

TASB RISK MANAGEMENT FUND
1-800-4-TASB-RM

CONTRIBUTION & COVERAGE SUMMARY

Coverage Year: 2009-10

Name of Participant: **Denton ISD**
 Line of Coverage: **Workers' Compensation - Administrative Services Only**
 Participation Period: **12:01 a.m. July 1, 2009 through 12:01 a.m. July 1, 2010**

Participant #: 134

1. Stop-Loss Coverage

STOP-LOSS CARRIER	Midwest Employers
Company Best Rating	A XIII
2009/2010 Estimated Total Payroll	\$164,367,272
Specific Rate per \$100 of Payroll	.0237
Workers' Compensation Limit	Statutory
Specific Retention	\$450,000
Aggregate Retention	\$1,000,000
Cash Flow Protection Limit	\$180,000 1 st yr; \$120,000 2 nd yr; \$100,000 3 rd yr
Annual Estimated Premium	\$77,910*

***Two Year Term**

The stop loss policy will be issued by the Stop-Loss Carrier to the Program Participant and the Participant will be governed by the terms and conditions of said policy. The Fund shall have no responsibility beyond securing stop loss coverage and billing and remitting stop loss premiums. The original policy will be mailed to the Participant under separate cover.

2. Program Administration fees

\$9,600 Annually

An annual fee will be charged for general administration services, which includes an annual actuarial review.

3. Claims Administration Fees

Indemnity Claim

\$598 per claim

Indemnity is classified as an injury where the employee has experienced more than seven days of compensable lost time, reduced wages for more than one week, incurred substantial medical treatment, compensability is questionable, involves subrogation or has reported an occupational illness, even if the employee has not missed any time from work.

Medical Claim

\$98 per claim

Medical is classified as an injury requiring MINOR medical treatment and no more than seven days of compensable lost time.

Record Only Claim

\$20 per claim

Record Only is classified as an Injury or incident requiring no medical treatment or lost time than seven days of compensable lost time.

Catastrophic Claims

No extra charge, treated as indemnity claim

Duration of Claims handling activity

Life of participation in the Fund's WC program

DWC Pre-Hearing and BRC's

Included

DWC CCH's and SOAH's

allocated to file at prevailing judicial rates

Medical Dispute Resolution (MDR)

Included

Negotiation of DWC proposed employer violations

Included

DWC Representation

Included

Litigation Management

Included

DWC Electronic Reporting

Included

All DWC Forms

Included

Subrogation

Allocated to file at cost 33 1/3 + expense if attorney is assigned



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4. Cost Containment Fees *(Allocated to claim file)*

Preauthorization's	\$80/ per preauthorization
Large Case Management	\$80 per hour
Medical Fee Guideline Review	\$6.50 per bill
Travel & Waiting Time	First two hours @ professional fee, then \$40/hour
Peer Review by Physician Advisor	Time & Expense
Vocational Rehabilitation	Time & Expense, not to exceed \$75 per hour
Peer Review (on Preauth)	Time & Expense
Legal Fees	Per attorney fees

Other Administration Fees

Field Investigation	Included
Photocopying/Fax	Included
Photographs	Included
Phone Charges	Included
Checking and Banking Fees (Check Writing)	Included
Set-up Fee for New Accounts	Included
*On-line Data access (view only) with training	Included
Claims Liaison and Quality Control Service	Included

** District is responsible for required hardware, communication software, and long distance charges to connect.*

5. Claim handling fees after termination

Claims incurred during the District's participation in the Administrative Services Only (ASO) program will be administered for the duration of the District's participation in the Fund's workers' compensation program. In the event of termination in accordance with the Interlocal Participation Agreement (IPA), the District may transfer Workers' Compensation claims to a new claims administrator upon execution of an agreement with the Fund. If the District prefers to have the Fund administer open claims after termination, a claims handling fee of \$50.00 per month, per open claim, will be charged for the continued claims administration services.

6. Loss Prevention Services

As a member of the TASB Risk Management Fund Property/Casualty program, Denton ISD will also receive the following Loss Prevention Services for the Workers' Compensation program at no additional charge.

The following services are offered as the following package:

1. District Safety Consultations/Surveys/Training	Included
2. Loss Prevention Manual Online (TASB has copyright)	Included
3. Loss Prevention Safety Kit Online	Included
4. Use of Loss Prevention Video and Resource Library	Included
5. Basic Loss Prevention Reports Online	Included
Total Cost for Loss Prevention Services	Included in Program Administration Fee

If Denton ISD chooses to not participate in the Fund's Property/Casualty program in the future, these services are still available for a fee of \$75.00 per hour.

Additional Options:

Specialized Loss Prevention Reports	\$100 per report/\$50 maintenance and/or adjustments
Employee Safety Handbooks	At Cost
Total Cost for Additional Options:	Based on Districts' Needs

7. Fee Changes

Fees are subject to change due to regulatory requirements and/or vendor changes. The Fund will provide 30 days written notice prior to the implementation of a change in fees.



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8. Seasonal Benefit Adjustments

As a self-insured district, the decision to adjust weekly workers' compensation temporary income benefits to zero during specific holidays such as Thanksgiving, winter break, and spring break may be decided by your district. Please complete the following:

The district elects the following changes to temporary income benefits:

Stop/reduce weekly benefits for:

- a. Spring Break Yes No
- b. Winter Break Yes No
- c. Thanksgiving Break Yes No

Should your district elect to stop benefits during any of the holiday breaks, it will be the district's responsibility to notify the Fund of the actual holiday dates.

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I hereby certify that the information contained herein is correct and the payroll estimates shown are based on anticipated payroll for all District employees. I understand the District is required to appoint a workers' compensation Coordinator that has express authority to represent and bind the District in all workers' compensation program matters as outlined in the Interlocal Participation Agreement (Agreement), in the section titled "General Provisions."

I hereby appoint the workers' compensation 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:

Denton ISD
District name

Authorized signature

Printed name and title

Date

TASB Risk Management Fund:

By: _____
James B. Crow, Secretary

Date





A BERKLEY COMPANY

Midwest Employers Casualty Company

Excess Workers Compensation

BINDER

Insured: Denton ISD

Policy Number: EWC007459 Effective Date: 07/01/2008
 Quote Number: 0120965 Expiration Date: 07/01/2010

States Covered: Texas

Service Company: Texas Association of School Boards
 P.O. Box 2010
 Austin, TX 78768-

Includes the following Endorsements: (see attached)

<u>SPECIFIC:</u>	Specific Limit:	STATUTORY
	Specific Retention:	\$450,000
<u>EMP LIABILITY:</u>	Employers Liability Limit:	\$1,000,000
	Employers Liability Retention:	\$450,000
<u>AGGREGATE:</u>	Aggregate Limit:	\$1,000,000
	Aggregate Retention (Rate as a Percentage of Normal Premium):	90.00%
	Minimum Aggregate Retention:	\$4,454,590
	Aggregate Loss Limitation:	\$450,000
<u>RATING BASE:</u>	Policy Period Estimated Payroll	\$313,080,518
	Policy Period Normal Premium:	\$5,050,556
	Rate as a Percentage of Normal Premium:	2.60%
<u>PREMIUM:</u>	Total Estimated Policy Period Premium (including flat charges):	\$131,314
	Policy Period Minimum Premium:	\$118,183
	Deposit Premium:	\$65,657
	Deposit Flat Charge(s):	n/a
	<u>Total Deposit Due:</u>	\$65,657
	Terrorism Risk Insurance Act of 2002:	\$1,970
	(Included in Total Deposit Due above)	

Midwest Employers Casualty Company

06/30/2008
Date



Midwest Employers Casualty Company
Excess Workers Compensation

BINDER - Endorsement Schedule

Insured Name: Denton ISD
Policy Number: EWC007459

Policy Effective Date: 7/1/2008
Policy Expiration Date: 7/1/2010

Policy Includes the following Endorsements:

CO-11	Amending Item 11 - Classification of Operations
CO-46	Specific Excess Annual Retention 45% 30% 25%
IO-60TX	Cancellation Notice Changed - Texas only - MECC NOC 90 Days
IO-66	Definition of Payroll Pertaining to Volunteer Workers
IO-71	More Than One Premium Adjustment
IO-74A	Aircraft - Owned or Leased Coverage Excluded
CO-84	Final Premium
IO-85	Notice of Terrorism Insurance Coverage
IO-TX	Texas
IO-TXA	Texas Important Notice
IO-TXB	Texas - Additional Insured

Jennifer Hayden
Underwriter

June 30, 2008
Date



Midwest Employers Casualty Company
14755 North Outer Forty Drive, Suite 300
Chesterfield, Missouri 63017

APPLICATION FOR EXCESS
WORKERS' COMPENSATION
COVERAGE

FRAUD WARNING SUPPLEMENT

- New Application Effective Date: _____
- Renewal Application _____
(previous policy number)

1. Name of Applicant (as shown on self-insurance permit): _____

2. Address: _____ Zip: _____

Florida *Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.*

New Jersey *Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.*

New York *Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.*

Louisiana *Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.*

Washington *It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.*

Other States *Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing false or deceptive statement is guilty of insurance fraud.*

Date

Applicant's Signature

Title

Print Applicant's Name

Print Applicant's Title