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# TASB Risk Management Fund

1-800-4-TASB-RM

DENTON ISD

## Contribution and Coverage Summary

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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. Please indicate your selection by checking the appropriate boxes.

Participation Period: January 1, 2010 12:01 A.M. to January 1, 2011 12:01 A.M.

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*I have received and accepted the values stated in the Building and Contents Schedule attached. \_\_\_\_\_ Initials*

<b>PROPERTY</b>	<b>Deductible Per Occurrence</b>	<b>Annual Contribution</b>	
\$888,597,381 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	\$266,579	<input type="checkbox"/>
\$500,000,000 Loss Limit Per Occurrence/Annual Aggregate 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	\$251,473	<input type="checkbox"/>
<b>EQUIPMENT BREAKDOWN</b>	<b>Deductible Per Occurrence</b>	<b>Annual Contribution</b>	
\$100,000,000 Limit	\$1,000	\$57,937	
<b>MISCELLANEOUS PROPERTY</b> (Property Wind, Hurricane, and Hail Deductible applies)	<b>Deductible Per Occurrence</b>	<b>Annual Contribution</b>	
RISK OF DIRECT PHYSICAL LOSS, REPLACEMENT COST BAND EQUIPMENT			
\$2,804,672 Limit	\$1,000	\$3,646	

<b>MISCELLANEOUS PROPERTY</b>	Deductible	Annual
(Property Wind, Hurricane, and Hail Deductible applies)	Per Occurrence	Contribution

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

\$22,414,332 Limit	\$5,000	\$33,621
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<b>LIABILITY</b>	Deductible	Annual
	Per Occurrence	Contribution

GENERAL LIABILITY  
INCLUDING PERSONAL INJURY AND LIABILITY  
COVERAGE FOR ITEMS CONSIDERED MOBILE  
EQUIPMENT

\$1,000,000 Per Occurrence Limit	\$1,000	\$18,172
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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	\$125,229
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(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	\$4,778
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**VEHICLE COVERAGE**

<b>FLEET LIABILITY</b>	Deductible	Annual
	Per Occurrence	Contribution

\$100,000 per person Bodily Injury limits, \$300,000 per occurrence Bodily Injury limits, \$100,000 per occurrence Property Damage limits	\$1,000	\$73,940
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PHYSICAL DAMAGE- Actual Cash Value	Deductible	Annual
	Per Vehicle	Contribution

PRIVATE PASSENGER

COMPREHENSIVE	\$250	\$122
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COLLISION	\$250	\$662
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**VEHICLE COVERAGE**

PHYSICAL DAMAGE - Actual Cash Value	Deductible Per Vehicle	Annual Contribution
ALL OTHER VEHICLES (Buses, Trucks, Trailers, and Vans)		
SPECIFIED PERILS	\$1,000	\$10,570
COLLISION	\$1,000	\$10,761
<b>CRIME</b>	Deductible Per Occurrence	Annual Contribution
\$50,000 Limit	\$1,000	\$2,992

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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 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:

<u>Debbie Monschke</u> Name of appointed Coordinator	<u>Executive Director Administrative Services</u> Coordinator title
<u>P.O. Box 2387</u> Coordinator address	<u>Denton, Texas 76202-2387</u> City, state, and zip
<u>( 940 ) 369-0011</u> Coordinator phone	<u>( 940 ) 369-4981</u> Coordinator fax
	<u>dmonschke@dentonisd.org</u> 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