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

1-800-4-TASB-RM

BRACKETT 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: June 1, 2006 12:01 A.M. to June 1, 2007 12:01 A.M

PROPERTY

Deductible
Per Occurrence Annual
Contribution

\$13,880,951 Blanket Replacement Cost Limit on
Buildings, Personal Property and Auxiliary Structures
EXCLUDES ANN STREET, BLOCK 45: (1/3 OF LOTS, 19, 20,
21) STORAGE; ANN STREET, BLOCK 23 (LOTS 1 & 2)
ALTERNATIVE CENTER AND BUS BARN; FULTON AND
ANN: BUS GARAGE

RISK OF DIRECT PHYSICAL LOSS INCLUDES WIND, HURRICANE, AND HAIL COVERAGE WITH A \$25,000 DEDUCTIBLE	\$10,000	\$27,901
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\$273,300 Stated Value Limit on
Buildings, Personal Property and Auxiliary Structures
INCLUDES ANN STREET, BLOCK 45: (1/3 OF LOTS, 19, 20,
21) STORAGE; ANN STREET, BLOCK 23 (LOTS 1 & 2)
ALTERNATIVE CENTER AND BUS BARN; FULTON AND
ANN: BUS GARAGE

RISK OF DIRECT PHYSICAL LOSS INCLUDES WIND, HURRICANE, AND HAIL COVERAGE WITH A \$25,000 DEDUCTIBLE	\$10,000	\$549
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MISCELLANEOUS PROPERTY

Deductible
Per Occurrence Annual
Contribution

RISK OF DIRECT PHYSICAL LOSS, REPLACEMENT COST
BAND INSTRUMENTS

\$75,000 Limit	\$250	\$225
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LIABILITY	Deductible Per Occurrence	Annual Contribution
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GENERAL LIABILITY

INCLUDING PERSONAL INJURY AND LIABILITY
COVERAGE FOR ITEMS CONSIDERED MOBILE
EQUIPMENT

\$1,000,000 Per Occurrence Limit	\$1,000	\$950
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EMPLOYEE BENEFITS LIABILITY
(\$100,000 Per Occurrence Limit)

SCHOOL PROFESSIONAL LEGAL LIABILITY

\$1,000,000 Per Occurrence Limit/ \$1,000,000 Annual Aggregate	\$1,000	\$3,500
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(Subject to the sublimits as stated in the
Sexual Misconduct Claims Endorsement)

VEHICLE COVERAGE

FLEET LIABILITY

Deductible Per Occurrence	Annual Contribution
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\$100,000 per person Bodily Injury limits, \$300,000 per occurrence Bodily Injury limits, \$100,000 per occurrence Property Damage limits	\$250	\$6,119
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PHYSICAL DAMAGE- Actual Cash Value

Deductible Per Vehicle	Annual Contribution
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PRIVATE PASSENGER

COMPREHENSIVE	\$250	\$68
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COLLISION	\$500	\$198
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ALL OTHER VEHICLES (Buses, Trucks, Trailers, and Vans)

COMPREHENSIVE 1990 AND NEWER VEHICLES ONLY	\$250	\$3,830
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COLLISION 1990 AND NEWER VEHICLES ONLY	\$500	\$1,210
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VEHICLE COVERAGE

PHYSICAL DAMAGE - Actual Cash Value	Deductible Per Vehicle	Annual Contribution
MOBILE EQUIPMENT		
SPECIFIED PERILS	\$250	\$105
CRIME	Deductible Per Occurrence	Annual Contribution
\$50,000 Limit	\$250	\$140
TOTAL CONTRIBUTION		\$44,795



The signed Contribution and Coverage Summary is due by June 1, 2006

Participation Period: June 1, 2006 12:01 A M to June 1, 2007 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:

Marla Madrid

Name of appointed Coordinator

Business Manager

Coordinator title

P.O. Box 586

Coordinator address

Brackettville TX 78832

City, state, and zip

(830) 563-2491 x 114 (830) 563-9264

Coordinator phone

Coordinator fax

marlam@brackett.k12.tx.us

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:

Brackett I S D

District name

Authorized signature

Paula Renken, Superintendent

Printed name and title

April 10, 2006

Date

TASB Risk Management Fund:

By: _____

James B. Crow, Secretary

Date

