
**Texas Association of School Boards
Risk Management Fund**

1-800-4-TASB-RM

DENTON ISD

Contribution and Coverage Summary

This is a package renewal that includes those coverages, limits, and deductibles as indicated. If you would like a quote for specific lines of coverage, other than on a package basis, please call us at 800-482-7276 to discuss other options that may be available.

Participation Period: January 1, 2007 12:01 A.M. to January 1, 2008 12:01 A.M.

PROPERTY	Deductible Per Occurrence	Annual Contribution
\$571,210,884 Blanket Replacement Cost Limit on Buildings, Personal Property and Auxiliary Structures		
RISK OF DIRECT PHYSICAL LOSS INCLUDES WIND, HURRICANE, AND HAIL COVERAGE WITH A \$250,000 DEDUCTIBLE	\$50,000	\$405,560

EQUIPMENT BREAKDOWN	Deductible Per Occurrence	Annual Contribution
\$100,000,000 Limit	\$1,000	\$37,243

MISCELLANEOUS PROPERTY (Property Wind, Hurricane, and Hail Deductible applies)	Deductible Per Occurrence	Annual Contribution
RISK OF DIRECT PHYSICAL LOSS, REPLACEMENT COST BAND EQUIPMENT		
\$1,784,386 Limit	\$1,000	\$3,033
RISK OF DIRECT PHYSICAL LOSS, REPLACEMENT COST EDP EQUIPMENT, DATA & MEDIA, EDP EXTRA EXPENSE		
\$14,932,539 Limit	\$5,000	\$28,372
RISK OF DIRECT PHYSICAL LOSS, REPLACEMENT COST PROPERTY EXTRA EXPENSE		
\$100,000 Limit	Property Deductible Applies	Included in Property

LIABILITYDeductible
Per Occurrence Annual
Contribution**GENERAL LIABILITY**INCLUDING PERSONAL INJURY AND LIABILITY
COVERAGE FOR ITEMS CONSIDERED MOBILE
EQUIPMENT

\$1,000,000 Per Occurrence Limit

\$1,000

\$15,954

EMPLOYEE BENEFITS LIABILITY
(\$100,000 Per Occurrence Limit)**SCHOOL PROFESSIONAL LEGAL LIABILITY**\$5,000,000 Per Occurrence Limit/
\$5,000,000 Annual Aggregate

\$10,000

\$80,284

(Subject to the sublimits as stated in the
Sexual Misconduct Claims Endorsement)**INCREASE SUBLIMITS TO SEXUAL MISCONDUCT
CLAIMS ENDORSEMENT**\$1,000,000 Per Occurrence Limit/
\$1,000,000 Annual Aggregate

\$10,000

\$8,589

VEHICLE COVERAGE**FLEET LIABILITY**Deductible
Per Occurrence Annual
Contribution\$100,000 per person Bodily Injury limits,
\$300,000 per occurrence Bodily Injury limits,
\$100,000 per occurrence Property Damage limits

\$1,000

\$69,810

PHYSICAL DAMAGE- Actual Cash ValueDeductible
Per Vehicle Annual
Contribution**PRIVATE PASSENGER**

COMPREHENSIVE

\$250

\$152

COLLISION

\$250

\$828

ALL OTHER VEHICLES
(Buses, Trucks, Trailers, and Vans)

SPECIFIED PERILS

\$1,000

\$8,866

COLLISION

\$1,000

\$9,424



CRIMEDeductible
Per OccurrenceAnnual
Contribution

\$50,000 Limit

\$1,000

\$2,226

TOTAL CONTRIBUTION

\$670,341



The signed Contribution and Coverage Summary is due by January 1, 2007.

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The Fund may purchase excess coverage for the Fund to ensure the Fund's fiscal integrity. The Fund may also act on behalf of individual Program Participants to obtain excess loss coverage, bill the Program Participant, and remit the amount to the appropriate party. In the event of a substantial change in terms or cost of excess coverage during the term of this Agreement, the Fund reserves the right to make adjustments to the terms of this Agreement, or to terminate this Agreement, with 60 days notice to the Program Participant. The Program Participant will have the right to terminate this Agreement prior to the effective date of the adjustment.

I understand the District is required to appoint a property/casualty coordinator that has express authority to represent and bind the District in all property/casualty program matters as outlined in the Interlocal Participation Agreement (Agreement), in the section titled "General Provisions."

I hereby appoint the property/casualty Coordinator as follows:

_____	_____
Name of appointed Coordinator	Coordinator title
_____	_____
Coordinator address	City, state, and zip
(_____) _____	_____
Coordinator phone	Coordinator fax
	Internet and/or E-mail address

Through the execution of my signature below, I hereby warrant that I am duly authorized to sign this Contribution and Coverage Summary and affirm the named Fund Member's participation for the time period shown above unless program participation is sooner terminated in accordance with the provisions in the Agreement. Furthermore, I certify that I have read and understand the entire Agreement.

Program Participant:

District name

Authorized signature

Printed name and title

Date

TASB Risk Management Fund:

By: _____

James B. Crow, Secretary

Date