

Browning Public Schools
Board Agenda Request
Meeting to Be Held: 1/27/26



Recognition: Students Staff Parents
Information: Building Report Old Business Superintendent's Report
Action: Resignation Hiring Contract Service Agreements
 Travel Out-of-State Travel In State Approvals
 Termination Legal Matters Other:
 This action request pertains to Elementary (only) High School/District Wide

Date: 1/23/26

To: Browning School Board of Trustees **From:** Rebecca Rappold
Title: Superintendent

Subject: Alliant Insurance Services

Description: By means of this notification BPS would like to appoint Kindra Warman with Alliant Insurance Services, Inc. as our Broker of Record effective immediately for all matters relating to and concerning any and all policies that belong to Browning Public Schools. Alliant Insurance Services will be compensated at the same amount as our previous Broker of Record-Leavitt Great West Insurance Services.

Financial Impact:

Funding Source (Budget/grant, etc.):

Attachment(s): see attachment

Approval: Superintendent's Office/Finance/Personnel as applicable (Initial) _____

Comments: _____

Board Action: N/A (Info) Approved Denied Tabled to: _____



Broker of Record Letter

To Whom It May Concern:

We hereby appoint Kindra Warman with **Alliant Insurance Services, Inc.** (Tax ID Number 33-0785439, Producer Code/Location Seattle) as our Broker of Record effective immediately. Alliant Insurance will advocate on our behalf regarding our employee benefit program; including research and negotiation with the group insurance marketplace. Please provide any assistance Alliant requests as they proceed with this task.

The appointment of Alliant Insurance Services, Inc. rescinds and supersedes all previous agent appointments and shall remain in force until cancelled in writing. I understand that this appointment is effective on the first of the month following the receipt of this letter, and that once effective all commissions and other compensation payable from that date on, will be paid to the agent appointed in this letter. I represent that I am authorized to appoint an agent for the lines of coverage that are included in this letter.

This letter may be rescinded in writing at any time. Thank you for your prompt assistance.

Organization Name

Authorized Signature

Representative Name (please print) and Title

Date