



**Scholastic Entity Liability
and Employment Practices
Insurance Application**

1. Name of Organization: Weslaco Independent School District
2. Address: P. O. Box 266
 City: Weslaco State: TX Zip: 78599
3. Web Site Address: www.wisd.us
4. Contact person to receive all notices on behalf of the Insured: Michael De La Rosa
 Title Director of Employee Benefits/Risk Mngement Contact's Phone Number: 946-969-6580
5. When organized? 1921
6. Type of School: Public K-12 Private K-12 Charter Vocational Junior/Community College
 4-Year College/University Graduate School Other (please provide details):

7. Enrollment Information:

Enrollment	Current Year	Prior Year	Next 12 months (Projected)
Full-Time	16,562	16,421	16,500
Part-Time		84	
Pre-School/Pre-K	847	818	1,084

8. Employment Information:

Enrollment	Full Time	Part Time
Faculty/Instructors	1084	
Administration/Management	38	
Student Teachers/Interns/Aids	196	
Volunteers		
Independent Contractors		
Others (seasonal, temporary, leased)	790 AUX.	

9. Has the Applicant established:
- a) Procedures for suspension/dismissal of students? Yes No
- b) Procedures for reporting and investigating student sexual harassment allegations? Yes No
- c) Procedures for reporting and investigating child abuse allegations? Yes No
- d) A disaster/emergency plan for natural disasters, on-campus violence and terrorist acts? Yes No
10. Does the Applicant have Special Education programs for the developmentally, mentally, emotionally or physically disabled? Yes No
11. What percentage of the student enrollment currently has an Individual Education Plan (IEP) in place: _____ %
12. How often are students evaluated for IEP adjustment? Annually Semi-Annually Other (please advise)
13. In the past three (3) years, has the Applicant been involved in any IEP due process hearings/appeals? Yes No

Financial Information:

14.

	Current Year	Prior Year	2 nd Prior Year
Revenues	174,646,259	177,192,104	190,802,082
Expenditures	177,247,245	180,682,258	199,300,004
Budget Surplus/Deficit	(2,600,987)	(3,390,154)	(8,497,922)
Outstanding Bond Issues	78,991,000	73,576,000	78,991,000

- a) Has any State or Federal funding (aid) been eliminated in the past year? Yes No
- b) Has the Entity been in default on principal or interest on any bond? Yes No
- c) Does the Entity anticipate any special projects that will substantially increase or decrease the budget in the next three years? Yes No

15. Please indicate the Applicant's bond rating: AAA S&P Moody's Fitch

Employment Practices:

16. Does the Applicant have a Human Resources or Personnel Department? Yes No
17. Has there been or is there an anticipated reduction of employees in the past/next (12) months? Yes No
18. Does a lawyer review involuntary employment terminations prior to the termination of an employee? Yes No
19. Does the Applicant have clear procedures in place to report Sexual Harassment and other complaints or grievances? Yes No
20. Does the Applicant have formal written procedures for hiring and firing employees? Yes No
21. Does the Applicant have policies/procedures outlining employee conduct with third parties? Yes No
22. Does the Applicant publish and distribute a uniform employee handbook? Yes No

Please indicate the policies adopted and published in the employee handbook:

- EEO Statement At-will Statement Sexual Harassment Progressive Discipline
 FMLA Policy Reasonable Accommodation E-Mail Use Retention of Computer Data/E-Mails

23. a) Within the last three (3) years, has any inquiry, complaint, notice of hearing, claim, or suit been made (including, but not limited to, Equal Employment Opportunity Commission, State Human Rights Boards, Municipal, State or Federal Regulatory Authorities), against the Organization, or any person proposed for insurance in the capacity of Director, Officer, Trustee, Employee, or Volunteer of the Applicant? Yes No
Provide details of each claim on a separate page.
- b) Is any person(s) proposed for this insurance aware of any fact, circumstance, or situation, which may result in a claim against the Applicant or any of its Directors, Officers, Trustees, Employees, or Volunteers? Yes No
Provide details of each claim on a separate page.
24. Has any similar insurance on behalf of any person(s) or entity(ies) now sought to be insured been declined, non-renewed, cancelled or refused? If yes, provide details: Yes No

25. Current Insurance Company: Western World Insurance Co.
Policy Period: From: 08/29/2014 To: 08/29/2015
Limit: \$ 1,000,000/1,000,000 Deductible: \$ 50,000 Premium: \$ 58,021

26. Limits of Insurance requested: as expiring

NO FACT, CIRCUMSTANCE OR SITUATION INDICATING THE PROBABILITY OF A CLAIM OR ACTION AGAINST WHICH INDEMNIFICATION IS OR WOULD BE AFFORDED BY THE PROPOSED INSURANCE IS NOW KNOWN TO ANY DIRECTOR, OFFICER, TRUSTEE, EMPLOYEE OR VOLUNTEER OF THIS ORGANIZATION, AND IT IS AGREED BY ALL CONCERNED THAT IF THERE BE KNOWLEDGE OF ANY SUCH FACT, CIRCUMSTANCE OR SITUATION, ANY CLAIM OR ACTION SUBSEQUENTLY EMANATING THEREFROM SHALL BE EXCLUDED FROM COVERAGE UNDER THE PROPOSED INSURANCE.

The undersigned authorized Officer of the Organization on behalf of the applicant and all persons or concerns seeking insurance, has read and understands the Application and declares that all statements set forth herein are true, complete and accurate. The undersigned further declares and represents that any occurrence or event taking place prior to the issuance of the policy applied for, which may render inaccurate, untrue or incomplete any statement made herein will immediately be reported in writing to the Insurer. The undersigned acknowledges and agrees that the submission and the Insurer's receipt of such written report, prior to the inception to the policy applied for, is a condition precedent to coverage.

The insured hereby further acknowledges that he/she/it is aware that legal defense costs that are incurred shall be applied against the retention amount.

WARNING

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act, which is a crime.

Although the signing of this application does not bind the undersigned on behalf of the Directors and Officers and the Organization to effect Insurance, the undersigned, on behalf of the Directors and Officers and the Organization, agrees that this application and the information furnished pursuant hereto shall be the basis of the contract should a policy be issued and this application will become part of the policy. The Insurers are hereby authorized to make any investigation and inquiry in connection with this


(Must be signed by Officer of the Applicant)

Title: Director of Employee Benefits/Risk Mgmt Date: May 24, 2015