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Affiliated FM Insurance Company

(a member of FM Global Group)

A.M. Best #: 00103 NAIC #: 10014 FEIN #: 050254496

Address: P.O. Box 7500
Johnston, RI 02919

Phone: 401-275-3000

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Web: www.affiliatedfm.com

This rating is assigned to companies that have, in our opinion, a superior ability to meet their ongoing obligations to policyholders.



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Best's Ratings

Financial Strength Ratings

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Rating: **A+ (Superior)**

Affiliation Code: **g (Group)**

Financial Size Category: **XV** (\$2 Billion or greater)

Outlook: **Stable**

Action: **Affirmed**

Effective Date: **December 27, 2007**

* Denotes Under Review Ratings. See rating definitions.

Issuer Credit Ratings

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Long-Term: **aa**

Outlook: **Stable**

Action: **Affirmed**

Date: **December 27, 2007**

Reports and News

Visit our NewsRoom for the latest news and press releases for this company and its A.M. Best Group.

AMB Credit Report - Insurance Professional (Unabridged) (formerly known as Best's Company Report) - includes Best's Financial Strength Rating and rationale along with comprehensive analytical commentary, detailed business overview and key financial data.

Report Revision Date: 07/17/2008 (represents the latest significant change).

Historical Reports are available in **AMB Credit Report - Insurance Professional (Unabridged) Archive**.

Best's Executive Summary Reports (Financial Overview) - available in three versions, these presentation style reports feature balance sheet, income statement, key financial performance tests including profitability, liquidity and reserve analysis.

Data Status: 2008 Best's Statement File - P/C, US. Contains data compiled as of 11/22/2008 (Quality Cross Checked).

- **Single Company** - five years of financial data specifically on this company.
- **Comparison** - side-by-side financial analysis of this company with a peer group of up to five other companies you select.
- **Composite** - evaluate this company's financials against a peer group composite. Report displays both the average and total composite of your selected peer group.

AMB Credit Report - Business Professional - provides three years of key financial data presented with colorful charts and tables. Each report also features the latest Best's Ratings, Rating Rationale and an excerpt from our Business Review commentary.

Data Status: Contains data compiled as of 11/22/2008 (Quality Cross Checked).

Best's Key Rating Guide Presentation Report - includes Best's Financial Strength Rating and financial data as provided in Best's Key Rating Guide products.

Data Status: 2007 Financial Data (Quality Cross Checked).

Financial and Analytical Products

Best's Property/Casualty Center - Premium Data & Reports

Best's Key Rating Guide - P/C, US & Canada

Best's Statement File - P/C, US

Best's Statement File - Global

Best's Insurance Reports - P/C, US & Canada

Best's State Line - P/C, US

Best's Insurance Expense Exhibit (IEE) - P/C, US

Best's Schedule F (Reinsurance) - P/C, US

Best's Schedule D (Municipal Bonds) - US

Best's Schedule D (Common Stocks) - US

Best's Schedule P (Loss Reserves) - P/C, US

Best's Schedule D - Hybrid - P/C & L/H, US

Best's Schedule D (Corporate Bonds) - US

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TASB 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, 2009 12:01 A.M. to January 1, 2010 12:01 A.M.

I have received and accepted the values stated in the Building and Contents Schedule attached. _____ Initials

PROPERTY

Deductible Annual
Per Occurrence Contribution

\$759,788,403 Blanket Replacement Cost Limit on
Buildings, Personal Property and Auxiliary Structures
EXCLUDES HOUSE AT 1122 CRESCENT

RISK OF DIRECT PHYSICAL LOSS
INCLUDES WIND, HURRICANE, AND HAIL
COVERAGE WITH A \$250,000 DEDUCTIBLE

\$50,000 \$436,878

EQUIPMENT BREAKDOWN

Deductible Annual
Per Occurrence Contribution

\$100,000,000 Limit

\$1,000 \$49,538

MISCELLANEOUS PROPERTY

(Property Wind, Hurricane, and Hail Deductible applies)

Deductible Annual
Per Occurrence Contribution

RISK OF DIRECT PHYSICAL LOSS, REPLACEMENT COST
BAND EQUIPMENT

\$2,239,567 Limit

\$1,000 \$2,912

RISK OF DIRECT PHYSICAL LOSS, REPLACEMENT COST
EDP EQUIPMENT, DATA & MEDIA,
EDP EXTRA EXPENSE

\$18,376,411 Limit

\$5,000 \$27,565

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

\$18,127

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

\$113,655

(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

\$4,434

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

\$81,588

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

COMPREHENSIVE

\$250

\$122

COLLISION

\$250

\$662

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

SPECIFIED PERILS

\$1,000

\$10,717

COLLISION

\$1,000

\$11,086

CRIME	Deductible Per Occurrence	Annual Contribution
\$50,000 Limit	\$1,000	\$2,314
TOTAL CONTRIBUTION		\$759,598

The signed Contribution and Coverage Summary is due by January 1, 2009.

Participation Period: January 1, 2009 12:01 A.M. to January 1, 2010 12:01 A.M.

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