



Wrap+®

Government Entity Crime Coverage Application

The term Applicant means all corporations, organizations or other entities, including subsidiaries, proposed for this insurance.

I. GENERAL INFORMATION

1. Applicant Information:

Name of Applicant: Denton Independent School District
Street Address: 1213 North Locust Street
City, State, ZIP Code: Denton, TX 76201
Website Address: www.dentonisd.org
Description of Applicant's operations: Independent School District

2. Is your organization a:

State [ ] Village [ ]
County [ ] Borough [ ]
Town [ ] School System [X]
Township [ ] Other Political Subdivision [ ] Specify:

3. Annual budget of Applicant (most recent fiscal year):

\$ 234,912,260.16

II. EMPLOYEE\*\*/LOCATION/EXPOSURE INFORMATION

1. Number of employees\*\* at all locations:

4716

2. Total number of volunteers:

6147 Unavail applicants
41 Unavail

3. Total number of locations:

41

4. a. Number of locations outside the United States:

0

If there are locations outside the United States, indicate domicile of each on a separate page.

b. Number of employees\*\* outside the United States:

0

\*\* Employee count should include full time, part time, leased, temporary and seasonal workers.

5. Indicate the total amount of specified property INSIDE the premises for all locations combined:

Cash \$ Retail Checks\*\*\* \$ Credit Card Receipts \$ N/A

6. Indicate the total amount of specified property being transported by a messenger OUTSIDE the premises for all locations combined:

Cash \$ Retail Checks\*\*\* \$ Credit Card Receipts \$

\*\*\* Retail Checks are only those checks that are accepted as immediate payment for retail products or services.

III. AUDITOR INFORMATION

1. Scope of financial statement preparation:

Internal [ ] CPA Compilation [ ] CPA Review [ ] CPA Audit [X] None [ ]

2. Date last audit was completed:

6/30/16

3. Is the audit rendered to a regulatory authority?

N/A [ ] Yes [X] No [ ]

4. Were any discrepancies or internal control deficiencies commented upon in the audit? N/A  Yes  No
5. Is there an internal audit department under the control of an employee who is a public accountant or equivalent? Yes  No
6. Are all locations audited? Yes  No

**IV. INTERNAL CONTROLS**

Entities that practice good segregation of duties and perform background checks on new employees have a better opportunity to either prevent or detect employee dishonesty. Segregation of duties means that no single individual can control a process or transaction from beginning to end.

1. Are bank account statements reconciled at least monthly? Yes  No
2. Does someone other than the person responsible for reconciling bank accounts:  
 Make deposits? Yes  No  Make withdrawals? Yes  No  Sign checks? Yes  No
3. Is countersignature of checks required? Yes  No   
 If Yes, what is the dual signing limit? \$ 5,000
4. Is segregation of duties practiced in the following areas:  
 Inventory management? Yes  No  Cash receipts? Yes  No   
 Vendor approval? Yes  No  Oversight of blank check stock? Yes  No   
 Purchase order approval and payment? Yes  No  Retail checks and credit card receipts? Yes  No
5. Are all incoming checks stamped "for deposit only" immediately upon receipt? Yes  No
6. Is a physical count of inventory conducted at least annually? Yes  No
7. Do you conduct periodic reviews of all unused or obsolete inventory (including raw materials and scrap metals)? N/A  Yes  No
8. Are inventory records computerized? Yes  No
9. Are the duties of computer programmers and computer operators separated? Yes  No
10. Is dual authorization required for all wire transfers? \$100,000 and above N/A  Yes  No
11. Are the same internal controls listed above imposed on all locations and entities? Yes  No
12. Is any employee responsible for the investment of public monies? *are only done at central* Yes  No   
 If Yes, is an investment policy in place that sets forth specified types of approved investments? Yes  No

**V. COMPUTER AND FUNDS TRANSFER CONTROLS**

1. Is there a software security system in place to detect fraudulent computer usage by employees, agents and outsiders? Yes  No
2. Are passwords and access codes changed at regular intervals and when users are terminated? Yes  No
3. Are computer programmers permitted to use machines with programs they have written? Yes  No
4. Are computer check writing functions separate from check authorization? Yes  No
5. Are EDP systems, programs, and procedures, including changes thereto, authorized, documented and tested? Yes  No
6. Is there physical and functional segregation of personnel and periodic job shifts or job rotations? Yes  No
7. What is the average daily dollar volume of electronic funds transfers? \* \$ 6,000,000  
 Check if not applicable  *monthly*
8. Are transfer verifications sent to an employee or department other than the one that initiated the transfer? Yes  No

\* this amount will vary depending on construction projects in the district

\* this does not include our semi. annual bond pymts in the amt of \$39,984,000 (Aug) \$13,000,000 (Feb)

**VI. CURRENT INSURANCE INFORMATION/REQUESTED INSURANCE TERMS**

1.

Desired Crime Coverage	Requested Limit	Requested Retention
Fidelity: Employee Theft	\$100,000.00	\$50,000.00
Forgery or Alteration	\$100,000.00	\$50,000.00
On Premises (Money, Securities and Other Property)	\$100,000.00	\$50,000.00
In Transit (Money, Securities and Other Property)	\$100,000.00	\$50,000.00
Computer Crime	\$100,000.00	\$50,000.00
Other (Specify: _____)	\$	\$

2. Expiring insurer (if other than Travelers): Texas Association of School Boards (TASB)

3. Expiring premium (if other than Travelers): \_\_\_\_\_

4. Desired effective date: 7-1-17/18

5. Is Faithful Performance of Duty coverage desired\*? Yes  No

If Yes, cite statutory provision with requirement for Faithful Performance of Duty coverage, or indicate None:

6. List any department, board, commission or sub-entity that carries its own separate bond or policy and, if applicable, list any other entity that should be excluded from this policy or indicate None:

7. Do your statutes/ordinances allow Government Entity Crime Coverage to include coverage for the following positions?\* Check all that apply:

Treasurers  Tax Collectors  Other positions previously bonded separately

If Other is checked, please cite statutory provision and identify the other positions by name.

**\*NOTE: Persons required by law to be individually bonded, and treasurers or tax collectors by whatever titles known, are automatically excluded under Government Entity Crime Coverage.**

8. If an Obligee other than the Named Insured needs to be indemnified under this insurance, please provide the name and address of the Obligee:

N/A

9. If excess limits of insurance are desired on any of your employees on either a name schedule basis or position schedule basis, complete the following:

Name of Covered Employee	Title of Covered Employee	Location of Covered Positions	# of Employees Each Position	Excess Limit of Insurance Each Employee
N/A				\$
				\$
				\$

10. Is Faithful Performance of Duty coverage required on the employees or positions listed above? Yes  No

**VII. LOSS INFORMATION**

1. Has the Applicant sustained any crime-related losses during the past 3 years? Yes  No

If Yes, please complete the table below and attach a separate sheet if necessary:

Date of Loss	Amount of Loss	Description of Loss	Corrective Procedures Implemented
	\$		
	\$		

**VIII. COMPENSATION NOTICE**

**Important Notice Regarding Compensation Disclosure**

For information about how Travelers compensates independent agents, brokers, or other insurance producers, please visit this website: [http://www.travelers.com/w3c/legal/Producer\\_Compensation\\_Disclosure.html](http://www.travelers.com/w3c/legal/Producer_Compensation_Disclosure.html)

If you prefer, you can call the following toll-free number: 1-866-904-8348. Or you can write to us at Travelers, Enterprise Development, One Tower Square, Hartford, CT 06183.

**IX. FRAUD WARNINGS**

**Attention: Insureds in Arkansas, D.C., Louisiana, Maryland, New Mexico, and Rhode Island**

Any person who knowingly (and willfully in D.C. and MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (and willfully in D.C. and MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Attention: Insureds in Colorado**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Attention: Insureds in Florida**

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**Attention: Insureds in Kentucky, New Jersey, New York, Ohio, and Pennsylvania**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation.)

**Attention: Insureds in Maine, Tennessee, Virginia, and Washington**

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**Attention: Insureds in Puerto Rico**


Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years; if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

**X. SIGNATURE SECTION**

THE UNDERSIGNED AUTHORIZED REPRESENTATIVE OF THE APPLICANT DECLARES THAT TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF, AFTER REASONABLE INQUIRY, THE STATEMENTS SET FORTH IN THE ATTACHED TRAVELERS NEW BUSINESS OR RENEWAL APPLICATION FOR INSURANCE ARE TRUE AND COMPLETE AND MAY BE RELIED UPON BY TRAVELERS. IF THE INFORMATION IN ANY APPLICATION CHANGES PRIOR TO THE INCEPTION DATE OF THE POLICY, THE APPLICANT WILL NOTIFY THE COMPANY OF SUCH CHANGES, AND THE COMPANY MAY MODIFY OR WITHDRAW ANY OUTSTANDING QUOTATION. THE COMPANY IS AUTHORIZED TO MAKE INQUIRY IN CONNECTION WITH THIS APPLICATION.

THE SIGNING OF THIS APPLICATION DOES NOT BIND THE COMPANY TO OFFER, NOR THE APPLICANT TO PURCHASE, THE INSURANCE. IT IS AGREED THAT THIS APPLICATION, INCLUDING ANY MATERIAL SUBMITTED THEREWITH, SHALL BE THE BASIS OF THE INSURANCE AND SHALL BE, IN ALL STATES OTHER THAN NC AND UT, CONSIDERED PHYSICALLY ATTACHED TO AND PART OF THE POLICY, IF ISSUED. THE COMPANY WILL HAVE RELIED UPON THIS APPLICATION, INCLUDING ANY MATERIAL SUBMITTED THEREWITH, IN ISSUING THE POLICY.

ELECTRONICALLY REPRODUCED SIGNATURES WILL BE TREATED AS ORIGINAL.

  
\_\_\_\_\_  
Signature of Applicant's Authorized Representative

Jamie Wilson  
\_\_\_\_\_  
Name (Printed)

Superintendent  
\_\_\_\_\_  
Title

5/1/17  
\_\_\_\_\_  
Date

**XI. PRODUCER INFORMATION (ONLY REQUIRED IN FLORIDA, IOWA, AND NEW HAMPSHIRE)**

\_\_\_\_\_  
Producer Signature

\_\_\_\_\_  
Producer Name (Printed)

\_\_\_\_\_  
Agency Name

\_\_\_\_\_  
Agency Code

\_\_\_\_\_  
License Number