
**TASB Risk Management Fund
Auto, Liability, & Property
Contribution & Coverage Summary (CCS)**

Denton ISD

Participation Period: January 1, 2013 12:01 a.m. to January 1, 2014 12:01 a.m.

PROPERTY	Deductible Per Occurrence	Annual Contribution
\$902,177,918 Blanket Replacement Cost Limit on Buildings, Personal Property and Auxiliary Structures Excludes House at 1122 Crescent, Denton, Texas		
Risk of Direct Physical Loss Includes Wind, Hurricane, and Hail Coverage with a \$250,000 Deductible	\$50,000	\$265,808
EQUIPMENT BREAKDOWN		
	Deductible Per Occurrence	Annual Contribution
\$100,000,000 Limit	\$1,000	Included
MISCELLANEOUS PROPERTY (Property Wind, Hurricane, and Hail Deductible applies)		
	Deductible Per Occurrence	Annual Contribution
Risk of Direct Physical Loss, Replacement Cost Band Equipment		
\$2,986,846 Limit	\$1,000	\$3,584
Risk of Direct Physical Loss, Replacement Cost EDP Equipment, Data & Media, EDP Extra Expense		
\$23,038,702 Limit	\$5,000	\$32,254

LIABILITY**Deductible
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

\$18,611

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

\$146,520

(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

\$5,314

AUTO 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

\$76,138

Physical Damage- Actual Cash Value**Deductible
Per Vehicle Annual
Contribution****Private Passenger**

Comprehensive

\$250

\$0

Collision

\$250

\$0

AUTO COVERAGE

Physical Damage - Actual Cash Value	Deductible Per Vehicle	Annual Contribution
All Other Vehicles (Buses, Trucks, Trailers, and Vans)		
Specified Perils	\$1,000	\$11,531
Collision	\$1,000	\$11,545
CRIME		
	Deductible Per Occurrence	Annual Contribution
\$50,000 Limit	\$1,000	\$3,397
TOTAL CONTRIBUTION		\$574,702
MEMBERS' EQUITY CREDIT		\$(57,470)
TOTAL BALANCE DUE		\$517,232

This is not an invoice. An invoice will be emailed to the program coordinator and payable within 30 days of receipt.



CONDITIONS

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

Coverage: Coverage terms and limits provided are as set out in this CCS and the Fund's Coverage Document 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.

Prior Acts: Fund Member certifies that all known or reported acts that are 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.

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.

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.



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. If a Coordinator's name and contact information is not provided below, the currently designated Coordinator and contact information will remain in effect.

Name of Coordinator

Coordinator title

Coordinator address

City, state, and zip

Coordinator phone

Coordinator fax

E-mail address

Fund Member:

I certify that this information is correct. I affirm that I am duly authorized to sign this Contribution & Coverage Summary. Furthermore, I certify that I have read and agree to this Contribution & Coverage Summary and the Interlocal Participation Agreement.

Authorized signature

Date

Printed name

Title

TASB Risk Management Fund:

James B. Crow, Secretary

Date

