locations including on-site improvements such as fences, light poles, and bleachers.

4. **Basis of Recovery** Full Replacement Cost

5. **Deductibles** 2% per occurrence per building

II.

See attached schedules of loss runs and of claims over the last three years.
See attached Exhibit II.

III.

The premium for the 2021-2022 year was $538,580.00
The premium for the 2022-2023 year was $895,261.02
The premium for the 2023-2024 year was $1,138,179.00
The premium for the 2024-2025 year was $882,650.00
The premium for the 2025-2026 year was $598,606.18
The premium for the 2026-2027 year was $410,119.00
(from February 1, 2026, to January 31, 2027)

SAN BENITO CONSOLIDATED INDEPENDENT SCHOOL DISTRICT
RFP-1226-PCWNW
PROPERTY, CASUALTY, WINDSTORM INSURANCE COVERAGE, AND NAMED WINDSTORM COVERAGE

Proposal Response Form

I. General Information

Name of your company: _____

Address: _____

Primary business: _____

Type of company:
(corp., partnership, etc.): _____

Year started in business: _____

Proposers must include in the proposal a notice as to whether the person submitting the bid or an owner or operator of the business entity has been convicted of a felony and the description of the conduct resulting in the conviction. The contract may be terminated if it is determined that the person or business entity failed to give notice or misrepresented the conduct resulting in the conviction.

The proposer, in compliance with the invitation for proposal on property/casualty coverage, having examined the specifications and being familiar with all conditions in the specifications, hereby proposes to provide the coverages in accordance with the proposal documents on the attached response sheets.

"The undersigned affirms that they are duly authorized to execute this contract, that this company, corporation, firm, partnership or individual has not prepared this proposal in collusion with any other Proposer, and that the contents of this proposal as to prices, terms or conditions of said proposal have not been communicated by the undersigned nor by any employee or agent to any other person engaged in this type of business prior to the official opening of this proposal."

Having reviewed the specifications, we have complied with all requirements and conditions except as noted on proposal response forms in the section labeled "Deviations."

Signature: _____ Date: _____
Name of Signature: _____ Title: _____
Proposers Company: _____
Address: _____ Phone: _____
_____ Fax No.: _____
E-Mail: _____

II. Windstorm, Hurricane, and Hail Insurance

A. Property and Contents Coverage (see Exhibit I)
Total Insurable Value: $581,001,000

Loss Limit: $5,000,000

Deductible 2% per occurrence per building

Total Cost $_____

Loss Limit: $10,000,000

Deductible 2% per occurrence per building

Total Cost $ _____

Loss Limit: $15,000,000

Deductible 2% per occurrence per building

Total Cost $ _____

B. Please answer these questions:

1. Is this proposal providing windstorm, hurricane & hail. _____ Yes _____ No
2. Is there a co-insurance clause applicable to property coverage? _____ Yes _____ No
3. Is the basis of recovery replacement cost new, both on building and contents? _____ Yes _____ No
4. Has a specimen been submitted? _____ Yes _____ No
5. Is newly acquired or constructed property covered? _____ Yes _____ No
   Limit:_____
6. Does the policy include demolition cost? _____ Yes _____ No
   Limit: _____
7. Does proposal include a debris removal clause? _____ Yes _____ No
   Limit: _____
8. Increased cost of Construction due to the operation of building ordinances? _____ Yes _____ No

   Limit: _____

III. Please answer the following questions (Insurance Agency Questionnaire)

A. Who will have primary responsibility for the District's account?_____

1. Number of years in the insurance business: _____
2. Insurance background: _____
3. Educational background: _____
4. Number of other public entities serviced: _____

B. Who will be the back up person for the District's account?_____

1. Number of years in the insurance business: _____
2. Insurance background: _____
3. Educational background: _____
4. Number of other public entities serviced: _____

C. How many Texas school districts does your agency (this office, if a national broker) provide coverage on behalf of: _____

D. How many school districts do you provide windstorm coverage:

_____

E. What is your (this office, if a national broker) estimated premium volume with Texas school districts:

_____

Other public entities:_____

F. What is your estimated premium volume for windstorm insurance with the Texas School Districts:

_____

G. Has your agency been licensed to conduct fire/casualty insurance in Texas for the past five years?
_____ Yes _____ No

H. Has your agency produced a minimum annual gross fire and casualty premiums income of at least $1,000,000 average for each of the past three years? _____ Yes _____ No

I. The District will expect an annual summary of premium and losses by coverage.

J. Please attach a copy of the following documents:
1. A copy of the current license.
2. A certificate for agent's errors and omissions coverage insured for at least $2,000,000 aggregate limit.

K. Please list services that you provide to assist with the placement of TWIA coverage

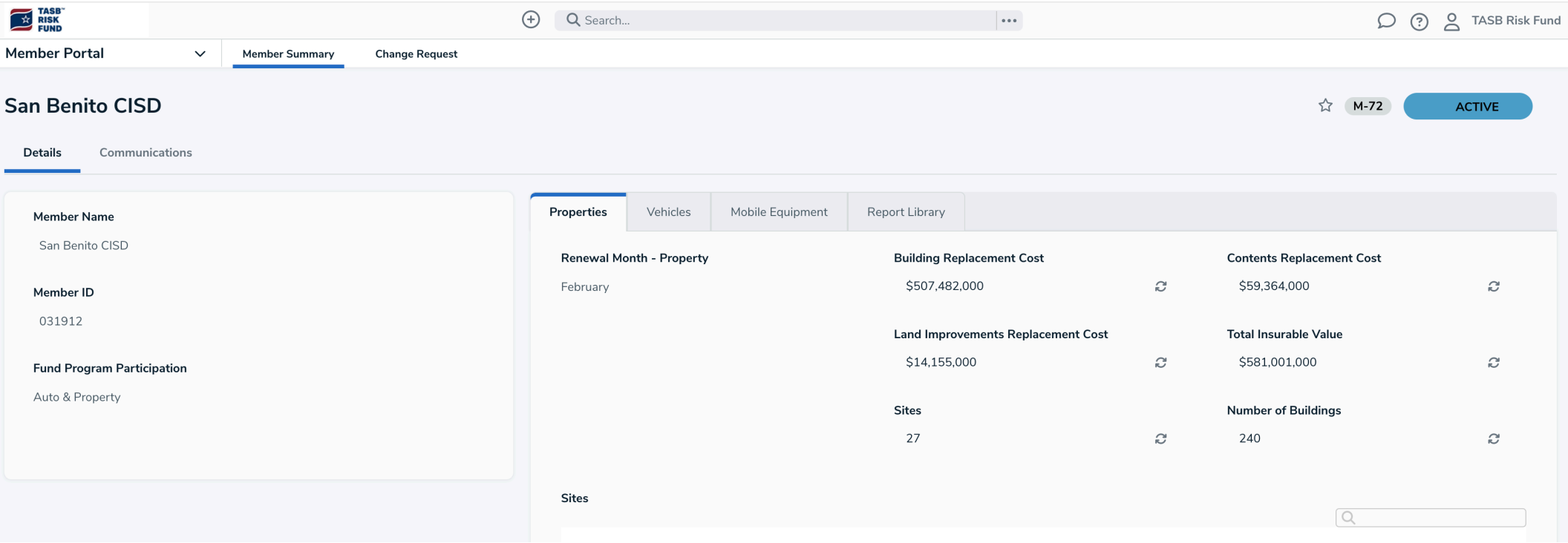
L. Are you a historically underutilized business (HUB)? _____ Yes _____ No

S

SAN BENITO CONSOLIDATED INDEPENDENT SCHOOL DISTRICT
RFP-1226-PCWNW
PROPERTY, CASUALTY, WINDSTORM INSURANCE COVERAGE, AND
NAMED WINDSTORM COVERAGE

EXHIBIT I

COVERED PROPERTY
Attachment to Section II, of the Proposal Form
and
Attachment to Coverage Specifications Section I, 1.


TASB RISK FUND
Search...
TASB Risk Fund
Member Portal
Member Summary
Change Request
San Benito CISD
M-72
ACTIVE
Details
Communications
Member Name
San Benito CISD
Member ID
031912
Fund Program Participation
Auto & Property
Properties
Vehicles
Mobile Equipment
Report Library
Renewal Month - Property
February
Building Replacement Cost
$507,482,000
Contents Replacement Cost
$59,364,000
Land Improvements Replacement Cost
$14,155,000
Total Insurable Value
$581,001,000
Sites
27
Number of Buildings
240
Sites

SAN BENITO CONSOLIDATED INDEPENDENT SCHOOL DISTRICT
RFP-1226-PCWNW
PROPERTY, CASUALTY, WINDSTORM INSURANCE COVERAGE, AND NAMED WINDSTORM COVERAGE

EXHIBIT II

Attachment to Section II, B Total Scheduled Property Floaters of the Proposal Response Form

Schedule of Property Floaters

2026-2027 Fixed Assets Classified For Insurance Purposes

This is the information you requested for insurance renewal along with corresponding backup documentation.

The following filters were applied to Fixed Assets to accurately reflect a total of insurable assets.

Assets Category	Amount	Filter
Audio & Visual Category	$11,332,160.05	Exclude any items older than year 1996 Exclude items < $500.00
Telecommunications	$14,746,773.90	No Filters
Band & Music Equipment	$3,971,140.89	No Filters
Career & Tech / KSBG-TV	$112,880.82	No Filters
Computer Equipment for Insurance	$18,513,550.42	Exclude any items older than year 2008 Exclude items < $1000.00
	$48,676,506.08	

SAN BENITO CONSOLIDATED INDEPENDENT SCHOOL DISTRICT
RFP-1226-PCWNW
PROPERTY, CASUALTY, WINDSTORM INSURANCE COVERAGE, AND NAMED WINDSTORM COVERAGE

EXHIBIT III

Attachments to the Coverage Specification Section II, Loss Runs and Claims for the last three years.

a. Loss Runs 2023-2024 & 2024-2025
b. Loss Runs 2025-2026 & 2026-2027
c. Loss Runs 2027-2028 & 2028-2029

SAN BENITO CONSOLIDATED INDEPENDENT SCHOOL DISTRICT
RFP-1226-PCWNW
PROPERTY, CASUALTY, WINDSTORM INSURANCE COVERAGE, AND NAMED WINDSTORM COVERAGE

EXHIBIT IV

Declarations Pages of Current Policy

AMWINS GLOBAL RISKS

RISK DETAILS

UNIQUE MARKET REFERENCE:	B1230APA0151A26
TYPE:	DIRECT PHYSICAL LOSS OR DAMAGE AS PER COINSURERS ARISING OUT OF FLOOD (STORM SURGE IN FLOOD) AND WINDSTORM OR HAIL (INCLUDING NAMED STORM) ONLY
INSURED:	San Benito CISD and as set forth in the Leading Co-Insuring Company Policy.
ADDRESS:	240 North Crockett Street, San Benito, Texas, 78586, United States of America
PERIOD:	From: 01 February 2026 To: 01 February 2027 Both days at 12:01 am. at Local Standard Time at the location of the property insured (unless as otherwise expressed in the Leading Co-Insuring Company Policy)
INTEREST:	Real and Personal Property, Business Interruption and other Time Element coverage and any additional coverages as set forth in the Leading Co-Insuring Company Policy.
LIMIT OF LIABILITY:	USD 5,000,000 per occurrence as set forth in the Leading Co insuring Company Policy (and USD 1,000,000 per occurrence and in the annual aggregate in respect of Flood) Subject to sub limits as attached and excess of program deductibles.
DEDUCTIBLES:	**DEDUCTIBLES - please click here to view**
TERRITORIAL LIMITS:	As set forth in the Leading Co-Insuring Company Policy.
LEADING CO-INSURING COMPANY:	Lexington Insurance Company with 50% Policy Number: TO BE ADVISED
CONDITIONS:	Co-Insuring Policy (Following a Leading Insurer) NMA 2074 (amended) following all terms, details and conditions of Leading Co-Insuring Company as set forth above, as far as applicable except as otherwise provided herein. Cancellation provisions as set forth in the Leading Co-Insuring Company Policy. NMA 2920 - Terrorism Exclusion Endorsement LMA 5390 - U.S. Terrorism Risk Insurance Act of 2002 as amended Not Purchased Clause NMA 2802 - Electronic Date Recognition Exclusion (EDRE) NMA 2962 - Biological or Chemical Materials Exclusion NMA 464 - War and Civil War Exclusion Clause NMA 1191 - Radioactive Contamination Exclusion Clause Physical Damage - DIRECT (USA). LMA 5062 - Fraudulent Claims Clause 664THBNA00198 - Minimum Earned Premium Clause (35%)

LEXINGTON INSURANCE COMPANY

ADMINISTRATIVE OFFICES: 99 HIGH STREET, BOSTON, MA 02110
(hereinafter called the "Company")

NAMED PERIL COMMERCIAL PROPERTY POLICY
DECLARATIONS

NOTICE: NOTWITHSTANDING ANY OTHER PROVISION OF THIS POLICY TO THE CONTRARY, THE FIRST NAMED INSURED UNDERSTANDS AND ACKNOWLEDGES THAT IT HAS PURCHASED AND MAINTAINS IN FULL FORCE AND EFFECT A SEPARATE POLICY THAT COVERS THE INSURED FOR LOSS OR DAMAGE TO INSURED PROPERTY AS A RESULT OF FIRE, SMOKE, EXPLOSION AND/OR SPRINKLER LEAKAGE. THE FIRST NAMED INSURED UNDERSTANDS AND ACKNOWLEDGES THAT THIS POLICY DOES NOT COVER LOSS OR DAMAGE BY FIRE, SMOKE, EXPLOSION AND/OR SPRINKLER LEAKAGE, INCLUDING LOSS OR DAMAGE BY FIRE, SMOKE, EXPLOSION AND/OR SPRINKLER LEAKAGE THAT ENSUES AFTER A COVERED CAUSE OF LOSS AS DEFINED HEREIN. IN ADDITION, THE POLICY CONTAINS AN EXCLUSION FOR LOSS OR DAMAGE DUE TO FIRE AND/OR SMOKE. IN THE EVENT ANY PORTION OF THIS PROVISION IS FOUND TO BE INVALID OR UNENFORCEABLE, THIS POLICY SHALL APPLY EXCESS OF ANY OTHER APPLICABLE POLICY AND THE REMAINDER SHALL REMAIN IN FULL FORCE AND EFFECT.

Policy Number: 061386402

Item 1. **Named Insured and Address:**

SAN BENITO CONSOLIDATED INDEPENDENT SCHOOL DISTRICT
240 N CROCKETT ST,
SAN BENITO, TX 78586-4608

TIV: $563,340,869

The Named Insured shall mean the **First Named Insured** and its affiliated and subsidiary companies and/or corporations as now exist or may hereafter be incorporated, constituted or acquired including their interests as may appear in partnerships or joint ventures which the Insured is legally obligated to insure.

Item 2. **Mortgageholders, Loss Payees and Additional Insureds:** Per Certificates on file with the Company or any endorsement attached to and forming a part of this **Policy**.

Item 3. **Policy Period:**

From: **02/01/2026** To: **02/01/2027**
(At 12:01 A.M. Standard Time at the **Covered Location**.)

Item 4. **Coverage Territory:**

The United Sates, its territories and possessions and Puerto Rico, including their respective coastal waters

Item 5. **Premium:**

A. Total Premium: $195,000

SAN BENITO CONSOLIDATED INDEPENDENT SCHOOL DISTRICT
RFP-1226-PCWNW
PROPERTY, CASUALTY, WINDSTORM INSURANCE COVERAGE, AND NAMED WINDSTORM COVERAGE

BID QUOTATION NO. 3

Please indicate the total premium if the Property, Casualty , Windstorm Insurance Coverage, and Named Windstorm policies were combined into one policy.

A. Property and Contents Coverage	$_____
B. Total Schedule Property Floaters	$_____
A. General, Personal Injury, and Employee Benefits Liab.	$_____
A. Professional Legal Liability	$_____
A. Automobile Liability	$_____
B. Physical Damage-Collision-All 1994 and newer	$_____
C. Physical Damage-Mobile Equipment-Comprehensive	$_____
C. Physical Damage-Mobile Equipment-Collision	$_____
Property Windstorm Insurance Coverage	$_____

Property and Contents Coverage
Total Insurable Value: $581,001,000

Loss Limit: $5,000,000

Deductible 2% per occurrence per building **Total Cost $**_____

Loss Limit: $10,000,000

Deductible 2% per occurrence per building. **Total Cost $** _____

Loss Limit: $15,000,000

Deductible 2% per occurrence per building **Total Cost $** _____

Total Contributions for Property/Casualty Coverage **$**_____
Total Contributions for Windstorm Insurance Coverage **$**_____

Total Contributions for Property/Casualty/Windstorm Insurance Coverage and Named-Windstorm Coverage **$**_____

SAN BENITO CONSOLIDATED INDEPENDENT SCHOOL DISTRICT
RFP-1226-PCWNW
PROPERTY, CASUALTY, WINDSTORM INSURANCE COVERAGE, AND NAMED WINDSTORM COVERAGE

Proposers must include in the proposal a notice as to whether the person submitting the bid or an owner or operator of the business entity has been convicted of a felony and the description of the conduct resulting in the conviction. The contract may be terminated if it is determined that the person or business entity failed to give notice or misrepresented the conduct resulting in the conviction.

The proposer, in compliance with the invitation for proposal on property/casualty coverage, having examined the specifications and being familiar with all conditions in the specifications, hereby proposes to provide the coverages in accordance with the proposal documents on the attached response sheets.

"The undersigned affirms that they are duly authorized to execute this contract, that this company, corporation, firm, partnership or individual has not prepared this proposal in collusion with any other Proposer, and that the contents of this proposal as to prices, terms or conditions of said proposal have not been communicated by the undersigned nor by any employee or agent to any other person engaged in this type of business prior to the official opening of this proposal."

Having reviewed the specifications, we have complied with all requirements and conditions except as noted on proposal response forms in the section labeled "Deviations."

Signature: _____ Date:_____

Name of Signature: _____ Title: _____

Proposers Company: _____

Address: _____ Phone: _____

_____ Fax No.: _____

E-Mail: _____

SAN BENITO CONSOLIDATED INDEPENDENT SCHOOL DISTRICT

ACKNOWLEDGEMENT FORM
PLEASE MAKE SURE THAT YOU HAVE DONE THE FOLLOWING:

1.	YOU MUST COMPLETE AND RETURN THE **FELONY CONVICTION NOTICE, NON-COLLUSIVE AFFIDAVIT, 1295 FORM, CONFLICT OF INTEREST FORM, CRIMINAL HISTORY RECORD INFORMATION REQUEST, CCH VERFICATION FORM, VENDOR CERTIFICATION FORM, AND CERTIFICATION REGARDING TERRORIST ORGANIZATIONS & BOYCOTTING OF ISRAEL.**	**_____ YES**	**___**	**NO**
2.	YOU MUST INCLUDE INSURANCE WITH THE BID (IF REQUIRED)	**_____YES**	**___**	**NO**
3.	YOU MUST INCLUDE ANY SAMPLES THAT ARE REQUIRED	**_____YES**	**___**	**NO**
4.	YOU MUST INCLUDE ANY STATE CERTIFICATE OR LICENSE WITH THE BID (IF REQUIRED)	**_____YES**	**___**	**NO**
5.	YOU MUST VERIFY UNIT PRICE TO TOTAL PRICE	**_____YES**	**___**	**NO**
6.	YOU MUST INCLUDE A W-9 IRS FORM (Downloadable at www.sbcisd.net)	**____ YES**	**___**	**NO**
7.	You must complete and return the HUB Certification Form and Reference Sheet	**____ YES**	**___**	**NO**
8.	Have the addendum(s) been acknowledged, if applicable.	**_____YES**	**___**	**NO**
9.	IF YOUR COMPANY IS NOT BIDDING ON THIS BID/PROPOSAL, PLEASE STATE REASON.			

_____

Deviations from specifications if any: _____

_____

I have read all the specifications and general bid requirements and do hereby certify that all items submitted meet all specifications, conditions, and instructions of said bid. The signature below confirms that our company will enter into a binding contract with San Benito C.I.S.D. for item(s) awarded to our company.

Company Name:_____**Agent Name:** _____

Print Name:_____**Authorized Signature:** _____

Address:_____**City:**_____**ST:**_____**Zip Code:** _____

Telephone: (_____**)**_____**Fax: (**____**)**_____**E-mail:** _____

Federal Id#:_____**and/or Social Security #:**_____

Address for Purchasing Order

_____

_____

_____

Address for Payment:

_____

_____

_____

Note: Please complete and submit this form with your bid or <u>company will be disqualified.</u>

SAN BENITO CONSOLIDATED INDEPENDENT

SCHOOL DISTRICT

TO BE SUBMITTED WITH BID/PROPOSAL/QUOTE
FELONY CONVICTION NOTICE

State of Texas legislative Senate Bill No. 1, Section 44.034, Notification of Criminal History, Subscretioin (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 PUBLICY-HELD COROPORATION

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 the information concerning notification of felony conviction has been reviewed by me and the information furnished is true to the best of my knowledge.

VENDOR'S NAME: _____

AUTHORIZED COMPANY OFFICIAL'S NAME (Printed): _____

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

Signature of Company Official: _____

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

Signature of Company Official: _____

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

Name of Felon(s): _____

Details of Conviction(s): _____

_____

_____

Signature of Company Official: _____

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

Form **W-9**
(Rev. October 2018)
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.

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

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

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

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

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ►

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

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

Requester's name and address (optional)

6 City, state, and ZIP code

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

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

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

Social security number

			–			–				

or

Employer identification number

		–							

Part II Certification

Under penalties of perjury, I certify that:

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

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

Sign Here	**Signature of U.S. person** ►	**Date** ►

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.*

Purpose of Form

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

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

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

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

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),

2. Certify that you are not subject to backup withholding, or

3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting,* later, for further information.

Note: If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items.

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.

2. The treaty article addressing the income.

3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.

4. The type and amount of income that qualifies for the exemption from tax.

5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 24% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,

2. You do not certify your TIN when required (see the instructions for Part II for details),

3. The IRS tells the requester that you furnished an incorrect TIN,

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code,* later, and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships,* earlier.

What is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code,* later, and the Instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of $50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a $500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note: ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C corporation, or S corporation.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

Line 3

Check the appropriate box on line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3.

IF the entity/person on line 1 is a(n) . . .	THEN check the box for . . .
• Corporation	Corporation
• Individual • Sole proprietorship, or • Single-member limited liability company (LLC) owned by an individual and disregarded for U.S. federal tax purposes.	Individual/sole proprietor or single-member LLC
• LLC treated as a partnership for U.S. federal tax purposes, • LLC that has filed Form 8832 or 2553 to be taxed as a corporation, or • LLC that is disregarded as an entity separate from its owner but the owner is another LLC that is not disregarded for U.S. federal tax purposes.	Limited liability company and enter the appropriate tax classification. (P= Partnership; C= C corporation; or S= S corporation)
• Partnership	Partnership
• Trust/estate	Trust/estate

Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)

2—The United States or any of its agencies or instrumentalities

3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

4—A foreign government or any of its political subdivisions, agencies, or instrumentalities

5—A corporation

6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession

7—A futures commission merchant registered with the Commodity Futures Trading Commission

8—A real estate investment trust

9—An entity registered at all times during the tax year under the Investment Company Act of 1940

10—A common trust fund operated by a bank under section 584(a)

11—A financial institution

12—A middleman known in the investment community as a nominee or custodian

13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over $600 required to be reported and direct sales over $5,000[1]	Generally, exempt payees 1 through 5[2]
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

[1] See Form 1099-MISC, Miscellaneous Income, and its instructions.

[2] However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a)

J—A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

Note: You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, write NEW at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

Line 6

Enter your city, state, and ZIP code.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note: See *What Name and Number To Give the Requester,* later, for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at *www.SSA.gov*. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at *www.irs.gov/Businesses* and clicking on Employer Identification Number (EIN) under Starting a Business. Go to *www.irs.gov/Forms* to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to *www.irs.gov/OrderForms* to place an order and have Form W-7 and/or SS-4 mailed to you within 10 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note: Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code,* earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), ABLE accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account) other than an account maintained by an FFI	The actual owner of the account or, if combined funds, the first individual on the account[1]
3. Two or more U.S. persons (joint account maintained by an FFI)	Each holder of the account
4. Custodial account of a minor (Uniform Gift to Minors Act)	The minor[2]
5. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee[1]
b. So-called trust account that is not a legal or valid trust under state law	The actual owner[1]
6. Sole proprietorship or disregarded entity owned by an individual	The owner[3]
7. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor*
For this type of account:	**Give name and EIN of:**
8. Disregarded entity not owned by an individual	The owner
9. A valid trust, estate, or pension trust	Legal entity[4]
10. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
11. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
12. Partnership or multi-member LLC	The partnership
13. A broker or registered nominee	The broker or nominee
14. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
15. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))	The trust

[1] List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

[2] Circle the minor's name and furnish the minor's SSN.

[3] You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

[4] List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships,* earlier.

***Note:** The grantor also must provide a Form W-9 to trustee of trust.

Note: If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records From Identity Theft

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to *phishing@irs.gov.* You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at *spam@uce.gov* or report them at *www.ftc.gov/complaint.* You can contact the FTC at *www.ftc.gov/idtheft* or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see *www.IdentityTheft.gov* and Pub. 5027.

Visit *www.irs.gov/IdentityTheft* to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

CONFLICT OF INTEREST QUESTIONNAIRE

FORM CIQ

For vendor doing business with local governmental entity

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

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

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

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

OFFICE USE ONLY

Date Received

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

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

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

_____

Name of Officer

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

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

☐ Yes ☐ No

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

☐ Yes ☐ No

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

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

7

_____ _____

Signature of vendor doing business with the governmental entity Date

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

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

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

(A) a transaction that is subject to rate or fee regulation by a federal, state, or local governmental entity or an agency of a federal, state, or local governmental entity;

(B) a transaction conducted at a price and subject to terms available to the public; or

(C) a purchase or lease of goods or services from a person that is chartered by a state or federal agency and that is subject to regular examination by, and reporting to, that agency.

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

(a) A local government officer shall file a conflicts disclosure statement with respect to a vendor if:

***

(2) the vendor:

(A) has an employment or other business relationship with the local government officer or a family member of the officer that results in the officer or family member receiving taxable income, other than investment income, that exceeds $2,500 during the 12-month period preceding the date that the officer becomes aware that

(i) a contract between the local governmental entity and vendor has been executed; or

(ii) the local governmental entity is considering entering into a contract with the vendor;

(B) has given to the local government officer or a family member of the officer one or more gifts that have an aggregate value of more than $100 in the 12-month period preceding the date the officer becomes aware that:

(i) a contract between the local governmental entity and vendor has been executed; or

(ii) the local governmental entity is considering entering into a contract with the vendor.

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

(a) A vendor shall file a completed conflict of interest questionnaire if the vendor has a business relationship with a local governmental entity and:

(1) has an employment or other business relationship with a local government officer of that local governmental entity, or a family member of the officer, described by Section 176.003(a)(2)(A);

(2) has given a local government officer of that local governmental entity, or a family member of the officer, one or more gifts with the aggregate value specified by Section 176.003(a)(2)(B), excluding any gift described by Section 176.003(a-1); or

(3) has a family relationship with a local government officer of that local governmental entity.

(a-1) The completed conflict of interest questionnaire must be filed with the appropriate records administrator not later than the seventh business day after the later of:

(1) the date that the vendor:

(A) begins discussions or negotiations to enter into a contract with the local governmental entity; or

(B) submits to the local governmental entity an application, response to a request for proposals or bids, correspondence, or another writing related to a potential contract with the local governmental entity; or

(2) the date the vendor becomes aware:

(A) of an employment or other business relationship with a local government officer, or a family member of the officer, described by Subsection (a);

(B) that the vendor has given one or more gifts described by Subsection (a); or

(C) of a family relationship with a local government officer.

LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

FORM CIS

(Instructions for completing and filing this form are provided on the next page.)

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

This is the notice to the appropriate local governmental entity that the following local government officer has become aware of facts that require the officer to file this statement in accordance with Chapter 176, Local Government Code.

OFFICE USE ONLY

Date Received

1 Name of Local Government Officer

2 Office Held

3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code

4 Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3.

5 List gifts accepted by the local government officer and any family member, if aggregate value of the gifts accepted from vendor named in item 3 exceeds $100 during the 12-month period described by Section 176.003(a)(2)(B).

Date Gift Accepted _____ Description of Gift _____

Date Gift Accepted _____ Description of Gift _____

Date Gift Accepted _____ Description of Gift _____

(attach additional forms as necessary)

6 SIGNATURE I swear under penalty of perjury that the above statement is true and correct. I acknowledge that the disclosure applies to each family member (as defined by Section 176.001(2), Local Government Code) of this local government officer. I also acknowledge that this statement covers the 12-month period described by Section 176.003(a)(2)(B), Local Government Code.

_____

Signature of Local Government Officer

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20 _____, to certify which, witness my hand and seal of office.

_____ Signature of officer administering oath

_____ Printed name of officer administering oath

_____ Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

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

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

_____

Signature of Local Government Officer (Declarant)

LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

Section 176.003 of the Local Government Code requires certain local government officers to file this form. A "local government officer" is defined as a member of the governing body of a local governmental entity; a director, superintendent, administrator, president, or other person designated as the executive officer of a local governmental entity; or an agent of a local governmental entity who exercises discretion in the planning, recommending, selecting, or contracting of a vendor. This form is required to be filed with the records administrator of the local governmental entity not later than 5 p.m. on the seventh business day after the date on which the officer becomes aware of the facts that require the filing of this statement.

A local government officer commits an offense if the officer knowingly violates Section 176.003, Local Government Code. An offense under this section is a misdemeanor.

Refer to chapter 176 of the Local Government Code for detailed information regarding the requirement to file this form.

INSTRUCTIONS FOR COMPLETING THIS FORM

The following numbers correspond to the numbered boxes on the other side.

1. Name of Local Government Officer. Enter the name of the local government officer filing this statement.

2. Office Held. Enter the name of the office held by the local government officer filing this statement.

3. Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code. Enter the name of the vendor described by Section 176.001(7), Local Government Code, if the vendor: a) has an 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), Local Government Code; b) has given to the local government officer or a family member of the officer one or more gifts as described by Section 176.003(a)(2)(B), Local Government Code; or c) has a family relationship with the local government officer as defined by Section 176.001(2-a), Local Government Code.

4. Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3. Describe the nature and extent of the employment or other business relationship the vendor has with the local government officer or a family member of the officer as described by Section 176.003(a)(2)(A), Local Government Code, and each family relationship the vendor has with the local government officer as defined by Section 176.001(2-a), Local Government Code.

5. List gifts accepted, if the aggregate value of the gifts accepted from vendor named in item 3 exceeds $100. List gifts accepted during the 12-month period (described by Section 176.003(a)(2)(B), Local Government Code) by the local government officer or family member of the officer from the vendor named in item 3 that in the aggregate exceed $100 in value.

6. Signature. Signature of local government officer. Complete this section after you finish the rest of this report. You have the option to either: (1) take the completed form to a notary public where you will sign above the first line that says “Signature of Local Government Officer” (an electronic signature is not acceptable) and your signature will be notarized, or (2) sign above both lines that say “Signature of Local Government Officer (Declarant)” (an electronic signature is not acceptable), and fill out the unsworn declaration section.

Local Government Code § 176.001(2-a): “Family relationship” means a relationship between a person and another person within the third degree by consanguinity or the second degree by affinity, as those terms are defined by Subchapter B, Chapter 573, Government Code.

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

(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.

Confidential*

The San Benito Consolidated Independent School District is required by Texas Education Code Chapter 22, Subchapter C to review the criminal history of applicants, employees, independent contractors, student teachers, and certain volunteers. The information requested below is necessary to obtain criminal history record information.

Please print.

Name _____
Last *First* *Middle*

Social Security Number _____ Date of birth _____

Driver's License _____
State and Number

Mailing Address _____
Street *City* *State* *Zip*

Sex: ❑ Male ❑ Female Ethnicity: ❑ Black ❑ White/Other

I understand that the information I am providing about age, sex, and ethnicity will not be used to determine eligibility for employment but will be used *solely* for the purpose of obtaining criminal history record information.

_____
Signature

_____
Date

* This form will be removed from the application and filed separately in the HR office.

San Benito CISD, an equal opportunity employer, does not discriminate on basis of race, color, national origin, sex, religion, age or disability in employment or provision of services, programs or activities.

DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, _____, have been notified that a Computerized Criminal
APPLICANT or EMPLOYEE NAME (Please print)
History (CCH) verification check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB information I supply.

Because the name based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization conducting the criminal history check for background screening is not allowed to discuss any criminal history record information obtained using name and DOB method. Therefore, the agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

For the fingerprinting process I will be required to submit a full and complete set of my fingerprints for analysis through the Texas Department of Public Safety AFIS (Automated Fingerprint Identification System). I have been made aware that in order to complete this process I must make an appointment with L1 Enrollment Services, submit a full and complete set of my fingerprints, request a copy be sent to the agency listed below, and pay a fee of $24.95 to the fingerprinting services company, L1 Enrollment Services.

Once this process is completed and the agency receives the data from DPS, the information on my fingerprint criminal history record may be discussed with me.

(This copy must remain on file by your agency. Required for future DPS Audits)

_____
Signature of Applicant or Employee

_____
Date

SAN BENITO CISD
Agency Name (Please print)

_____
Agency Representative Name (Please print)

_____
Signature of Agency Representative

_____
Date

For Agency Use Only:

Please:
Check and Initial each Applicable Space

CCH Report Printed:

YES ☐ NO ☐ _____ initial

Purpose of CCH: _____

Hire ☐ Not Hired ☐ _____ initial

Date _____ _____ initial

Destroyed _____ _____ initial

Retain in your files

Rev. 02/2011

SAN BENITO CONSOLIDATED INDEPENDENT SCHOOL DISTRICT
VENDOR CERTIFICATIONS

CERTIFICATION OF COMPLIANCE WITH TEXAS FAMILY CODE

Pursuant to Texas Family Code, Section 231.006, a child support obligor who is more than thirty (30) days delinquent in paying child support or a business entity in which the child support obligor is a sole proprietor, partner, shareholder, or owner with an ownership interest of at least twenty-five percent (25%) is not eligible to receive payments from State funds under a contract to provide property, materials, or services until all arrearages have been paid; the obligor is in compliance with a written repayment agreement or court order as to the existing delinquency; or a court of continuing jurisdiction over the child support order has granted the obligor an exemption as part of a court-supervised effort to improve earnings and child support payments. The undersigned proposer certifies that he or she, as the proposing individual, or the proposing business entity named in this contract, bid or application, is not ineligible under Section 231.006 of the Texas Family Code, to receive the specified grant, loan or payment, and acknowledges that a contract resulting from this solicitation may be terminated and payment may be withheld if the certification provided herein is found to be inaccurate. **NOTE: Owners not owning at least twenty-five percent (25%) of the business entity submitting this proposal need not execute this certification and acknowledgement.**

REQUIRED CONTRACT PROVISIONS FOR NON-FEDERAL ENTITY CONTRACTS UNDER FEDERAL AWARDS – APPENDIX II TO 2 CFR PART 200

The following provisions are required and apply when federal funds are expended by SBCISD, and/or its cooperative members, for any contract resulting from this procurement process.

(A) Contracts for more than the simplified acquisition threshold currently set at $150,000, which is the inflation adjusted amount determined by the Civilian Agency Acquisition Council and the Defense Acquisition Regulations Council (Councils) as authorized by 41 U.S.C. 1908, must address administrative, contractual, or legal remedies in instances where contractors violate or breach contract terms, and provide for such sanctions and penalties as appropriate.

Pursuant to Federal Rule (A) above, when federal funds are expended by SBCISD, and/ or its cooperative members, SBCISD, and/or its cooperative members, reserves all rights and privileges under the applicable laws and regulations with respect to this procurement in the event of breach of contract by either party.

Proposer Certification (Antitrust Certification Statement):
_____**YES, I agree to the above.** (Initial:____**)**
_____**NO, I do not agree to the above.** (Initial:____)

(B) Termination for cause and for convenience by the grantee or subgrantee including the manner by which it will be effected and the basis for settlement. (All contracts in excess of $10,000)

Pursuant to Federal Rule (B) above, when federal funds are expended by SBCISD, and/ or its cooperative members, SBCISD, and/or its cooperative members, reserves the right to immediately terminate any agreement in excess of $10,000 resulting from this procurement process in the event of a breach or default of the agreement by Vendor, in the event vendor fails to: (1) meet schedules, deadlines, and/or delivery dates within the time specified in the procurement solicitation, contract, and/or a purchase order; (2) make any payments owed; or (3) otherwise perform in accordance with the contract and/or the procurement solicitation. SBCISD, and/or its cooperative members, also reserves the right to terminate the contract immediately, with written notice to vendor, for convenience, if SBCISD, and/or its cooperative members, believes, in its sole discretion that it is in the best interest of SBCISD, and/or its cooperative members, to do so. The vendor will be compensated for work performed and accepted and goods accepted by SBCISD, and/or its cooperative members, as of the termination date if the contract is terminated for convenience of SBCISD, and/or its cooperative members. Any award under this procurement process is not exclusive and SBCISD, and/or its cooperative members, reserves the right to

purchase goods and services from other vendors when it is in the best interest of SBCISD, and/or its cooperative members.

Proposer Certification (Antitrust Certification Statement):
_____YES, I agree to the above. (Initial:____**)**
_____NO, I do not agree to the above. (Initial:____)

(C) Equal Employment Opportunity. Except as otherwise provided under 41 CFR Part 60, all contracts that meet the definition of —federally assisted construction contractll in 41 CFR Part 60-1.3 must include the equal opportunity clause provided under 41 CFR 60-1.4(b), in accordance with Executive Order 11246, —Equal Employment Opportunityll (30 FR 12319, 12935, 3 CFR Part, 1964-1965 Comp., p. 339), as amended by Executive Order 11375, —Amending Executive Order 11246 Relating to Equal Employment Opportunity,ll and implementing regulations at 41 CFR part 60, —Office of Federal Contract Compliance Programs, Equal Employment Opportunity, Department of Labor.ll

Pursuant to Federal Rule (C) above, when federal funds are expended on any federally assisted construction contract, the equal opportunity clause is incorporated byreference herein.

Proposer Certification (Antitrust Certification Statement):
_____YES, I agree to the above. (Initial:____**)**
_____NO, I do not agree to the above. (Initial:____)

(D) Davis-Bacon Act, as amended (40 U.S.C. 3141-3148). When required by Federal program legislation, all prime construction contracts in excess of $2,000 awarded by non-Federal entities must include a provision for compliance with the Davis-Bacon Act (40 U.S.C. 3141-3144, and 3146-3148) as supplemented by Department of Labor regulations (29 CFR Part 5, —Labor Standards Provisions Applicable to Contracts Covering Federally Financed and Assisted Constructionll). In accordance with the statute, contractors must be required to pay wages to laborers and mechanics at a rate not less than the prevailing wages specified in a wage determination made by the Secretary of Labor. In addition, contractors must be required to pay wages not less than once a week. The non-Federal entity must place a copy of the current prevailing wage determination issued by the Department of Labor in each solicitation. The decision to award a contract or subcontract must be conditioned upon the acceptance of the wage determination. The non-Federal entity must report all suspected or reported violations to the Federal awarding agency. The contracts must also include a provision for compliance with the Copeland –Anti-Kickbackll Act (40 U.S.C. 3145), as supplemented by Department of Labor regulations (29 CFR Part 3, —Contractors and Subcontractors on Public Building or Public Work Financed in Whole or in Part by Loans or Grants from the United Statesll). The Act provides that each contractor or subrecipient must be prohibited from inducing, by any means, any person employed in the construction, completion, or repair of public work, to give up any part of the compensation to which he or she is otherwise entitled. The non-Federal entity must report all suspected or reported violations to the Federal awarding agency.

Pursuant to Federal Rule (D) above, when federal funds are expended by SBCISD, and/or its cooperative members, during the term of an award for all contracts and subgrants for construction or repair, the vendor will be in compliance with all applicable Davis-Bacon Act provisions.

Proposer Certification (Antitrust Certification Statement):
___YES, I agree to the above. (Initial:____)
___NO, I do not agree to the above. (Initial:____)

(E) Contract Work Hours and Safety Standards Act (40 U.S.C. 3701-3708). Where applicable, all contracts awarded by the non-Federal entity in excess of $100,000 that involve the employment of mechanics or laborers must include a provision for compliance with 40 U.S.C. 3702 and 3704, as supplemented by Department of Labor regulations (29 CFR Part 5). Under 40 U.S.C. 3702 of the Act, each contractor must be required to compute the wages of every mechanic and laborer on the basis of a standard work week of 40 hours. Work in excess of the standard work week is permissible provided that the worker is compensated at a rate of not less than one and a half times the basic rate of pay for all hours worked in excess of 40 hours in the work week.

The requirements of 40 U.S.C. 3704 are applicable to construction work and provide that no laborer or mechanic must be required to work in surroundings or under working conditions which are unsanitary, hazardous or dangerous. These requirements do not apply to the purchases of supplies or materials or articles ordinarily available on the open market, or contracts for transportation or transmission of intelligence.

Pursuant to Federal Rule (E) above, when federal funds are expended by SBCISD, and/or its cooperative members, the vendor certifies that during the term of an award for all contracts by SBCISD, and/or its cooperative members, resulting from this procurement process, the vendor will be in compliance with all applicable provisions of the Contract Work Hours and Safety Standards Act.

Proposer Certification (Antitrust Certification Statement):
_____YES, I agree to the above. (Initial:**___)**
____ **NO, I do not agree to the above.** (Initial:____)

(F) Rights to Inventions Made Under a Contract or Agreement. If the Federal award meets the definition of "funding agreement" under 37 CFR §401.2 (a) and the recipient or subrecipient wishes to enter into a contract with a small business firm or nonprofit organization regarding the substitution of parties, assignment or performance of experimental, developmental, or research work under that "funding agreement," the recipient or subrecipient must comply with the requirements of 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 awarding agency.

Pursuant to Federal Rule (F) above, when federal funds are expended by SBCISD, and/or its cooperative members, the vendor certifies that during the term of an award for all contracts by SBCISD, and/or its cooperative members, resulting from this procurement process, the vendor agrees to comply with all applicable requirements as referenced in Federal Rule (F) above.

Proposer Certification (Antitrust Certification Statement):
___YES, I agree to the above. (Initial:____)
___NO, I do not agree to the above. (Initial:____)

(G) Clean Air Act (42 U.S.C. 7401-7671q.) and the Federal Water Pollution Control Act (33 U.S.C. 1251-1387), as amended-Contracts and subgrants of amounts in excess of $50,000 must contain a provision that requires the non-Federal award to agree to comply with all applicable standards, orders or regulations issued pursuant to the Clean Air Act (42 U.S.C. 7401-7671q) and the Federal Water Pollution Control Act as amended (33 U.S.C. 1251- 1387). Violations must be reported to the Federal awarding agency and the Regional Office of the Environmental Protection Agency (EPA).

Pursuant to Federal Rule (G) above, when federal funds are expended by SBCISD, and/ or its cooperative members, the vendor certifies that during the term of an award for all contracts by SBCISD, and/or its cooperative members, resulting from this procurement process, the vendor agrees to comply with all applicable requirements as referenced in Federal Rule (G) above.

Proposer Certification (Antitrust Certification Statement):
___YES, I agree to the above. (Initial:____)
___NO, I do not agree to the above. (Initial:____)

(H) Debarment and Suspension (Executive Orders 12549 and 12689)—A contract award (see 2 CFR 180.220) must not be made to parties listed on the government-wide exclusions in the System for Award Management (SAM), in accordance with the OMB guidelines at 2 CFR 180 that implement Executive Orders 12549 (3 CFR part 1986 Comp., p. 189) and 12689 (3 CFR part 1989 Comp., p. 235), —Debarment and Suspension.ll SAM Exclusions contains the names of parties debarred, suspended, or otherwise excluded by agencies, as well as parties declared ineligible under statutory or regulatory authority other than Executive Order 12549.

Pursuant to Federal Rule (H) above, when federal funds are expended by SBCISD, and/ or its cooperative members, the vendor certifies that during the term of an award for all contracts by SBCISD, and/or its cooperative members, resulting from this procurement process, the vendor certifies that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation by any federal department or agency.

Proposer Certification (Antitrust Certification Statement):
___YES, I agree to the above. (Initial:____)
___NO, I do not agree to the above. (Initial:____)

(I) Byrd Anti-Lobbying Amendment (31 U.S.C. 1352) – All Contractors that apply or bid for an award exceeding $100,000 must file the required Lobbying Certification. Each tier certifies 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 must also disclose any lobbying with non-Federal funds that takes place in connection with obtaining any Federal award. Such disclosures are forwarded from tier to tier up to the non-Federal award.

Pursuant to Federal Rule (I) above, when federal funds are expended by SBCISD, and/or its cooperative members, the vendor certifies that during the term and after the awarded term of an award for all contracts by SBCISD, and/or its cooperative members, resulting from this procurement process, the vendor certifies that it is in compliance with all applicable provisions of the Byrd Anti-Lobbying Amendment (31 U.S.C. 1352). The undersigned further certifies that:

1. No Federal appropriated funds have been paid or will be paid for 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 agreement, and the extension, continuation, renewal, amendment, or modification of a Federal contract, grant, loan, or cooperative agreement.
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 agreement, the undersigned shall complete and submit Standard Form-LLL, “Disclosure Form to Report Lobbying”, in accordance with its instructions: https://www.whitehouse.gov/sites/default/files/omb/grants/sflllin.pdf,
3. The undersigned shall require that the language of this certification be included in the award documents for all covered sub-awards exceeding $50,000 in Federal funds at all appropriate tiers and that all subrecipients shall certify and disclose accordingly.

Proposer Certification (Antitrust Certification Statement):
___YES, I agree to the above. (Initial:____)
___NO, I do not agree to the above. (Initial:____)

EMPLOYMENT VERIFICATION
FAR 22.18

As applicable, and as a condition for the award of any Federal contract at $50,000 or greater, Vendor certifies that vendor is enrolled in, and is currently participating in, E-Verify or any other equivalent electronic verification of work authorization program operated by the U.S. Department of Homeland Security and does not knowingly employ any person who is an unauthorized alien in conjunction with the contracted services. A breach in compliance with immigration laws and regulations shall be deemed a material breach of the contract and may be subject to penalties up to and including termination of the contract.

Proposer Certification (Antitrust Certification Statement):
___YES, I agree to the above. (Initial:____)
____NO, I do not agree to the above. (Initial:____)

RECORD RETENTION REQUIREMENTS FOR CONTRACTS PAID FOR WITH FEDERAL FUNDS – 2 CFR § 200.333

When federal funds are expended by SBCISD, and/or its cooperative members, for any contract resulting from this procurement process, the vendor certifies that it will comply with the record retention requirements detailed in 2 CFR § 200.333. The vendor further certifies that vendor will retain all records as required by 2 CFR § 200.333 for a period of three years after grantees or subgrantees submit final expenditure reports or quarterly or annual financial reports, as applicable, and all other pending matters are closed.

Proposer Certification (Antitrust Certification Statement):
___YES, I agree to the above. (Initial:____)
____NO, I do not agree to the above. (Initial:____)

CERTIFICATION OF COMPLIANCE WITH EPA REGULATIONS APPLICABLE TO GRANTS, SUBGRANTS, COOPERATIVE AGREEMENTS, AND CONTRACTS IN EXCESS OF $50,000 OF FEDERAL FUNDS

When federal funds are expended by SBCISD, and/or its cooperative members, for any contract resulting from this procurement process in excess of $50,000, the vendor certifies that the vendor is in compliance with all applicable standards, orders, regulations, and/or requirements issued pursuant to the Clean Air Act of 1970, as amended (42 U.S.C. 1857(h)), Section 508 of the Clean Water Act, as amended (33 U.S.C. 1368), Executive Order 117389 and Environmental Protection Agency Regulation, 40 CFR Part 15.

Proposer Certification (Antitrust Certification Statement):
___YES, I agree to the above. (Initial:____)
____NO, I do not agree to the above. (Initial:____)

CERTIFICATION OF COMPLIANCE WITH THE ENERGY POLICY AND CONSERVATION ACT

When federal funds are expended by SBCISD, or its cooperative members, for any contract resulting from this procurement process, the vendor certifies that the vendor will be in compliance with mandatory standards and policies relating to energy efficiency which are contained in the state energy conservation plan issued in compliance with the Energy Policy and Conservation Act (Pub. L. 94-163, 89 Stat. 871).

Proposer Certification (Antitrust Certification Statement):
___YES, I agree to the above. (Initial:____)
____NO, I do not agree to the above. (Initial:____)

CERTIFICATION OF COMPLIANCE WITH BUY AMERICAN PROVISIONS

Vendor certifies that vendor is in compliance with all applicable provisions of the Buy American Act. Purchases made in accordance with the Buy American Act must still follow the applicable procurement rules calling for free and open competition.

Proposer Certification (Antitrust Certification Statement):
___YES, I agree to the above. (Initial:____)
____NO, I do not agree to the above. (Initial:____)

CERTIFICATION OF NON-COLLUSION STATEMENT

Vendor certifies that this company, corporation, firm, partnership or individual has not prepared this proposal in collusion with any other proposer, and that the contents of this proposal as to prices, terms or conditions of said proposal have not been communicated by the undersigned nor by any employee or agent to any other person engaged in this type of business prior to the official opening of this proposal.

Proposer Certification (Antitrust Certification Statement):
___YES, I agree to the above. (Initial:____)
____NO, I do not agree to the above. (Initial:____)

CERTIFICATION OF DEI, Diversity, Equity, and Inclusion Statement

Probation on Diversity, Equity, and Inclusion (DEI) Duties: Vendor hereby certifies that, except as required by state or federal law, it will not assign, and will prohibit its employees, contractors, subcontractors, agents, and volunteers from engaging in DEI duties (as defined in TEC § 11.005(a)) at, for, or on behalf of Region One ESC or any participating school district. Vendor acknowledges that violation is material breach subject to termination.

Proposer Certification (DEI Certification Statement):
___YES, I agree to the above. (Initial:____)
___ NO, I do not agree to the above. (Initial:____)

Vendor agrees to comply with all federal, state, and local laws, rules, regulations and ordinances, as applicable. It is further acknowledged that vendor certifies compliance with all provisions, laws, acts, regulations, etc. as specifically noted above.

Corporate/Company Name: _____

Authorized Signature: _____

Printed Name: _____

Title: _____

Date: _____

Address: _____

City, State, Zip Code: _____

Phone #: _____

Fax #: _____

Email Address: _____

Corporate/Company Website: _____

DUNS #: _____

CAGE #: _____

NON-COLLUSIVE CERTIFICATE

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

(a) This bid or proposal has been independently arrived at without collusion with any other vendor or with any competitor;

(b) This bid or proposal has not been knowingly disclosed and will not be knowingly disclosed, prior to the opening of the bids, or proposals for this project, to any other vendor, competitor or potential competitor;

(c) 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;

(d) 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 vendor as well as to the person signing in its behalf.

I, _____, have read the standard terms and conditions,
(Print/Type Name of Company Officer)

I fully understand them, and will fully execute them if I am awarded this proposal.

Company _____

Address _____

City, State, Zip Code _____

Telephone Number _____

_____
Authorized Signature

_____
Title

_____
Date

CERTIFICATIONS REQUIRED AS OF SEPTEMBER 1, 2017

CERTIFICATION REGARDING TERRORIST ORGANIZATIONS & BOYCOTTING OF ISRAEL

Vendor hereby certifies that it is not a company identified on the Texas Comptroller's list of companies know to have contracts with, or supply services to, a foreign organization designated as a Foreign Terrorist Organization by the U.S. Secretary of State. Vendor further certifies and verifies that neither Vendor, nor affiliate, subsidiary, or parent company of Vendor, if any (the "Vendor Companies"), boycotts Israel, and Vendor agrees that Vendor and Vendor Companies will not boycott Israel during the term of this Agreement. For purposes of this Agreement, the term "boycott" shall mean and include terminating business activities or otherwise taking any action that is intended to penalize, inflict economic harm on, or limit commercial relations with Israel, or with a person or entity doing business in Israel or in an Israeli-controlled territory. See Texas Government Code § 2270. 808 and 2252.151-2252.154.

Proposer Certification (Terrorist Organizations & Boycotting of Israel):

- ☐ **YES, I agree to the above.** (Initial: _____)
- ☐ **NO, I do NOT agree to the above.** (Initial: _____)

San Benito CISD Purchasing Office (Internal Review):

Comptroller List was reviewed and The Vendor (IS) (IS NOT) on the list (Circle One)

Verified by: (Name and Date):_____