

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



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**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

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**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:** \_\_\_\_\_

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**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.

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Organization Name

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Authorized Signature

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Representative Name (please print) and Title

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Date