

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

Denton ISD CD#061901

Participation Period: January 1, 2012 12:01 a.m. to January 1, 2013 12:01 a.m.

Rate Guarantee: Rates are guaranteed for a two year period from January 1, 2012 to January 1, 2014

PROPERTY

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

Deductible Per Occurrence	Annual Contribution
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\$886,027,921 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	\$265,808
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EQUIPMENT BREAKDOWN

Deductible Per Occurrence	Annual Contribution
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\$100,000,000 Limit

	\$1,000	Included
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MISCELLANEOUS PROPERTY

(Property Wind, Hurricane, and Hail Deductible applies)

Deductible Per Occurrence	Annual Contribution
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RISK OF DIRECT PHYSICAL LOSS, REPLACEMENT COST
BAND EQUIPMENT

\$2,986,846 Limit	\$1,000	\$3,584
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RISK OF DIRECT PHYSICAL LOSS, REPLACEMENT COST
EDP EQUIPMENT, DATA & MEDIA, EDP EXTRA EXPENSE

\$23,038,702 Limit	\$5,000	\$32,254
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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

\$18,611

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

\$146,254

(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

\$5,580

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

\$76,138

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

COMPREHENSIVE

\$250

\$0

COLLISION

\$250

\$0

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 mailed to the program coordinator and payable within 30 days of receipt.

Term of Agreement/Renewal

The term of this Agreement is for one year, and it automatically renews for successive one-year terms, unless terminated in accordance with the provisions of the Interlocal Participation Agreement (copy attached). Please make sure to read and comply with the termination provisions of the Agreement.

Coordinator

The Program Participant is required to designate a program Coordinator that has express authority to represent and bind the Program Participant in all property and liability program matters as outlined in the Interlocal Participation Agreement. If a Coordinator, and their contact information, is not provided below, the currently designated Coordinator, along with the current contact information, will remain in effect.

Name of Coordinator

Coordinator title

Coordinator address

City, state, and zip

Coordinator phone

Coordinator fax

Internet and/or E-mail address

Program Participant

I affirm that I am duly authorized to sign this Contribution & Coverage Summary. The named Fund member agrees to participate for the above stated Participation Period unless participation is sooner terminated in accordance with the provisions in the Interlocal Participation Agreement. Furthermore, I certify that I have read and understand this Contribution & Coverage Summary and the Interlocal Participation Agreement.

Authorized signature

Date

Printed name and title

TASB Risk Management Fund

James B. Crow, Secretary

Date