

Woodsboro ISD

Request for Proposal (RFP)

Property, and Automobile Coverage



Package includes:

- Bid Specifications
- Underwriting Data
- Proposal Response Forms

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SECTION 1

General Information

General Conditions

A. The Woodsboro Independent School District (hereafter referred to as Entity) is requesting proposals for the following Property, Liability and Automobile coverage.

Property

Building & Contents
 Equipment Breakdown
 Flood
 Earthquake
 Scheduled Property (Floaters)/Inland Marine
 Electronic Data Media/Equipment Protection
 Extra Expense
 Crime (Includes Employee Dishonesty, Faithful Performance, and Money & Securities)

Liability

General Liability
 Personal Injury Liability
 Employee Benefits Liability

**Automobile &
 Mobile Equipment
 Physical Damage**

Automobile Liability
 Vehicles
 Mobile Equipment

B. Property insurance will be a market selection. Please see the market selection form (Exhibit IV) in section 6. Requested market selections will be due to the district on December 22, 2022 at 10:00 am. Market assignments and notifications will be sent to prospective providers via email on 12/23/2022.

C. Proposers may quote several plan options as long as each option is fully explained. All relationships between your company and any company offering coverage must be revealed, as well as any commission payments or fees that will be paid to the Proposer as a result of this bid award.

D. Proposers are expected to examine the complete RFP document. Failure to do so will be at the Proposer's risk. Written questions about this RFP and requests for additional information shall be provided no later than February 01, 2023 (5:00 p.m.) to the Purchasing Department, Attn: David Segers, P.O. Box 770 Woodsboro, Texas, 78393 or you may fax your request to (361) 543-4856 or email: david_segers@wisd.net. The Entity will not respond to verbal inquiries.

E. Proposers must submit one original and 2 copies (3 complete sets) of the proposal.

- F. Proposals will be received until 4:00 PM on February 13, 2023 at the (Entity office. The mailing address of this office is: P.O. BOX 770 Woodsboro, TX 78393. The physical location of this office is: 408 Kasten St., Woodsboro, TX 78393
- G. Proposals must be plainly marked on the outside of the envelope: "SEALED PROPOSAL FOR PROPERTY, ~~LIABILITY~~ AND AUTOMOBILE COVERAGE."
- H. The Entity reserves the right to accept or reject any or all proposals, waive any formalities and/or technicalities in the proposal and award the contract to best serve the interests of the Entity. The Entity may negotiate with Proposers as deemed advisable or necessary.
- H. All Proposals must be submitted on the **Proposal Forms** attached hereto, in accordance with all specified conditions. Coverage shall be for one year beginning: March 1, 2023.
- I. Any restrictions, deviations or other modifications which alter or reduce coverage as specified in this RFP must be shown separately and explained in writing. Failure to attach an explanation of deviations to this proposal will indicate your acceptance of the specifications as written.
- J. Proposers are required to submit specimen coverage documents, agreements, and/or contracts the Entity will be required to sign in order to purchase the coverage quoted.
- K. Please indicate the method for payment and any optional methods that may be available.
- L. It is the intent of the Entity to award the proposal to one carrier who can provide all lines of coverage as a package. Preference may be given to packaged proposals; however, final purchasing decisions will be made based on the options that are most advantageous to the Entity. In addition to package pricing, please indicate if monoline pricing is available.
- M. Due care and diligence have been used in the preparation of these specifications and the information contained herein is believed to be substantially correct. However, the responsibility for determining the full extent of the exposure and the verification of all information presented herein shall rest solely on the Proposer. The Entity and its representatives will not be responsible for any errors and omissions in the specifications nor for the failure on the part of the Proposer to determine the full extent of the exposures.
- N. Quotations shall be based on the underwriting information furnished by the Entity. Loss data is believed to be correct but is not warranted. If inspections are required, please coordinate them through the Business Office by contacting: Pam Niemann at 361-543-4518.

Minimum Qualifications

- A. Proposers responding to this RFP must be licensed and/or authorized to do business in Texas and have at least 5 years experience writing Property, Liability and Automobile coverage in Texas. Proposer qualifications must be included as an exhibit to your proposal.
- B. Proposers must attach a brief biography describing the experience of the person assigned to handle this account.
- C. Submit a summary of all Property, Liability and Automobile services available to the Entity. Indicate charges for services that are in addition to the quoted contributions/premiums.
- D. Proposers must have an Errors and Omissions policy with a minimum limit of \$1,000,000 per occurrence. Attach current certificate of coverage.
- E. Self-funded programs or plans organized under the terms of the Interlocal Cooperation Act (Chapter 791, Title 7, Government Code) shall be accepted provided the program offers coverage that are equivalent to a fully insured program.
- F. The Proposer's last 3 years audited financial statements must be included with the proposal.

SECTION 2

Underwriting Information

General Underwriting Questions / Answers

| | | | | |
|---|---|--------------------------|---|--------------------------|
| Has the board implemented specific loss prevention policies? | Y | <input type="checkbox"/> | N | <input type="checkbox"/> |
| Is there a swimming pool at any location? | Y | <input type="checkbox"/> | N | X |
| - If yes, please attach. | | <input type="checkbox"/> | | |
| Do you operate a daycare center? | Y | <input type="checkbox"/> | N | X |
| - If yes, can the general public utilize the center? | Y | <input type="checkbox"/> | N | <input type="checkbox"/> |
| - Is the center operated by Entity employees? | Y | <input type="checkbox"/> | N | <input type="checkbox"/> |
| Does the applicant own or lease any watercraft? | Y | <input type="checkbox"/> | N | X |
| Does the applicant own or charter any aircraft? | Y | <input type="checkbox"/> | N | X |
| Does the applicant engage in any activities, other than school activities, including the loaning or leasing of property? | Y | <input type="checkbox"/> | N | X |
| - If yes, please list and explain in detail | | <input type="checkbox"/> | | |
| - Are certificates of insurance required from lessee? | Y | <input type="checkbox"/> | N | <input type="checkbox"/> |
| Is the applicant engaged in any joint ventures, cooperatives or SSA's? | Y | X | N | <input type="checkbox"/> |
| - If yes, please list and explain in detail: Goliad Special Education Cooperative, Region 3 ESC (Career & Technology, Migrant, ESL) | | <input type="checkbox"/> | | |
| Does the applicant employ police or security guards in any capacity? | Y | X | N | <input type="checkbox"/> |
| - If yes, are they certified by Texas Commission of Law Enforcement Officer Standards & Education (TCLEOSE)? | Y | X | N | <input type="checkbox"/> |
| - If yes, how many? | | | | |
| | | 1 | | |
| Does the applicant have an on-site physician(s), medical/dental clinics, or a pharmacy? | Y | <input type="checkbox"/> | N | X |
| If yes, is it operated by the Entity? | Y | <input type="checkbox"/> | N | <input type="checkbox"/> |
| If yes, are they employees of the Entity? | Y | <input type="checkbox"/> | N | <input type="checkbox"/> |

Loss History for Past Five Years

A five-year loss history report for all lines of business requested in this RFP is attached. See Exhibit I.

SECTION 3

Coverage Specifications

Property and Contents

1. **Property covered** See attached Exhibit II.
2. **Policy Limits** \$ 38,000,000.00
3. Blanket coverage on buildings, contents and auxiliary structures at all locations including on-site improvements such as fences, light poles, and bleachers.
4. **Basis of Recovery** Full Replacement Cost

| Peril | Deductible | Deductible Options |
|--------------------------------|----------------------------|--------------------|
| All Other Perils | \$ _____ | \$ _____ |
| Wind Hail and Hurricane | \$ 50,000.00 | \$ _____ |
| Named Windstorm | \$ 3% PER OCCURANCE | \$ _____ |
| Wind Driven Rain | 10,000.00 | |
| Flood | 10,000.00 | |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

6. **Extra Expense** \$ 1,000,000.00 per occurrence
7. **Automatic Coverage on newly acquired Property:** \$1,000,000 limits for up to 90 days
8. **Scheduled Property Floater** (Classifications of Property: band equipment, computer equipment, office equipment, electronic and audio/visual equipment, agricultural equipment, valuable papers, etc)
 - a. **Type of Coverage** All Risk
 - b. **Basis of Recovery** Full Replacement Cost

| Classification | Limit | Deductible(s) | |
|----------------|----------|---------------|----------------|
| _____ | \$ _____ | \$ _____ | per occurrence |
| _____ | \$ _____ | \$ _____ | per occurrence |
| _____ | \$ _____ | \$ _____ | per occurrence |

9. **Electronic Data Protection for owned computer equipment**
 - a. **Type of Coverage** All Risk coverage
 - b. **Basis of Recovery** Full Replacement Cost
 - c. **Single Blanket Limit (all locations)** \$ 2,000,000.00 **OR**

Limit per location:

| | | |
|----------|----------|-------|
| \$ _____ | Location | _____ |
| \$ _____ | Location | _____ |
| \$ _____ | Location | _____ |
| \$ _____ | Location | _____ |
| \$ _____ | Location | _____ |
 - d. **Deductible(s)** 10,000.00 per occurrence
 - e. **Property-In-Transit** Blanket Limits
 - f. **Property at Unscheduled Locations** Blanket Limits

g. **Automatic Coverage for Storage of Duplicates**

Up to 20% at each location not to exceed \$50,000

h. **Reproduction of Data**

Blanket Limits

i. **Repair or Replace Media**

Blanket Limits

Underwriting Information – Fire Protection

| | | | | |
|---|-------------|---|---|---|
| Are fire hydrants located on or across the street from each campus? | Y | X | N | |
| Are fire alarm systems located in all buildings? | Y | X | N | |
| Is the fire department paid or voluntary? - VOLUNTARY | Y | | N | |
| Is the applicant located in a town of less than 15,000 population? | Y | X | N | |
| - If yes, is the applicant within five miles of a town with a population of more than 15,000? | Y | | N | X |
| - If yes, will that city's fire department respond to a fire at all your locations? | Y | X | N | |
| Does the applicant have a hooded ventilating system in the kitchen? | Y | X | N | |
| Does the applicant have a contract for hood-cleaning services? | Y | X | N | |
| - If yes, how often does the contractor clean the hood? | Bi-Annually | | | |

Underwriting Information – Building Maintenance / Occupancy

| | | | | |
|---|---|---|---|---|
| List any security measures such as burglar alarms, security lighting, etc.: | | | | |
| Exterior building lighting, surveillance cameras | | | | |
| Does the applicant have any buildings 30 years or older? | Y | X | N | |
| - If yes, has the wiring been updated to meet code specifications? | Y | X | N | |
| Are any owned or leased buildings being used for purposes other than their intended use? | Y | | N | X |
| Are any owned or leased buildings controlled by the applicant currently vacant or unoccupied? | Y | | N | X |

Equipment Breakdown Coverage

Covered equipment unless otherwise indicated, includes electrical, mechanical and pressure equipment. It includes both Real Property, such as heating, cooking and electrical systems, and Personal Property, such as office and process equipment.

| | | |
|-----|---|---|
| 1. | Total number of locations occupied by the Entity: | See attached Exhibit VIII. |
| 2. | Type of Coverage | Comprehensive |
| 3. | Policy Limits | Equal to property limits, not to exceed \$100,000,000 |
| 4. | Deductible | \$1,000 or property deductible per occurrence |
| 5. | Basis of Recovery | Repair or Replacement |
| 6. | Stipulated Time for Repair or Replacement: | 24 months |
| 7. | Automatic Coverage for new locations | 90 days |
| 8. | Expediting Expense | \$250,000 per occurrence |
| 9. | Hazardous Substance Cleanup | \$250,000 per occurrence |
| 10. | Property Damage | Included in Coverage Limit |

| | | |
|-----|--|----------------------------|
| 11. | Ammonia Contamination | Included in Coverage Limit |
| 12. | Consequential/ Perishable Goods Damage | \$100,000 per occurrence |
| 13. | Extra Expense (24 hours) | Included in Coverage Limit |
| 14. | Excavation Costs | \$25,000 per occurrence |

Blanket Crime Coverage (Public Employee Blanket Bond)

- Coverage will include employee dishonesty, loss inside and outside the premises for money and securities and faithful performance on a blanket basis.
- Blanket Limit \$ 100,000.00
Deductible \$ 1,000.00

Underwriting Information – Blanket Crime Coverage (Public Employee Blanket Bond)

| | | | | |
|--|----------|---|---|--|
| Total number of locations occupied by the Entity: | | | | |
| Total number of locations at which money or securities are handled: | 3 | | | |
| How frequently are audits made? | ANNUALLY | | | |
| Are they made by an independent auditor or CPA? | Y | X | N | |
| Are countersignatures required? | Y | X | N | |
| Are securities subject to joint control of two or more responsible employees? | Y | X | N | |
| Number of employees and board members who handle money or securities, sign checks, authorize drafts, or audit accounts on a regular basis: | 7 | | | |
| Number of clerical personnel not listed above: | 0 | | | |
| Number of all other employees: | 94 | | | |
| What is the Average Daily Attendance (ADA) reported to TEA? | 390 | | | |

General Liability, Personal Injury Liability and Employee Benefits Liability Coverage

1. Limits of Liability: \$1,000,000 per occurrence, no annual aggregate
Deductible: \$ 100.00
2. Pays expenses, including judgments and defense costs.
3. Provides coverage for care, custody, and control.
4. Includes incidental medical malpractice.
5. Provides coverage for libel, slander, and defamation of character.
6. Covers premises liability, advertising liability, and products liability on a per occurrence form.
7. Persons Covered/Insured **must** include named Entity, any trustees / board members, employees, student teachers, and volunteers.
8. Claims arising out of the negligent act, error, or omission of the Entity and/or its employees relative to the administration of employee benefit programs must be included.

Automobile Liability and Physical Damage Coverage

1. Schedule of Vehicles, including Mobile Equipment, Bus Seating Capacities, & Values: See attached Exhibit III.
2. Minimum Liability Limits & Coverage desired:
\$100,000 per person Bodily Injury limits,
\$300,000 per occurrence Bodily Injury limits,
\$100,000 per occurrence Property Damage limits

Optional Liability Limits - \$1,000,000 Combined Single Limits
3. Hired and Non-Owned Vehicle coverage shall be excess over any other valid and collectible insurance.
4. Physical Damage coverage for Vehicles (list deductible options desired):

| | | | | |
|--------------------------|----|-----|---------|------------|
| a) Collision | \$ | and | 1000.00 | deductible |
| b) Other Than Collision* | | | | |
| 1) Comprehensive | | and | 1000.00 | deductible |
| 2) Specified Perils | \$ | and | | deductible |

*When purchasing Other Than Collision coverage, Entity must choose either comprehensive or specified perils coverage.

Physical Damage coverage for Mobile Equipment (list deductible options desired):

| | | | | |
|--------------------------|----|-----|---------|------------|
| a) Collision | \$ | and | 1000.00 | deductible |
| b) Other Than Collision* | | | | |
| 1) Comprehensive | \$ | and | 1000.00 | deductible |
| 2) Specified Perils | \$ | and | | deductible |

*When purchasing Other Than Collision coverage, Entity must choose either comprehensive or specified perils coverage.

- Fleet Automatic Coverage: Subject to audit (must be requested by member), it is agreed that automatic coverage is provided for substitute and newly acquired automobiles (cars, trucks, trailers, and buses) for the same coverage provided for all similar type automobiles.

Underwriting Information – Automobile Liability & Physical Damage

| | | | | |
|---|---|--------------------------|---|---|
| Are any transportation operations contracted to another? If yes, include name of contractor: | Y | <input type="checkbox"/> | N | X |
| Are owned vehicles used by security personnel? | Y | <input type="checkbox"/> | N | X |
| How often do you run Motor Vehicle Reports on Entity drivers? MONTHLY | | | | |
| | | | | |
| Where are the vehicles housed and what is the total value of vehicles at each location? | | | | |
| BUS BARN ELEMENTARY PARKING LOT | | | | |

**SECTION 4
Loss Prevention**

- Attach a description of Loss Prevention services provided. Include a recent example of a loss prevention service completed by the Proposer’s firm.
- Provide the Proposer’s experience and professional qualifications.
- Describe any charges and the unit pricing of these services.
- Describe the Proposer’s philosophy on loss prevention.
- List the name of the loss prevention representative(s) who will make scheduled appointments to the Entity. Indicate the frequency or schedule for these appointments.
- Where is this loss prevention representative located?
- Include a biography of the loss prevention representative(s) who would be assigned to our account.
- Describe the specific risk management materials/resources that are available to the Entity. Indicate the additional charges, if any.
- Describe the specific education and training provided to Entity personnel. Indicate additional charges, if any.

SECTION 5

Proposal Response Forms

Company Information

Name of your company: _____

Phone number: _____

Facsimile number: _____

Address: _____

Primary business: _____

Type of company:
(corp., partnership, etc.): _____

Year started in business: _____

Number of years administering
Property, Liability, Automobile in
Texas: _____

Number of years administering
Property, Liability, Automobile for
public educational entities: _____

Proposers must include in the proposal a notice as to whether the person submitting the bid or an owner or operator of the business entity has been convicted of a felony and the description of the conduct resulting in the conviction. The contract may be terminated if it is determined that the person or business entity failed to give notice or misrepresented the conduct resulting in the conviction.

The Proposer, in compliance with the invitation for proposal on Property, Liability, Automobile funding, having examined the specifications and being familiar with all conditions in the specifications, hereby proposes to provide the services in accordance with the proposal documents on the attached response sheets.

"The undersigned affirms that they are duly authorized to execute this contract, that this company, corporation, firm, partnership or individual has not prepared this proposal in collusion with any other Proposer, and that the contents of this proposal as to prices, terms or conditions of said proposal have not been communicated by the undersigned nor by any employee or agent to any other person engaged in this type of business prior to the official opening of this proposal."

Having reviewed the specifications, we have complied with all requirements and conditions except as noted on the attachment labeled "Deviations."

Signature and title of authorized representative

Proposing Company _____ Date _____

Property and Contents Coverage

| | | | |
|------------|----------|------------|----------|
| Limit | \$ _____ | Limit | \$ _____ |
| Deductible | \$ _____ | Deductible | \$ _____ |
| Total Cost | \$ _____ | Total Cost | \$ _____ |

Total Scheduled Property Floaters

| | |
|------------|----------|
| Limit | \$ _____ |
| Deductible | \$ _____ |
| Total Cost | \$ _____ |

Name of Company offering coverage: _____

DEVIATIONS from proposal specifications:

Equipment Breakdown Coverage

| | |
|------------|----------|
| Limit | \$ _____ |
| Deductible | \$ _____ |
| Total Cost | \$ _____ |

Name of Company offering coverage: _____

DEVIATIONS from proposal specifications:

Crime

| | |
|------------|----------|
| Limit | \$ _____ |
| Deductible | \$ _____ |
| Total Cost | \$ _____ |

Name of Company offering coverage: _____

DEVIATIONS from proposal specifications:

General Liability, Personal Injury Liability and Employee Benefits Liability

| | |
|------------|----------|
| Limit | \$ _____ |
| Deductible | \$ _____ |
| Total Cost | \$ _____ |

Name of Company offering coverage: _____

DEVIATIONS from proposal specifications:

Automobile Liability and Physical Damage Including Hired and Non-Owned Vehicles

Automobile Liability Coverage

| | | | |
|--------------------------|-----------------------------------|-------|---------|
| 1. Minimum Limits | \$100,000 / \$300,000 / \$100,000 | | |
| Deductible | \$250 | \$500 | \$1,000 |
| Cost | \$ | \$ | \$ |

| | | | |
|---------------------------|------------------------------------|-------|---------|
| 2. Optional Limits | \$1,000,000 Combined Single Limits | | |
| Deductible | \$250 | \$500 | \$1,000 |
| Cost | \$ | \$ | \$ |

Physical Damage Coverage

| | | | |
|------------------|-------|-------|---------|
| Deductible | \$250 | \$500 | \$1,000 |
| Comprehensive | \$ | \$ | \$ |
| Specified Perils | \$ | \$ | \$ |
| Collision | \$ | \$ | \$ |

Name of Company offering coverage: _____

DEVIATIONS from proposal specifications:

Felony Conviction Notice

State of Texas Legislative Senate Bill No. 1, Section 44.034, Notification of Criminal History, Subsection (a), states "a person or business entity that enters into a contract with a school district must give advance notice to the district if the person or an owner or operator of the business entity has been convicted of a felony. The notice must include a general description of the conduct resulting in the conviction of a felony."

Subsection (b) states "a school district may terminate a contract with a person or business entity if the district determines that the person or business entity failed to give notice as required by Subsection (a) or misrepresented the conduct resulting in the conviction. The district must compensate the person or business entity for services performed before the termination of the contract."

THIS NOTICE IS NOT REQUIRED OF A PUBLICLY HELD CORPORATION

I, the undersigned agent for the firm named below, certify that the information concerning notification of felony convictions has been reviewed by me and the following information furnished is true to the best of my knowledge.

VENDOR'S NAME: _____

AUTHORIZED COMPANY OFFICIAL'S NAME (PRINTED): _____

- A. My firm is a publicly held corporation; therefore, this reporting requirement is not applicable.

Signature of Company Official: _____

- B. My firm is neither owned nor operated by anyone who has been convicted of a felony:

Signature of Company Official: _____

- C. My firm is owned or operated by the following individual(s) who has/have been convicted of a felony:

Name of Felon(s): _____

Detail of Conviction(s): _____

Signature of Company Official: _____

Conflict Of Interest Questionnaire

FORM CIQ

For vendor or other person doing business with local governmental entity

This questionnaire reflects changes made to the law by H.B. 1491, 80th Leg., Regular Session.

OFFICE USE ONLY

This questionnaire is being filed in accordance with Chapter 176, Local Government Code by a person who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the person meets requirements under Section 176.006(a).

Date Received

By law this questionnaire must be filed with the records administrator of the local governmental entity not later than the 7th business day after the date the person becomes aware of facts that require the statement to be filed. See Section 176.006, Local Governmental Code.

A person commits an offense if the person knowingly violates Section 176.006, Local Government Code. An offense under this section is a Class C misdemeanor.

1. Name of person who has a business relationship with local governmental entity.

2. Check this box if you are filing an update to a previously filed questionnaire.

(The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than the 7th business day after the date the originally filed questionnaire becomes incomplete or inaccurate.)

3. Name of local government officer with whom filer has employment or business relationship.

Name of Officer

This section (item 3 including subparts A, B, C & D) must be completed for each officer with whom the filer has an employment or other business relationship as defined by Section 176.001(1-a), Local Government Code. Attach additional pages to this Form CIQ as necessary.

A. Is the local government officer named in this section receiving or likely to receive taxable income, other than investment income, from the filer of the questionnaire?

Yes No NA

B. Is the filer of the questionnaire receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer named in this section AND the taxable income is not received from the local governmental entity?

Yes No NA

C. Is the filer of this questionnaire employed by a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership of 10 percent or more?

Yes No NA

D. Describe each employment or business relationship with the local government officer named in this section.

4. _____
Signature of person doing business with the governmental entity

Date

SECTION 6

Exhibits

Exhibit I – Five Year Loss History for All Lines of Business Quoted

Five Year Loss History Report for:

- **Property**
- **Equipment Breakdown**
- **Crime**
- **General Liability**
- **Automobile**
- **Any other lines of business requested in this RFP**

Exhibit II – Property Schedule

Covered Property

(Insert a property schedule with values, age, and construction for each building and/or property appraisal)

Exhibit III – Vehicle and Mobile Equipment Schedule

Schedule of Vehicles & Bus Seating Capacities

Include Mobile Equipment Schedule

Section 6

Exhibit I - Five Year Loss History for All Lines of Business Quoted

Claim Detail by Program Year - PY12

Summary of all Transactions for Claims with a DOL in Period 03-01-2022 to 02-28-2023

Claim Statuses as of 11-30-2022

| Line of Business / Coverage | Open | Closed | Denied | No Status | Loss Payments | Expense Payments | Loss Reserves | Expense Reserves | Indemnity Recoveries | Total Incurred |
|-----------------------------|----------|----------|----------|-----------|---------------|------------------|---------------|------------------|----------------------|----------------|
| LOB Not assigned | | | | | | | | | | |
| No coverage assigned | | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Coverage Subtotals | 0 | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| LOB Subtotal | 0 | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Grand Total for Enterprise

| Claim Counts | | | | Loss Payments | Expense Payments | Loss Reserves | Expense Reserves | Indemnity Recoveries | Total Incurred |
|--------------|--------|--------|-----------|---------------|------------------|---------------|------------------|----------------------|----------------|
| Open | Closed | Denied | No Status | | | | | | |
| 0 | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Claim counts reflect total number of unique claim ID's.

Claim Detail by Program Year - PY11

Summary of all Transactions for Claims with a DOL in Period 03-01-2021 to 02-28-2022

Claim Statuses as of 11-30-2022

| Line of Business / Coverage | Open | Closed | Denied | No Status | Loss Payments | Expense Payments | Loss Reserves | Expense Reserves | Indemnity Recoveries | Total Incurred |
|-----------------------------|----------|----------|----------|-----------|---------------|------------------|---------------|------------------|----------------------|----------------|
| LOB Not assigned | | | | | | | | | | |
| No coverage assigned | | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Coverage Subtotals | 0 | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| LOB Subtotal | 0 | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Grand Total for Enterprise

| Claim Counts | | | | Loss Payments | Expense Payments | Loss Reserves | Expense Reserves | Indemnity Recoveries | Total Incurred |
|--------------|--------|--------|-----------|---------------|------------------|---------------|------------------|----------------------|----------------|
| Open | Closed | Denied | No Status | | | | | | |
| 0 | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Claim counts reflect total number of unique claim ID's.

Claim Detail by Program Year - PY10

Summary of all Transactions for Claims with a DOL in Period 03-01-2020 to 02-28-2021

Claim Statuses as of 11-30-2022

| Line of Business / Coverage | Open | Closed | Denied | No Status | Loss Payments | Expense Payments | Loss Reserves | Expense Reserves | Indemnity Recoveries | Total Incurred |
|-----------------------------|----------|----------|----------|-----------|---------------|------------------|---------------|------------------|----------------------|----------------|
| LOB Not assigned | | | | | | | | | | |
| No coverage assigned | | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Coverage Subtotals | 0 | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| LOB Subtotal | 0 | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Grand Total for Enterprise

| Claim Counts | | | | Loss Payments | Expense Payments | Loss Reserves | Expense Reserves | Indemnity Recoveries | Total Incurred |
|--------------|--------|--------|-----------|---------------|------------------|---------------|------------------|----------------------|----------------|
| Open | Closed | Denied | No Status | | | | | | |
| 0 | 0 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Claim counts reflect total number of unique claim ID's.

Property Casualty Alliance of Texas

Woodsboro ISD

| Line of Business / Coverage | Open | Closed | Denied | No Status | Loss Payments | Expense Payments | Loss Reserves | Expense Reserves | Indemnity Recoveries | Total Incurred |
|---|--------------|----------|----------|-----------|-----------------|------------------|---------------|------------------|----------------------|-----------------|
| LOB: Auto Physical Damage | | | | | | | | | | |
| Coverage: Auto Physical Damage Collision | | | | | | | | | | |
| Woodsboro ISD | 196902-00401 | | | | 6,356.53 | 182.00 | 0.00 | 0.00 | 0.00 | 6,538.53 |
| Coverage Subtotals | 0 | 1 | 0 | 0 | 6,356.53 | 182.00 | 0.00 | 0.00 | 0.00 | 6,538.53 |
| LOB Subtotal | 0 | 1 | 0 | 0 | 6,356.53 | 182.00 | 0.00 | 0.00 | 0.00 | 6,538.53 |

Grand Total for Enterprise

| Claim Counts | | | | Loss Payments | Expense Payments | Loss Reserves | Expense Reserves | Indemnity Recoveries | Total Incurred |
|--------------|--------|--------|-----------|---------------|------------------|---------------|------------------|----------------------|----------------|
| Open | Closed | Denied | No Status | | | | | | |
| 0 | 1 | 0 | 0 | 6,356.53 | 182.00 | 0.00 | 0.00 | 0.00 | 6,538.53 |

Claim counts reflect total number of unique claim ID's.

Property Casualty Alliance of Texas

| Line of Business / Coverage | Open | Closed | Denied | No Status | Loss Payments | Expense Payments | Loss Reserves | Expense Reserves | Indemnity Recoveries | Total Incurred |
|---|--------------|----------|----------|-----------|---------------|------------------|---------------|------------------|----------------------|------------------|
| Woodsboro ISD | | | | | | | | | | |
| LOB: Auto Physical Damage | | | | | | | | | | |
| Coverage: Auto Physical Damage Collision | | | | | | | | | | |
| Woodsboro ISD | 196902-00302 | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Coverage Subtotals | 0 | 1 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| LOB Subtotal | 0 | 1 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| LOB: Auto | | | | | | | | | | |
| Coverage: AUTO Property Damage | | | | | | | | | | |
| Irby Construction Company | 196902-00301 | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Coverage Subtotals | 0 | 1 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| LOB Subtotal | 0 | 1 | 0 | 0 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| LOB: General Liability | | | | | | | | | | |
| Coverage: General Liability Bodily Injury PD | | | | | | | | | | |
| Jane WISD-FB | 196902-00501 | | | | 0.00 | 22,923.00 | 0.00 | 0.00 | 0.00 | 22,923.00 |
| Coverage Subtotals | 0 | 1 | 0 | 0 | 0.00 | 22,923.00 | 0.00 | 0.00 | 0.00 | 22,923.00 |
| LOB Subtotal | 0 | 1 | 0 | 0 | 0.00 | 22,923.00 | 0.00 | 0.00 | 0.00 | 22,923.00 |

Grand Total for Enterprise

| Claim Counts | | | | Loss Payments | Expense Payments | Loss Reserves | Expense Reserves | Indemnity Recoveries | Total Incurred |
|--------------|--------|--------|-----------|---------------|------------------|---------------|------------------|----------------------|----------------|
| Open | Closed | Denied | No Status | | | | | | |
| 0 | 3 | 0 | 0 | 0.00 | 22,923.00 | 0.00 | 0.00 | 0.00 | 22,923.00 |

Claim counts reflect total number of unique claim ID's.

Property Casualty Alliance of Texas

| Line of Business / Coverage | Open | Closed | Denied | No Status | Loss Payments | Expense Payments | Loss Reserves | Expense Reserves | Indemnity Recoveries | Total Incurred |
|---|--------------|----------|----------|-----------|------------------|------------------|---------------|------------------|----------------------|------------------|
| Woodsboro ISD | | | | | | | | | | |
| LOB: Auto Physical Damage | | | | | | | | | | |
| Coverage: Auto Physical Damage Collision | | | | | | | | | | |
| Woodsboro ISD | 196902-00202 | | | | 2,416.92 | 0.00 | 0.00 | 0.00 | 0.00 | 2,416.92 |
| Coverage Subtotals | 0 | 1 | 0 | 0 | 2,416.92 | 0.00 | 0.00 | 0.00 | 0.00 | 2,416.92 |
| Coverage: Auto Physical Damage Comprehensive | | | | | | | | | | |
| Woodsboro ISD | 196902-00101 | | | | 128.65 | 0.00 | 0.00 | 0.00 | 0.00 | 128.65 |
| Coverage Subtotals | 0 | 1 | 0 | 0 | 128.65 | 0.00 | 0.00 | 0.00 | 0.00 | 128.65 |
| LOB Subtotal | 0 | 2 | 0 | 0 | 2,545.57 | 0.00 | 0.00 | 0.00 | 0.00 | 2,545.57 |
| LOB: Auto | | | | | | | | | | |
| Coverage: AUTO Property Damage | | | | | | | | | | |
| Mexia ISD | 196902-00201 | | | | 4,942.35 | 158.30 | 0.00 | 0.00 | 0.00 | 5,100.65 |
| Enterprise Rent-a-Car | 196902-00203 | | | | 5,550.96 | 0.00 | 0.00 | 0.00 | 0.00 | 5,550.96 |
| Coverage Subtotals | 0 | 2 | 0 | 0 | 10,493.31 | 158.30 | 0.00 | 0.00 | 0.00 | 10,651.61 |
| LOB Subtotal | 0 | 2 | 0 | 0 | 10,493.31 | 158.30 | 0.00 | 0.00 | 0.00 | 10,651.61 |

Grand Total for Enterprise

| Claim Counts | | | | Loss Payments | Expense Payments | Loss Reserves | Expense Reserves | Indemnity Recoveries | Total Incurred |
|--------------|--------|--------|-----------|---------------|------------------|---------------|------------------|----------------------|----------------|
| Open | Closed | Denied | No Status | | | | | | |
| 0 | 4 | 0 | 0 | 13,038.88 | 158.30 | 0.00 | 0.00 | 0.00 | 13,197.18 |

Claim counts reflect total number of unique claim ID's.

Loss Run Dated - 09/30/2022

CPAT Woodsboro ISD

Account No: 426399

Policy Term: 03/01/2017 -- 03/01/2020

Policy Numbers: 7DA3CM0003962-02 AMP7523279-03 AMR-42399-02 HAN-14081-02 MSP-13154-05

Broker Company: CRC Group

| <u>Date Of Loss</u> | <u>Status</u> | <u>Loss Paid</u> | <u>Expense Paid</u> | <u>Loss Reserve</u> | <u>Expense Reserve</u> | <u>Total Incurred</u> |
|----------------------|---------------|---|---------------------|---------------------|------------------------|-----------------------|
| 8/25/2017 | CLOSED | \$4,392,418.92 | \$116,898.43 | \$0.00 | \$0.00 | \$4,509,317.35 |
| Claim Type: | | Property Claim | | | | |
| Loss Type: | | Wind; Named Storm | | | | |
| Loss Description: | | Hurricane Harvey - wind and rain | | | | |
| Location: | | Various | | | | |
| CLM21119 | | 4141561 | | | | |
| 5/1/2019 | CLOSED | \$13,186.62 | \$3,938.96 | \$0.00 | \$0.00 | \$17,125.58 |
| Claim Type: | | Property Claim | | | | |
| Loss Type: | | Vandalism / Mm | | | | |
| Loss Description: | | Broken window, 6 windows in doors, 2 doors, 3 desks with locks, 4 filing cabinets with locks, \$306.00 from Elementary of | | | | |
| Location: | | Woodsboro JR SR CTE Building | | | | |
| CLM29364 | | 4168502 | | | | |
| Policy Total: | | \$4,405,605.54 | \$120,837.39 | \$0.00 | \$0.00 | \$4,526,442.93 |

This is not to be construed as an absolute statement of claims, but as a history located for this insured with the listed policy numbers. The Amrisc, LLC loss runs do not necessarily reflect all new claims, transactions or changes applicable within the last 30 days.

Loss Run Dated - 09/30/2022

CPAT Woodsboro ISD

Account No: 715224

Policy Term: 03/01/2020 -- 03/01/2021

Policy Numbers: 10T029659-13249-20-00 AMP7523279-04 AMR-42399-03 CPP1186448-00 HAN-14081-03 LEX-037041339-00 MSP-13154-06 ORAMPR008725-00 SSI-17720-00 USI-26477-00

Broker Company: CRC Group

No Claims found for this policy

CPAT Woodsboro ISD

Account No: 804504

Policy Term: 03/01/2021 -- 03/01/2022

Policy Numbers: 10T029659-13249-21-01 AMP7523279-05 AMR-42399-04 CPP1186448-01 GVS-11017-00 HAN-14081-04 LEX-037041339-01 MSP-13154-07 ORAMPR008725-01 TSAMPR0000489-00 USI-26477-01

Broker Company: CRC Group

No Claims found for this policy

This is not to be construed as an absolute statement of claims, but as a history located for this insured with the listed policy numbers. The Amrisc, LLC loss runs do not necessarily reflect all new claims, transactions or changes applicable within the last 30 days.

CPAT Woodsboro ISD

Account No: 913128

Policy Term: 03/01/2022 -- 03/01/2023

Policy Numbers: AMP7523279-06 AMR-42399-05 CPP1186448-02 GVS-11017-01 HAN-14081-05 LEX-037041339-02 MSP-13154-08 ORAMPR008725-02 TSAMPR0000489-01 USI-26477-02

Broker Company: CRC Group

No Claims found for this policy

| | Loss Paid | Expense Paid | Loss Reserve | Expense Reserve | Total Incurred |
|-------------------------|-----------------------|---------------------|---------------------|------------------------|-----------------------|
| Total All Years: | \$4,405,605.54 | \$120,837.39 | \$0.00 | \$0.00 | \$4,526,442.93 |

This is not to be construed as an absolute statement of claims, but as a history located for this insured with the listed policy numbers. The Amrisc, LLC loss runs do not necessarily reflect all new claims, transactions or changes applicable within the last 30 days.

Woodsboro ISD

Exhibit II

| Member Name | Member Number | Building | Bldg # | Address | City | Zip Code | Const | # Story | YR Built | YR Roof Built | Sprinklered | Sq. Ft. | Cost/Sq. Ft. | % | Source | Building Value | Contents Value | Total Value |
|---------------|---------------|--------------------------------------|--------|--------------|-----------|----------|-------|---------|----------|---------------|-------------|---------|--------------|-----|--------|----------------------|---------------------|----------------------|
| Woodsboro ISD | 196-902 | Administration Bldg | 1A | 408 Kasten | Woodsboro | 78393 | JM | 1 | 2010 | | | 2,442 | \$ 196.45 | 25% | | \$ 479,740 | \$ 119,935 | \$ 599,675 |
| Woodsboro ISD | 196-902 | Junior High / High School | 1B | 508 Kasten | Woodsboro | 78393 | MNC | 1 | 1960 | 2019 | | 47,529 | \$ 190.52 | 20% | | \$ 9,055,092 | \$ 1,811,018 | \$ 10,866,110 |
| Woodsboro ISD | 196-902 | Band Hall | 1C | 408 S Kasten | Woodsboro | 78393 | MNC | 1 | 2021 | 2021 | | 4,550 | \$ 217.75 | 20% | | \$ 990,775 | \$ 198,155 | \$ 1,188,930 |
| Woodsboro ISD | 196-902 | Multi-Purpose Dome (Gym) | 1D | 904 Locke | Woodsboro | 78393 | FR | 1 | 2011 | | | 18,869 | \$ 207.40 | 10% | | \$ 3,913,492 | \$ 391,349 | \$ 4,304,841 |
| Woodsboro ISD | 196-902 | 1954 Gymnasium | 1E | 908 Locke | Woodsboro | 78393 | MNC | 1 | 1954 | | | 17,557 | \$ 149.26 | 10% | | \$ 2,620,606 | \$ 262,061 | \$ 2,882,667 |
| Woodsboro ISD | 196-902 | Wood Shop | 1F | 510 S Kasten | Woodsboro | 78393 | MNC | 1 | 1966 | 2020 | | 3,240 | \$ 160.55 | 10% | | \$ 520,192 | \$ 52,019 | \$ 572,211 |
| Woodsboro ISD | 196-902 | Welding Shop | 1G | 510 S Kasten | Woodsboro | 78393 | MNC | 1 | 1966 | | | 1,953 | \$ 152.09 | 25% | | \$ 297,027 | \$ 74,257 | \$ 371,284 |
| Woodsboro ISD | 196-902 | Weight Room | 1I | 401 S Sixth | Woodsboro | 78393 | NC | 1 | 1997 | | | 2,601 | \$ 102.04 | 10% | | \$ 265,394 | \$ 26,539 | \$ 291,933 |
| Woodsboro ISD | 196-902 | 5th & 6th Grade | 1K | 205 S Myrtle | Woodsboro | 78393 | JM | 1 | 1966 | | | 9,027 | \$ 143.29 | 16% | | \$ 1,293,487 | \$ 206,958 | \$ 1,500,445 |
| Woodsboro ISD | 196-902 | Elementary/Cafeteria | 1L | 205 S Myrtle | Woodsboro | 78393 | MNC | 1 | 1955 | | | 32,927 | \$ 190.79 | 16% | | \$ 6,282,148 | \$ 1,005,144 | \$ 7,287,292 |
| Woodsboro ISD | 196-902 | Elementary South Wing | 1M | 205 S Myrtle | Woodsboro | 78393 | MNC | 1 | 1982 | 2020 | | 4,470 | \$ 176.84 | 16% | | \$ 790,477 | \$ 126,476 | \$ 916,953 |
| Woodsboro ISD | 196-902 | Elementary Gymnasium | 1N | 205 Myrtle | Woodsboro | 78393 | MNC | 1 | 1986 | 2020 | | 4,150 | \$ 147.51 | 10% | | \$ 612,178 | \$ 61,218 | \$ 673,396 |
| Woodsboro ISD | 196-902 | Bus Barn | 1O | 810 W Myrtle | Woodsboro | 78393 | NC | 1 | 1985 | 2020 | | 6,560 | \$ 49.02 | 10% | | \$ 321,557 | \$ 32,156 | \$ 353,713 |
| Woodsboro ISD | 196-902 | Maintenance Storage | 1P | 812 S Myrtle | Woodsboro | 78393 | NC | 1 | 1986 | 2020 | | 1,584 | \$ 67.06 | 10% | | \$ 106,217 | \$ 10,622 | \$ 116,839 |
| Woodsboro ISD | 196-902 | Jr/Sr CTE Classrooms | 1Q | 510 S Kasten | Woodsboro | 78393 | JM | 1 | 2016 | 2016 | | 3,430 | \$ 145.01 | 18% | | \$ 497,388 | \$ 89,530 | \$ 586,918 |
| Woodsboro ISD | 196-902 | Athletic Field House w/ Weight Room | 1R | 401 S Sixth | Woodsboro | 78393 | FR | 1 | 2017 | 2016 | | 7,296 | \$ 217.62 | 15% | | \$ 1,587,722 | \$ 238,158 | \$ 1,825,880 |
| Woodsboro ISD | 196-902 | Concession/Restroom/Ticket Booth | 1S | 401 S Sixth | Woodsboro | 78393 | JM | 1 | 2017 | 2016 | | 2,075 | \$ 146.18 | 15% | | \$ 303,323 | \$ 45,498 | \$ 348,821 |
| Woodsboro ISD | 196-902 | Early Childhood Dome | 1T | 503 S Myrtle | Woodsboro | 78393 | FR | 1 | 2017 | 2016 | | 8,170 | \$ 194.00 | 15% | | \$ 1,584,955 | \$ 237,743 | \$ 1,822,698 |
| Woodsboro ISD | 196-902 | Girl's Field House | 1U | 401 S Sixth | Woodsboro | 78393 | MNC | 1 | 1975 | 2021 | | 3,131 | \$ 191.63 | | | \$ 600,000 | \$ 75,000 | \$ 675,000 |
| Woodsboro ISD | 196-902 | Mechanical Building (Boiler/Chiller) | | 205 S Myrtle | Woodsboro | 78393 | NC | 1 | 1985 | | | 418 | \$ 48.00 | 10% | | \$ 20,064 | \$ 2,006 | \$ 22,070 |
| Woodsboro ISD | 196-902 | Stadium Concession / Shade Shelter | | 401 S Sixth | Woodsboro | 78393 | JM | 1 | 1966 | 2020 | | 630 | \$ 40.00 | | | \$ 25,200 | \$ - | \$ 25,200 |
| Woodsboro ISD | 196-902 | Stadium Press Box | | 401 S Sixth | Woodsboro | 78393 | Frame | 1 | | | | 216 | \$ 30.00 | 10% | | \$ 6,480 | \$ 648 | \$ 7,128 |
| Woodsboro ISD | 196-902 | Stadium Bleachers (Home) | | 401 S Sixth | Woodsboro | 78393 | | | | | | | | | | \$ 132,267 | \$ - | \$ 132,267 |
| Woodsboro ISD | 196-902 | Stadium Bleachers (Visitor) | | 401 S Sixth | Woodsboro | 78393 | | | | | | | | | | \$ 96,600 | \$ - | \$ 96,600 |
| Woodsboro ISD | 196-902 | Stadium Poles (6) /Lights (48) | | 401 S Sixth | Woodsboro | 78393 | | | | | | | | | | \$ 93,600 | \$ - | \$ 93,600 |
| Woodsboro ISD | 196-902 | Stadium Track | | 401 S Sixth | Woodsboro | 78393 | | | | | | | | | | \$ 450,000 | \$ - | \$ 450,000 |
| Woodsboro ISD | 196-902 | Tennis Courts (4) w/ Fencing | | 508 Kasten | Woodsboro | 78393 | | | | | | | | | | \$ 150,000 | \$ - | \$ 150,000 |
| Woodsboro ISD | 196-902 | Tennis Poles (6) / Lights (16) | | 508 Kasten | Woodsboro | 78393 | | | | | | | | | | \$ 13,000 | \$ - | \$ 13,000 |
| Woodsboro ISD | 196-902 | Tennis Restrooms | | 508 Kasten | Woodsboro | 78393 | Frame | 1 | | | | 180 | \$ 15.00 | 5% | | \$ 2,700 | \$ 135 | \$ 2,835 |
| Woodsboro ISD | 196-902 | Baseball Bleachers A (28' x 5 rows) | | 201 S Kasten | Woodsboro | 78393 | | | | | | | | | | \$ 9,333 | \$ - | \$ 9,333 |
| Woodsboro ISD | 196-902 | Baseball Bleachers B (15' x 4 rows) | | 201 S Kasten | Woodsboro | 78393 | | | | | | | | | | \$ 4,000 | \$ - | \$ 4,000 |
| Woodsboro ISD | 196-902 | Baseball Bleachers C (15' x 4 rows) | | 201 S Kasten | Woodsboro | 78393 | | | | | | | | | | \$ 4,000 | \$ - | \$ 4,000 |
| Woodsboro ISD | 196-902 | Baseball Dugout Home (9 x 35) | | 201 S Kasten | Woodsboro | 78393 | | | | | | 315 | \$ 25.00 | | | \$ 7,875 | \$ - | \$ 7,875 |
| Woodsboro ISD | 196-902 | Baseball Dugout Visitor (9 x 35) | | 201 S Kasten | Woodsboro | 78393 | | | | | | 315 | \$ 25.00 | | | \$ 7,875 | \$ - | \$ 7,875 |
| Woodsboro ISD | 196-902 | Baseball Press Box (7 x 10) | | 201 S Kasten | Woodsboro | 78393 | | | | | | 70 | \$ 30.00 | | | \$ 2,100 | \$ - | \$ 2,100 |
| Woodsboro ISD | 196-902 | Baseball Storage Shed (9 x 12) | | 201 S Kasten | Woodsboro | 78393 | | | | | | 108 | \$ 30.00 | | | \$ 3,240 | \$ - | \$ 3,240 |
| Woodsboro ISD | 196-902 | Baseball Scoreboard | | 201 S Kasten | Woodsboro | 78393 | | | | | | | | | | \$ 15,000 | \$ - | \$ 15,000 |
| Woodsboro ISD | 196-902 | Baseball Batting Cage (8 x 35) | | 201 S Kasten | Woodsboro | 78393 | | | | | | 280 | \$ 20.00 | | | \$ 5,600 | \$ - | \$ 5,600 |
| Totals | | | | | | | | | | | | | | | | \$ 33,170,704 | \$ 5,066,625 | \$ 38,237,329 |

Woodsboro ISD Exhibit III

| Member Name | Member Number | Vehicle Number | Year | Make | Model | Vin Number | Class | Cost New | Comp Deductible | Collision Deductible | District Unit Number |
|---------------|---------------|----------------|------|-----------------|--------------|-------------------|--------|------------|-----------------|----------------------|----------------------|
| Woodsboro ISD | 196-902 | 1 | 2005 | Chevrolet | PU | 9858 | 014990 | \$ 26,000 | \$ 1,000 | \$ 1,000 | 1/2 ton |
| Woodsboro ISD | 196-902 | 2 | 1995 | Ford | F350 PU | 3632 | 014990 | | | | White Van |
| Woodsboro ISD | 196-902 | 3 | 2006 | International | Bus | 8316 | 618400 | \$ 71,000 | \$ 1,000 | \$ 1,000 | 1 |
| Woodsboro ISD | 196-902 | 4 | 1994 | Wells Cargo | Trailer | 4478 | 694990 | | | | |
| Woodsboro ISD | 196-902 | 5 | 2007 | Chevrolet | Bus | 8843 | 618300 | \$ 50,000 | \$ 1,000 | \$ 1,000 | 7 |
| Woodsboro ISD | 196-902 | 6 | 2008 | GMC | Bus | 1818 | 618200 | \$ 50,000 | \$ 1,000 | \$ 1,000 | Activity Bus A |
| Woodsboro ISD | 196-902 | 7 | 2012 | Thomas | Freightliner | 4UZABRDT9CCBC9004 | 618400 | \$ 96,323 | \$ 1,000 | \$ 1,000 | 9 |
| Woodsboro ISD | 196-902 | 8 | 2012 | Thomas | Freightliner | 4UZABRDT0CCBC9005 | 618400 | \$ 96,333 | \$ 1,000 | \$ 1,000 | 8 |
| Woodsboro ISD | 196-902 | 9 | 2013 | Chevrolet | Suburban | 1GN5C5EOXDR140734 | 014990 | \$ 32,545 | \$ 1,000 | \$ 1,000 | A |
| Woodsboro ISD | 196-902 | 10 | 2013 | Chevrolet | Suburban | 1GMSC5EP3DR139134 | 014990 | \$ 32,545 | \$ 1,000 | \$ 1,000 | B |
| Woodsboro ISD | 196-902 | 11 | 2015 | Chevrolet | PU | 1GC0CUEG6FZ111578 | 014990 | \$ 25,300 | \$ 1,000 | \$ 1,000 | 3/4 ton |
| Woodsboro ISD | 196-902 | 12 | 2014 | Chevrolet | Van | 1GNSGCF48E1203372 | 014990 | \$ 32,795 | \$ 1,000 | \$ 1,000 | |
| Woodsboro ISD | 196-902 | 13 | 2019 | Chevrolet | Traverse | 1GNERFKW1KJ159890 | 739800 | \$ 26,260 | \$ 1,000 | \$ 1,000 | |
| Woodsboro ISD | 196-902 | 14 | 2019 | Chevrolet | Suburban | 1GN5C5EK5KR240813 | 014990 | \$ 39,988 | \$ 1,000 | \$ 1,000 | C |
| Woodsboro ISD | 196-902 | 15 | 2017 | Chevrolet | Activity | 1GB3GRBG5H1345414 | 014990 | \$ 58,150 | \$ 1,000 | \$ 1,000 | Activity Bus B |
| Woodsboro ISD | 196-902 | 16 | 2019 | Freedom Trailer | Trailer | 5WKBE1629L1063437 | 694990 | \$ 33,090 | \$ 1,000 | \$ 1,000 | Food Trailer |
| Woodsboro ISD | 196-902 | 17 | 2020 | International | Bus | 4DRBUC8NXL899162 | 618400 | \$ 102,259 | \$ 1,000 | \$ 1,000 | |
| Woodsboro ISD | 196-902 | 18 | 2020 | International | Bus | 4DRBUC8N1LB899163 | 618400 | \$ 102,259 | \$ 1,000 | \$ 1,000 | Bus 11 |
| Woodsboro ISD | 196-902 | 19 | 2020 | International | Bus | 4DRBUC8N3LB899164 | 614800 | \$ 102,259 | \$ 1,000 | \$ 1,000 | Bus 12 |

