

Denton ISD

Contribution & Coverage Summary (CCS)

Participation Period: January 1, 2015 through June 30, 2015

PROPERTY	Per Occurrence Limit	Deductible	Contribution
Risk of Direct Physical Loss to Buildings, Personal Property, and Other Structures			
All Perils Except Wind, Hurricane, and Hail	Blanket Replacement Cost \$861,838,674	\$50,000	\$155,943
Wind, Hurricane, and Hail		\$250,000	Included
Flood	\$2,000,000	\$50,000	Included
Earthquake	\$2,000,000	\$50,000	Included
Crime	\$100,000	\$50,000	Included
Equipment Breakdown			
Equipment Breakdown	\$100,000,000	\$50,000	Included

SCHOOL LIABILITY	Per Occurrence Limit	Deductible	Contribution
Professional Legal Liability Subject to \$5,000,000 Maximum Annual Aggregate	\$5,000,000	\$10,000	\$63,664
General Liability	\$5,000,000	\$10,000	Included
Employee Benefits Liability	\$100,000	\$10,000	Included

AUTOMOBILE	Per Occurrence Limit	Deductible	Contribution
Automobile Liability \$100,000 per Person Bodily Injury Limits/\$300,000 per Occurrence Bodily Injury Limits/\$100,000 per Occurrence Property Damage Limits	\$100/\$300/\$100	\$1,000	\$32,850
Automobile Physical Damage			\$9,640
Comprehensive	Actual Cash Value	\$1,000	Included
Collision	Actual Cash Value	\$1,000	Included

TOTAL CONTRIBUTION	\$262,097
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This is not an invoice. An invoice will be emailed to the Program Coordinator.

Conditions

Property

Named/Numbered Windstorm: The term “Named/Numbered Windstorm” is defined as all loss and damage directly caused by, resulting from or arising out of Windstorm as named or numbered by the National Weather Bureau, National Hurricane Center or any recognized meteorological authority, including but not limited to loss or damage caused by wind driven rain, flood, storm surge, wave wash, surface water, overflow of bodies of water, or spray from any of these.

The term “Tier 1” shall mean the Texas Counties of Aransas, Brazoria, Calhoun, Cameron, Chambers, Galveston, Jefferson, Kenedy, Kleberg, Matagorda, Nueces, Refugio, San Patricio and Willacy.

The term “Tier 2” shall mean the Texas Counties of Bee, Brooks, Fort Bend, Goliad, Hardin, Hidalgo, Jackson, Jasper, Jim Wells, Liberty, Live Oak, Newton, Orange, Victoria and Wharton.

The term “Harris County” shall mean the Texas County of Harris.

Statement of Values: Fund Member has provided the Fund with the most current and accurate statement of values for all applicable property, including a complete and accurate listing of vehicles owned by the Fund Member. Fund Member agrees to allow Fund to conduct property appraisals of the Fund Member’s property on a periodic basis and agrees to accept values provided by the Fund.

Salvage: The Fund will have the right, in its sole discretion, to exercise rights of salvage to any damaged property paid for or replaced under the terms of this Agreement.

Claims Reporting: Fund Member will provide to the Fund timely notice of all claims as required in the Interlocal Participation Agreement and the Fund’s Coverage Agreement

Liability

Prior Acts: Fund Member certifies that all known or reported acts for which it is reasonably believed may result in a legal claim against the Member, have been fully disclosed. Additionally, Fund Member acknowledges that this coverage excludes any claims arising from such known or reported acts. This Agreement does not void coverage afforded to Fund Member under any previous Fund Agreement.

Claims Reporting: Fund Member will provide to the Fund timely notice of all claims as required in the Interlocal Participation Agreement and the Fund’s Coverage Agreement

Automobile

Statement of Values: Fund Member has provided the Fund with the most current and accurate statement of values for all applicable property, including a complete and accurate listing of vehicles owned by the Fund Member. Fund Member agrees to allow Fund to conduct property appraisals of the Fund Member’s property on a periodic basis and agrees to accept values provided by the Fund.

Salvage: The Fund will have the right, in its sole discretion, to exercise rights of salvage to any damaged property paid for or replaced under the terms of this Agreement.

Claims Reporting: Fund Member will provide to the Fund timely notice of all claims as required in the Interlocal Participation Agreement and the Fund’s Coverage Agreement

General Conditions

Coverage: Coverage terms and limits provided are as set out in this CCS and the Fund's Coverage Agreement for this participation period.

Payment: The Fund Member agrees to pay contributions based on a plan developed by the Fund. All contributions are payable upon receipt of an invoice from the Fund. The Fund shall determine the applicable program for each contribution. Termination under this Agreement of any program shall not affect the remaining programs.

Termination: This CCS may be terminated by either party with termination to be effective on any successive renewal date by giving written notice to the other party no later than 30 days prior to automatic renewal in accordance with Section 4(a) of the Interlocal Participation Agreement.

Program Coordinators

Coordinator:

The Fund Member is required to designate a Program Coordinator (Coordinator) with express authority to represent and bind the Fund Member in all program matters. Below are the current program coordinators as we have listed.

Property - Contact Information Needed

Liability - Contact Information Needed

Automobile - Contact Information Needed

If a Coordinator's name and contact information is not provided above, the current designated Coordinator and contact information will need to be completed below:

Program	Name	Title	Address	Phone	Email
Property	Karen Almon	Director of Risk Management	P.O. Box 2387 Denton, TX 76202	940-369-0023	Kalmon@dentonisd.org
Liability	Karen Almon	Director of Risk Management	P.O. Box 2387 Denton, TX 76202	940-369-0023	Kalmon@dentonisd.org
Automobile	Karen Almon	Director of Risk Management	P.O. Box 2387 Denton, TX 76202	940-369-0023	Kalmon@dentonisd.org

Fund Member Authorization:

I approve this Contribution and Coverage Summary (CCS) and certify that this information is correct. I affirm that I am duly authorized to approve this CCS and that I have read and agree to this CCS and the Interlocal Participation Agreement.

Authorized signature

December 9, 2014

Date

Glenna G. Harris

Printed name

President, DISD Board of Trustees

Title

TASB Risk Management Fund:

James B. Crow, Secretary

Date