



## **Finance Committee Meeting**

Wednesday, May 6, 2026 at Immediately following Administrative Committee Meeting  
John F. Barron Administration Building - Board Room  
240 N. Crockett Street  
San Benito, Texas 78586

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1. Call to Order
2. Public Comment
  - 2.1. Public comments shall be limited to items on the agenda posted with notice of the meeting.
3. Review and Discussion of Cash Account Report
4. Review and Discussion of Comparison of Revenue and Expenditures to Budget Report
5. Review and Discussion of Fund Balance Report
6. Review and Discussion of Tax Collection Report
7. Review and Discussion of Check Disbursements Report
8. Review and Discussion of Gifts/Bequests
9. Review and Discussion of Budget Amendments
10. Review and Discussion of Purchases over \$50,000
11. Review and Discussion of the Option to Extend the Contract for Student / Athletic Insurance for a One-Year Period
12. Review and Discussion of the Option to Extend the Bid Proposal for RFP-0524-WCIFF, Workers Compensation Insurance as recommended by Administration
13. Discussion on Budget Review — Expenditures for the 2026-2027 School Year
14. Committee Concerns
15. Adjournment

*This notice for this meeting was posted in compliance with the Texas Open Meeting Act.*



## **Request for Approval of Gift/Bequest**

### **Superintendent's Recommendation:**

The Superintendent recommends to the Board of Trustees to approve the gift/bequest to campus or departments as presented.

### **Rationale:**

To assist campus or departments with monetary or items as needed by campus or departments.

### **Paperwork Impact:**

Board President signature required.

Superintendent signature required.

### **Budgetary Information:**

N/A

### **Resource Personnel:**

Victoria N. Perez, Assistant Superintendent of Finance & Operations

Alfredo Perez, Superintendent of Schools

### **Board Policy Reference and Compliance:**

CDC(LOCAL)



**Business Office / Donations  
May 2026**

Date Submitted	Campus/ Department	Donor's Name	Amount	Item(s) / Method of Donation	Board Approved Date
04.22.26	Business Office	San Benito Industrial Foundation	\$50,000.00	2025/2026 Senior Scholarship Funds	
04.27.26	CCMR	Port Isabel/San Benito Navigation District	\$5,000.00	Scholarship for CCMR	
04.28.26	Purchasing	Gulf Coast Paper Division of Imperial Dade	\$250.00	Secretary's Workshop August 5, 2026	
04.21.26	Purchasing	Harlingen Glass Properties	\$200.00	Secretary's Workshop August 5, 2026	
04.21.26	Purchasing	Jeff Everitt & Associates, Inc.	\$200.00	Secretary's Workshop August 5, 2026	
04.21.26	Purchasing	Tx Ins. Service Center, Inc.	\$250.00	Secretary's Workshop August 5, 2026	
04.21.26	Purchasing	XRX Business Consultants, Inc	\$500.00	Secretary's Workshop August 5, 2026	
04.29.26	Rangerville	HEB	\$200.00	(In-Kind) Teacher Appreciation Incentives	

Campus / Department	<b>Business Office</b>
Date of Donation	<b>April 22, 2026</b>
Donor's Name	<b>San Benito Industrial Foundation</b>
Address/City/State/Zip	
Telephone	
Description of Donation	<b>2025/2026 Scholarship</b>
Federal ID# (if applicable)	
Donation Item/Amount	<b>\$ 50,000.00</b>
	<i>Amount or Value of Donation</i>
Purpose of Donation	<b>2025/2026 Senior Scholarship Fund Donations</b>
Restricted to Purpose of Donation	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Superintendent's Signature/Date	Board Signature/Date
<b>Funds Deposited to</b> Account Name and Code:	<b>806 L 00 2190 00 000 00 000</b>

**San Benito CISD School Board Policy CDC (LEGAL)**  
**Use of Donated Property**  
A conveyance, devise, or bequest of property for the benefit of the public schools, if not otherwise directed by the donor, vests the property in a board or their successors as trustees for those to be benefited by the donation.  
Funds or other property donated or the income from the property may be spent by the trustees:  
1. For any purpose designated by the donor that is in keeping with the lawful purposes of the schools for the benefit of which the donation was made; or  
2. For any legal purpose if a specific purpose is not designated by the donor.  
*Education Code 11.156*

**San Benito CISD School Board Policy CDC (LOCAL)**  
**Unsolicited Gifts (Authority to Accept)**  
The Board delegates to the Superintendent the authority to accept unsolicited gifts on behalf of the District.  
However, any gift that the potential donor has expressly made conditional upon the District's use for a specified purpose, or any gift of real property, shall require Board approval. Once accepted, a gift becomes the sole property of the District.

**SAN BENITO CISD DONATION FORM**

240 N Crockett Street · San Benito, Texas 78586 · (956) 361-6100

Campus / Department

**CCMR**

Date of Donation

**April 27, 2026**

Donor's Name

**Port Isabel / San Benito Navigation District**

Address/City/State/Zip

**250 Industrial Drive, Port Isabel, Tx 78578**

Telephone

**956-943-7826 Ext-1**

Description of Donation

**CCMR Scholarship**

Federal ID# (if applicable)

Donation Item/Amount

\$ **5,000.00**

*Amount or Value of Donation*

Purpose of Donation

CCMR Scholarship

Restricted to Purpose of Donation

Yes

No

\_\_\_\_\_  
Superintendent's Signature/Date

\_\_\_\_\_  
Board Signature/Date

**Funds Deposited to**

Account Name and Code:

**865 R 00 5749 SC 716 0 99 000**

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Campus / Department	<u>Purchasing</u>
Date of Donation	<u>April 28, 2026</u>
Donor's Name	<u>Gulf Coast Paper Division of Imperial Dade</u>
Address/City/State/Zip	<u>635 Billy Mitchell Blvd #5014, Brownsville, Tx 78521</u>
Telephone	<u>956-541-2281</u>
Description of Donation	<u>Secretary's Workshop</u>
Federal ID# (if applicable)	_____
Donation Item/Amount	\$ <u>250.00</u> <i>Amount or Value of Donation</i>
Purpose of Donation	<u>To purchase promotional items for the Secretary's workshop on August 5, 2026</u>
Restricted to Purpose of Donation	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

_____ Superintendent's Signature/Date	_____ Board Signature/Date
<b>Funds Deposited to</b> Account Name and Code:	<u>199 R 00 5749 00 728 0 99 300</u>

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Campus / Department	<u>Purchasing</u>
Date of Donation	<u>April 21, 2026</u>
Donor's Name	<u>Harlingen Glass Properties</u>
Address/City/State/Zip	<u>1905 E. Harrison Ave, Harlingen, Tx 78550</u>
Telephone	<u>956-428-6066</u>
Description of Donation	<u>Secretary's Workshop</u>
Federal ID# (if applicable)	_____
Donation Item/Amount	\$ <u>200.00</u> <i>Amount or Value of Donation</i>
Purpose of Donation	<u>To purchase promotional items for the Secretary's workshop on August 5, 2026</u>
Restricted to Purpose of Donation	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

\_\_\_\_\_  
Superintendent's Signature/Date

\_\_\_\_\_  
Board Signature/Date

**Funds Deposited to**  
Account Name and Code: 199 R 00 5749 00 728 0 99 300

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Campus / Department	<u>Purchasing</u>
Date of Donation	<u>April 21, 2026</u>
Donor's Name	<u>Jeff Everitt &amp; Associates, Inc.</u>
Address/City/State/Zip	<u>901 South Texas, Weslaco, Tx 78596</u>
Telephone	<u>956-968-5954</u>
Description of Donation	<u>Secretary's Workshop</u>
Federal ID# (if applicable)	_____
Donation Item/Amount	\$ <u>200.00</u> <i>Amount or Value of Donation</i>
Purpose of Donation	<u>To purchase promotional items for the Secretary's workshop on August 5, 2026</u>
Restricted to Purpose of Donation	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

\_\_\_\_\_  
Superintendent's Signature/Date

\_\_\_\_\_  
Board Signature/Date

**Funds Deposited to**  
Account Name and Code: 199 R 00 5749 00 728 0 99 300

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Campus / Department	<u>Purchasing</u>
Date of Donation	<u>April 16, 2026</u>
Donor's Name	<u>Texas Insurance Service Center, Inc.</u>
Address/City/State/Zip	<u>521 S. 77 Sunshine Strip, Harlingen, Tx 78550</u>
Telephone	<u>956-423-0490</u>
Description of Donation	<u>Secretary's Workshop</u>
Federal ID# (if applicable)	_____
Donation Item/Amount	\$ <u>250.00</u> <i>Amount or Value of Donation</i>
Purpose of Donation	<u>To purchase promotional items for the Secretary's workshop on August 5, 2026</u>
Restricted to Purpose of Donation	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

\_\_\_\_\_  
Superintendent's Signature/Date

\_\_\_\_\_  
Board Signature/Date

**Funds Deposited to**  
Account Name and Code: 199 R 00 5749 00 728 0 99 300

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Campus / Department	<u>Purchasing</u>
Date of Donation	<u>April 15, 2026</u>
Donor's Name	<u>XRX Business Consultant, Inc.</u>
Address/City/State/Zip	<u>708 N. McColl Rd, Mcallen, Tx 78501</u>
Telephone	<u>956-618-4320</u>
Description of Donation	<u>Secretary's Workshop</u>
Federal ID# (if applicable)	_____
Donation Item/Amount	\$ <u>500.00</u> <i>Amount or Value of Donation</i>
Purpose of Donation	<u>To purchase promotional items for the Secretary's workshop on August 5, 2026</u>
Restricted to Purpose of Donation	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

\_\_\_\_\_  
Superintendent's Signature/Date

\_\_\_\_\_  
Board Signature/Date

**Funds Deposited to**  
Account Name and Code: 199 R 00 5749 00 728 0 99 300

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Campus / Department	<u>Rangerville Elementary</u>
Date of Donation	<u>April 29, 2026</u>
Donor's Name	<u>HEB</u>
Address/City/State/Zip	<u>1095 W Business 77, San Benito, Tx 78586</u>
Telephone	<u>956-399-0241</u>
Description of Donation	<u>Snacks, Fruit &amp; Drinks</u>
Federal ID# (if applicable)	_____
Donation Item/Amount	\$ <u>200.00</u> <i>Amount or Value of Donation</i>
Purpose of Donation	<u>Donations will be used for teacher appreciation week incentives.</u>
Restricted to Purpose of Donation	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

\_\_\_\_\_  
Superintendent's Signature/Date

\_\_\_\_\_  
Board Signature/Date

**Funds Deposited to**  
Account Name and Code: In-Kind

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## **Request for Approval regarding Purchases of over \$50,000**

### **Superintendent's Recommendation:**

The Superintendent recommends to the Board of Trustees to approve the purchases over \$50,000 of goods and/or services as presented.

### **Rationale:**

Purchases of \$50,000 or more, regardless of whether the goods and/or services are competitively purchased, shall require board approval before a transaction may take place.

### **Paperwork Impact:**

No additional paperwork required.

### **Budgetary Information:**

Funds have been budgeted for the 2025-2026 school year

### **Resource Personnel:**

Victoria N. Perez, Assistant Superintendent of Finance & Operations  
Alfredo Perez, Superintendent of Schools

### **Board Policy Reference and Compliance:**

CH(LOCAL)



**Business Office / 50K**  
**May 2026**

Date Submitted	Vendor Name	Campus/ Department	Amount	Contact Person	Board Approved Date
04.27.26	Insight Public Sector – Cisco Voice Flex - Renewal	Technology	58,878.26	Gloria Cardenas	
04.24.26	Insight Public Sector - Palo Alto Firewall - Renewal	Technology	71,601.90	Gloria Cardenas	



## **Request for Approval in Response to Purchase of Insight (Cisco Voice Flex) - Renewal**

### **VENDOR:**

Insight Public Sector

### **ITEMS:**

Cisco Voice Flex

5yr Agreement - \$294,391.30

Annual Payment -\$58,878.26

### **TARGETED GOAL:**

Goal 1: SBCISD will ensure academic excellence by providing innovative, high-quality learning environments that prepare every student for success in college, career, or military service. Strategy 11: The district will provide research-based instructional resources, including technology hardware, software, and digital materials, to enhance curriculum implementation, enrich student learning, and ensure all students receive a "gold standard" education.

### **FUNDING SOURCE:**

199 E 53 6397 00 873 0 99 600

Annual Payment - \$58,878.26

### **PURCHASING METHOD:**

DIR CPO 5347

Texas Department of Information Resources

### **RESOURCE PERSONNEL:**

Rene A. Guerra, Director of Technology

Victoria N. Perez, Assistant Superintendent of Finance & Operations



### Cloud Services/Subscription Order Form

Insight Public Sector, Inc.  
2701 E. Insight Way  
Chandler, AZ 85286  
800.467.4448

Customer Name:	San Benito CISD	Date:	04/24/2026
Sold To:	10529325	Billing Frequency:	Annual
Address:	240 N CROCKETT ST	Term Length:	5 Years
Address:	SAN BENITO / TX / 78586-4608	Auto-Renewal:	No
Client Executive:	Gabriel Sagredo	Term Length:	N/A
Subscription ID / Deal ID:	Sub872455 / 83739773	Usage-Based Items:	No
Renewal Term Dates:	06-Jun-2026 to 05-Jun-2031	Workflow:	5010007614
Contract:	Texas DIR-Cisco Agent-DIR-CPO-5347-61002728		

Part Number	Product Description	Quantity	Unit Price	Total Annual Price
A-FLEX-3	Collaboration Flex Plan 3.0	1	\$ -	\$ -
A-FLEX-EXP-RMS-S	Expressway Rich Media Session included with Flex (1)	188	\$ -	\$ -
A-FLEX-SW-15-K9	On-Premises SW Bundle v15	1	\$ -	\$ -
A-FLEX-P-ER	Emergency Responder Smart License (1)	2814	\$ -	\$ -
A-FLEX-C-DEV-ENT	Cloud Device Registration Entitlement	1126	\$ -	\$ -
A-FLEX-FILESTG-ENT	File Storage Entitlement	22512	\$ -	\$ -
A-FLEX-P-EA	On-Premises Smart License - EA (1)	1126	\$ -	\$ -
A-FLEX-P-UCXN	Unity Connection Smart License (1)	1126	\$ -	\$ -
A-FLEX-PROPACK-ENT	Pro Pack for Cisco Control Hub Entitlement	1126	\$ -	\$ -
A-FLEX-P-ACC	Access Smart License (1)	188	\$ -	\$ -
A-FLEX-EAPL	EntW On-Premises Calling	938	\$ 62.77	\$ 58,878.26
A-FLEX-P-CA	Common Area Smart License (1)	469	\$ -	\$ -
SVS-FLEX-SUPT-BAS	Cisco Support Standard	938	\$ -	\$ -
A-FLEX-MSG-ENT	Messaging Entitlement	1126	\$ -	\$ -
A-SW-EXPWY-15X-K9	Expressway Version 15 Restricted Software	1	\$ -	\$ -
A-FLEX-SME-S	Session Manager	1	\$ -	\$ -
A-FLEX-SRST-E	SRST Endpoints (1)	1876	\$ -	\$ -
A-FLEX-EDU-CUST	Education Customer	1	\$ -	\$ -

Total Annual Licensing Cost:	\$	58,878.26
Total Term Cost:	\$	294,391.30

This quote has been provided pursuant to the terms of the Texas DIR-Cisco Agent-DIR-CPO-5347, which has a current expiration date of 1/7/2027, with a last possible expiration of 1/7/2030. ALL Annual Payment Purchase Orders MUST be dated prior to 1/7/2030.

By signing this Agreement (or issuing a PO in lieu of signature), you certify that you have read and agree to Insight's "Terms of Sale - Cloud Services" and the Special Terms Addendum (if any) which are incorporated herein by reference and govern your order from Insight, located at the following URL:

[https://www.insight.com/en\\_US/help/terms-of-sale-cloud-ips.html](https://www.insight.com/en_US/help/terms-of-sale-cloud-ips.html)

By signing this Agreement (or issuing a PO in lieu of signature), you certify that you have read and agree to the Service Provider Terms, which governs your acceptance and use of the Cloud Services described in this order and are located at the following URL(s):

[https://www.cisco.com/c/dam/en\\_us/about/doing\\_business/legal/Cisco\\_General\\_Terms.pdf](https://www.cisco.com/c/dam/en_us/about/doing_business/legal/Cisco_General_Terms.pdf)

<https://www.cisco.com/c/en/us/about/legal/cloud-and-software/software-terms.html>

By signing this Agreement (or issuing a PO in lieu of signature), you agree to a Annual charge of \$58,878.26 for your order of Collaboration Flex Plan 3.0.

*This quote is valid for 30 days.*

This agreement will not auto renew. Please notify Insight via email at [CiscoSoftwareOperations@insight.com](mailto:CiscoSoftwareOperations@insight.com) 45 days prior to the end of the term should you choose to renew the agreement.

Upon issuance of a PO specific to the mentioned billing term cost or total term cost, the overages (if included) will not be deducted from your PO. Rather they are billed without a PO.

By signing this Agreement (or issuing a PO in lieu of signature), you hereby certify the following:

That (1) you are duly authorized on behalf of Client to accept this order, (2) that you accept this order and all applicable Terms And Conditions on behalf of Client, and (3) that you agree to pay for all orders, changes, and/or increases in usage subsequently provisioned by you under your account.

Fill in one of the below boxes:

Signature	
By (Authorized Representative):	
Print Name:	
Title:	
Date:	
PO # (optional):	

Purchase Order	
PO #:	
Does this PO account for the entire contract, or partial (i.e. 1 year PO for a 3 year term):	
Does this PO account for overages (if applicable):	N/A
If this PO does not account for overages, will there be an additional PO to cover (if applicable):	N/A
If your subscription is on auto-renewal, will you provide a new PO prior to renewal date, or replenish funds on the existing PO (if applicable):	N/A
Date:	



## **Request for Approval in Response to Purchase of Insight (Palo Alto Firewall) - Renewal**

### **VENDOR:**

Insight Public Sector

### **ITEMS:**

Palo Alto Firewall Renewal

Coverage dates: June 5, 2026 - June 4, 2027

### **TARGETED GOAL:**

Goal 1: SBCISD will ensure academic excellence by providing innovative, high-quality learning environments that prepare every student for success in college, career, or military service. Strategy 11: The district will provide research-based instructional resources, including technology hardware, software, and digital materials, to enhance curriculum implementation, enrich student learning, and ensure all students receive a "gold standard" education.

### **FUNDING SOURCE:**

199 E 53 6397 00 873 0 99 600

\$71,601.90

### **PURCHASING METHOD:**

DIR CPO 4877

State of Texas DIR Cybersecurity Products and Services

### **RESOURCE PERSONNEL:**

Rene A. Guerra, Director of Technology

Victoria N. Perez, Assistant Superintendent of Finance & Operations

**Account name: 10529325**

SAN BENITO CISD  
 240 N CROCKETT ST  
 SAN BENITO TX 78586-4608

**SHIP-TO**

SAN BENITO CONSOLIDATED INDEPENT  
 2001 UTEX DR  
 PURCHASING WAREHOUSE  
 SAN BENITO TX 78586-7776

Quotation	
<b>Quotation Number</b>	: <a href="#">0229238030</a>
<b>Document Date</b>	: 21-APR-2026
<b>PO Number</b>	:
<b>PO Release</b>	: PALO ALTO 1 YEAR RENEWAL
<b>Sales Rep</b>	: Gabriel Sagredo
<b>Email</b>	: <a href="mailto:GABRIEL.SAGREDO@INSIGHT.COM">GABRIEL.SAGREDO@INSIGHT.COM</a>
<b>Phone</b>	:
<b>Sales Rep 2</b>	: Jason Sawyers
<b>Email</b>	: <a href="mailto:JASON.SAWYERS@INSIGHT.COM">JASON.SAWYERS@INSIGHT.COM</a>
<b>Phone</b>	: +14803667154

**We deliver according to the following terms:**

**Payment Terms** : Net 30 days  
**Ship Via** : Electronic Delivery  
**Terms of Delivery** : FOB DESTINATION  
**Currency** : USD

**Quote is valid until 5/24/26**

Material	Material Description	Quantity	Unit Price	Extended Price
<a href="#">PANPA5220ADN1-SBCI</a>	Palo Alto Networks Advanced DNS Security - subscription license renewal (1 year) - 1 device Coverage Dates: 05-JUN-2026 - 04-JUN-2027 STATE OF TEXAS DIR CYBERSECURITY PRODUCTS AND SERVICES(# DIR-CPO-4877) MSRP: 17790.00 Discount: 28.000% Serial number 013201015437	1	12,808.80	12,808.80
<a href="#">PANPA5220AWFR-SBCI</a>	Palo Alto Networks Advanced WildFire - subscription license renewal (1 year) - 1 license Coverage Dates: 05-JUN-2026 - 04-JUN-2027 STATE OF TEXAS DIR CYBERSECURITY PRODUCTS AND SERVICES(# DIR-CPO-4877) MSRP: 17790.00 Discount: 28.000% Serial number 013201015437	1	12,808.80	12,808.80
<a href="#">PANPA5220ATPR-SBCI</a>	Palo Alto Networks Advanced Threat Prevention - subscription license renewal (1 year) - 1 device Coverage Dates: 05-JUN-2026 - 04-JUN-2027 STATE OF TEXAS DIR CYBERSECURITY PRODUCTS AND SERVICES(# DIR-CPO-4877) MSRP: 17790.00 Discount: 28.000% Serial number 013201015437	1	12,808.80	12,808.80
<a href="#">PANPA5220PAAR-SBCI</a>	Palo Alto Prisma Access Agent - subscription license renewal (1 year) - 1 device Coverage Dates: 05-JUN-2026 - 04-JUN-2027 STATE OF TEXAS DIR CYBERSECURITY PRODUCTS AND SERVICES(# DIR-CPO-4877) MSRP: 11860.00 Discount: 28.000% Serial number 013201015437	1	8,539.20	8,539.20

Material	Material Description	Quantity	Unit Price	Extended Price
<a href="#">PANPA5220ADVU-SBCI</a>	Palo Alto Networks Advanced URL Filtering - subscription license renewal (1 year) - 1 device Coverage Dates: 05-JUN-2026 - 04-JUN-2027 STATE OF TEXAS DIR CYBERSECURITY PRODUCTS AND SERVICES(# DIR-CPO-4877) MSRP: 17790.00 Discount: 28.000% Serial number 013201015437	1	12,808.80	12,808.80
<a href="#">PANSVCPREM522-SBCI</a>	Palo Premium Support Program - extended service agreement (renewal) - 1 year - shipment Coverage Dates: 05-JUN-2026 - 04-JUN-2027 STATE OF TEXAS DIR CYBERSECURITY PRODUCTS AND SERVICES(# DIR-CPO-4877) MSRP: 12450.00 Discount: 5.000% Serial number 013201015437	1	11,827.50	11,827.50
			Product Subtotal	71,601.90
			TAX	0.00
			<b>Total</b>	<b>71,601.90</b>

Thank you for choosing Insight. Please contact us with any questions or for additional information about Insight's complete IT solution offering.

Sincerely,

Gabriel Sagredo

[GABRIEL.SAGREDO@INSIGHT.COM](mailto:GABRIEL.SAGREDO@INSIGHT.COM)

Jason Sawyers  
 +14803667154  
[JASON.SAWYERS@INSIGHT.COM](mailto:JASON.SAWYERS@INSIGHT.COM)  
 Fax 4807606232

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**SOFTWARE AND CLOUD SERVICES PURCHASES:** If your purchase contains any software or cloud computing offerings ("Software and Cloud Offerings"), each offering will be subject to the applicable supplier's end user license and use terms ("Supplier Terms") made available by the supplier or which can be found at the "terms-and-policies" link below. By ordering, paying for, receiving or using Software and Cloud Offerings, you agree to be bound by and accept the Supplier Terms unless you and the applicable supplier have a separate agreement which governs.

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Insight's online Terms of Sale can be found at the "terms-and-policies" link below.

<https://www.insight.com/terms-and-policies>



## **Request for Approval of the Option to Extend the Contract for Student / Athletic Insurance for a One-Year Period**

### **Superintendent's Recommendation:**

Administration's recommendation is to exercise the option to extend the contract received from Texas Insurance Service Center Inc., The Brokerage Store for \$62,125.00 for the San Benito CISD's student/athletic accident insurance policy and \$2,681.00 for Catastrophic Insurance.

### **Rationale:**

The San Benito CISD solicited proposals for student insurance in May of 2025. This solicitation included an option to extend for two (2) additional one-year periods. It is the recommendation of the administration to exercise the option to extend for the first additional 1(one) year period to Texas Insurance Service Center Inc., The Brokerage Store for \$62,125.00 and \$2,681.00 for Catastrophic Insurance as being the best interest of San Benito CISD.

### **Paperwork Impact:**

Superintendent signature required.

### **Budgetary Information:**

Funds will be budgeted for the 2026-2027 school year for Student/Athletic Insurance.

### **Resource Personnel:**

Vicki Perez, Assistant Superintendent of Finance & Operations  
Eddie Cavazos, Director of Purchasing

### **Board Policy Reference and Compliance:**

CH(LOCAL)



March 27, 2026

Mr. Eddie Cavazos  
San Benito CISD  
240 N. Crockett St.  
San Benito, Texas 78586

Mr. Cavazos,

We are pleased to offer your Student/Athletic Accident Insurance renewal coverage with no change in premiums or benefits in accordance with our rate guarantee provision.

Catastrophic coverage premium has remained the same based on number of Jr. High and High Schools. If your district has added New Jr. High or High School campuses, please advise so we can adjust your policy.

The following is the renewal coverage information for the 2026-2027 school year:

- Texas Star Plan
- Term dates August 1, 2026 through July 31, 2027
- Coverage is from \$0.00 to a medical maximum of \$25,000 per accident per schedule of benefits attached. This coverage includes an Accidental Death and Dismemberment Benefit up to \$10,000. Treatment for covered accidents must begin within **180** days from the date of accident by a legally qualified, licensed physician, surgeon, or dentist.
- Interscholastic Activities Coverage (UIL)- All UIL Activities grades 7-12
- Same day field trip coverage included (no overnight stay)
- Benefit Period: The coverage has a **one** year benefit period from the date of accident
- Notification of Claim: Claim form must be submitted to Student Assurance Services @ P.O. Box 196 Stillwater, MN 55082 within **180** days from 1<sup>st</sup> date of service.
- Network: USA MCO PPO Network [www.usamco.com](http://www.usamco.com)
- **Direct Full Assignment Contracts through The Lonestar Athletic Network**



**(ZERO BALANCE BILL NETWORK)** full network can be viewed at [www.lonestarathletic.com](http://www.lonestarathletic.com) Valley Baptist Health System and Prime Hospital Systems: Harlingen Medical, Knapp Medical, Mission Regional included

- Excess Provisions: This policy is a full excess policy, which means any family, individual, or group insurance must be filed before any benefits can be processed.
- Online Claims: Claims status is available online to designated school district official @ [www.sas-mn.com](http://www.sas-mn.com)
- Catastrophic Coverage: \$25,000 deductible to a maximum of \$10,000,000 per covered injury with a 10 year benefit period and a two year accumulation period.

Renewal premiums for the 2026-2027 Student Accident Insurance are:

**Student Assurance Services (Texas Star Plan): \$62,125.00 renewal current plan**

**\$10,000,000- Catastrophic Insurance:  
\$2,681.00**

The administrative company, sales, service, claims, and marketing will all be the same as last year. Ameritas Life is the carrier on your base plan and Zurich American is the carrier on your catastrophic plan. Both companies are A rated by A.M. Best.

We value your business and welcome the opportunity to provide continued coverage and service to you and your district in the years coming. Please contact us @ 1-800-750-0490 at your convenience to discuss renewal package.

Sincerely,



Albert Salinas

**APPLICATION FOR STUDENT/ATHLETIC ACCIDENT INSURANCE GRADES PK-12**



Send completed form to:  
The Brokerage Store  
4091 DeZavala Road, Suite 3 • San Antonio, TX 78249

**2ND YEAR OF A  
2 YEAR RATE  
GUARANTEE**



**SCHOOL/DISTRICT INFORMATION**

School/District San Benito CISD DIST. CLASS. \_\_\_\_\_  
Address 240 N Crockett St.  
City San Benito County \_\_\_\_\_ State TX Zip 78586

**DATE INFORMATION**

Effective Date 08/01/2026 Termination Date 07/31/2027  
\_\_\_\_\_ 1st Day of School \_\_\_\_\_ Last Day of School \_\_\_\_\_ 1st Day of Football Practice

**SCHOOLS THAT PROVIDE COVERAGE ON A GROUP BASIS**

A: GROUP COVERAGES		PREMIUMS
<input checked="" type="checkbox"/>	1. Group UIL Coverage: Plan ( <u>Texas Star</u> )	\$ <u>62,125</u>
<input type="checkbox"/>	2. All School Coverage: Plan ( _____ ) (Includes UIL Activities) Enrollment grades PK- 12 ( _____ ) @ \$ _____ =	
<b>TOTAL PREMIUM</b>		<b>= \$ <u>62,125</u></b>

**SCHOOLS THAT OFFER COVERAGE ON A VOLUNTARY BASIS**

B: VOLUNTARY COVERAGES: (See Brochure)		ENROLLMENT FORMS NEEDED
<input type="checkbox"/>	1. Voluntary Sports/UIL Activities Coverage: Plan ( <u>Basic</u> ) Estimated number of Interscholastic UIL Participants 7-12 _____ ( _____ )	
<input type="checkbox"/>	2. Voluntary Student Coverage: Plan ( <u>Basic</u> ) Estimated Total Enrollment in grades PK-12 (No Sports) _____ ( _____ )	

It is agreed and understood that: (**applies only to voluntary coverages**)

- The school will offer coverage to all students in the school system.
- Voluntary Sports and UIL Activities Coverage are available only if the school installs the Voluntary or Group Student Coverage.
- A School Official will complete the School's section of each claim form for school related injuries.
- Only one student accident plan will be offered by the district.**

**WARNING: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison**

**Applied for by:**

Alfredo Perez 956-361-6110 aperez@sbcisd.net  
Print Name of School Official Phone Number E-mail Address  
**SIGN HERE** Superintendent of Schools May 13, 2026  
Signature of School Official Title Date  
Agent Signature: [Signature] Telephone# 956-423-0490

Administered by:

STUDENT ASSURANCE SERVICES INCORPORATED  
Stillwater, Minnesota

# 2026 Enrollment Form for Catastrophic Coverage

Underwritten by Zurich



The Brokerage Store, Inc., 4091 De Zavala Road, Suite 3, San Antonio, TX 78249

## Participant Information:

Name of Participating School or District: San Benito CISD

Address: 240 N Crockett St City: San Benito State: TX ZIP: 78586

Number of Schools Junior High: 4 Senior High: 1

Estimated Number of Students Grades K-8: 7,342 Grades 9-12: 2,012

Eligible Classes Junior High:  Yes  No Senior High:  Yes  No

Class I: All enrolled Students of the School or School District, including all sports and activities (includes student coaches, student trainers and student managers). Football:  Yes  No

Class II: All enrolled Students of the School or School District, while participating in gym classes and extracurricular school activities, including intramural and interscholastic sports, such as football, band members, cheerleaders, majorettes, student coaches, student trainers and student managers. Coverage also includes supervised travel to and from such games and practice sessions. Football:  Yes  No

## Benefits:

Accident Medical Expense (AME) Benefit Amount - Excess Coverage \$10,000,000

Accidental Death & Dismemberment (AD&D) (\$10,000 Death, \$20,000 Dismemberment)

Catastrophic Cash Benefit (Maximum Benefit Amount \$500,000)

Rates: See DU[Y]&

Premium: Total Premium: \$ 2,681


## Requested Effective Date:

The Effective Date will be the requested dates assuming We have accepted the risk and received the attached enrollment form. If the acceptance of the enrollment form or the enrollment form is not received prior to the requested effective date, the Effective Date will be the date We accept the Enrollment Form. The Expiration Date of the policy will be one (1) year from the Effective Date.

08 / 01 / 2026  
Month Day Year

## Approval for Enrollment:

The authorized signer of this application represents to the best of his or her knowledge and belief that the statements set forth herein are true and include all material information. Signing of this application does not bind Zurich to offer nor the authorized signer to accept insurance, but it is agreed this questionnaire and any attachments thereto shall be the basis of the insurance.

Officer's Name (print): Alfredo Perez Signature:   
Title (print): Superintendent of Schools Date: May 13, 2026

## General Statement:

Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and civil penalties.



## **Request for Approval of the Option to Extend the Bid Proposal for RFP-0524-WCIFF, Workers Compensation Insurance as Recommended by Administration**

### **Superintendent's Recommendation:**

Administration's recommendation is to exercise the option to extend the fully-funded proposal from TASB Risk Management Fund for one additional year in the amount of \$451,999 as being the best value proposal for the district.

### **Rationale:**

The administration is exercising the districts right to renew with TASB as per general condition and requirements. Therefore, it is the recommendation of the administration to extend the second year for the proposal from TASB Risk Management Fund for \$451,999 per year as being in the best interest to San Benito CISD. The contract will commence July 01, 2026. FYI, last year the premium was \$518,929.00.

### **Paperwork Impact:**

Superintendent's signature required.

### **Budgetary Information:**

Funds will be budgeted for the 2026-2027 School Year for Workers Compensation Insurance.

### **Resource Personnel:**

Vicki Perez, Assistant Superintendent of Finance & Operations  
Eddie Cavazos, Director of Purchasing  
Erika Echarte, Director of Executive Administrative Services  
Lucy Garcia, Insurance Coordinator

### **Board Policy Reference and Compliance:**

CH(LOCAL)

Board Meeting: 05.13.26



April 21, 2026

Eddie Cavazos

San Benito CISD

Dear Eddie Cavazos,

The TASB Risk Management Fund is pleased to provide the following proposal for renewing coverage with the Fund for the coming year. The proposal reflects the Fund's ongoing commitment to the risk-sharing partnership among its more than 1,000 members.

The Fund is the oldest and largest governmental risk pool serving Texas public schools. A 21-member board comprised of school board members, superintendents, and administrators from member districts governs the Fund. The Fund's board of trustees ensures the Fund remains financially strong and responsive to member needs. Fund programs and coverages continue to respond to the risks shared by Fund members and reflect the challenges Fund members face today.

The coverage proposal on the following pages includes terms and contribution amounts for the programs in which your organization participates. A summary of changes and updates to the Fund's Coverage Agreements is included in this proposal. You can also access coverage agreements on the Fund's website.

Please review all terms, provisions, and features of this renewal proposal. When ready, you may accept this renewal proposal by signing the Contribution & Coverage Summary (CCS) and returning it by email to me or [TASBRMF@tasbrmf.org](mailto:TASBRMF@tasbrmf.org). You may also complete the electronic acceptance using the link in the renewal email sent to the designated Program Contact. All provisions and terms of this CCS, including contribution amounts, are offered by the Fund in total as indicated only; if not accepted by the member in total, please contact your underwriter for other pricing and options.

**Please note that if you take no action, coverage will automatically renew under the terms of this renewal proposal. If you wish to terminate coverage, the Fund must receive written notice of termination at least 30 days prior to your renewal date.** If you are unsure of your plans to renew or have questions about this renewal proposal or any aspect of your Fund membership, please contact Adrian Pena or any member of TASB's Underwriting or Marketing teams at 800.482.7276.

Thank you for your membership in the TASB Risk Management Fund and participation with all Fund members. The Fund is proud to be your partner in managing risk and serving the students and staff in your community.



**TASB Risk Management Fund**  
P.O. Box 301, Austin, Texas 78767-0301 • 800-482-7276  
12007 Research Blvd., Austin, Texas 78759-2439 • [tasbrmf.org](http://tasbrmf.org)

*Administered by the Texas Association of School Boards*

Sincerely,  
Adrian Pena  
Senior Risk Management Consultant  
Division of Risk Management Marketing & Strategic Partnerships  
Texas Association of School Boards, Inc.

TASB Risk Management Fund  
12007 Research Blvd., Austin, Texas 78759-2439  
P.O. Box 301, Austin, Texas 78767-0301  
Toll-Free: 800.482.7276 | Austin area: 1 (512) 505-2809

CC:

# No-Cost Training



## Why Fund Members Choose PublicSchoolWORKS

PublicSchoolWORKS helps TASB Risk Management Fund members simplify safety and compliance with expert-led, online training courses tailored for Texas schools.

## Turn Compliance into Confidence

PublicSchoolWORKS helps simplify training, save time, and strengthen safety so members can focus on what matters most: supporting Texas students.

## Train in Topics That Matter

TASB Risk Management Fund members with Auto, Liability, Property, or Workers' Compensation coverage receive access to compliance courses plus courses based on your line of coverage.

## Streamlined & Supported

- Dedicated experts help set up and manage your program
- Automated tracking and reminders reduce administrative work

## Comprehensive & Compliant

- Expert-designed courses aligned with federal and Texas laws
- Continuously updated content and workflows to help you stay compliant

## Flexible & Multi-faceted

- Customize training by role, department, or district need at no extra cost
- Courses available in English and Spanish

## Get Started!

It's easy for TASB Risk Management Fund members to get started with PublicSchoolWORKS. **Scan the QR code to complete the contact form.**



800-482-7276 • [fund.training@tasbrmf.org](mailto:fund.training@tasbrmf.org) • [tasbrmf.org](http://tasbrmf.org)



**San Benito CISD**

**Contribution & Coverage Summary (CCS)**  
**Participation Period: 7/1/2026 through 6/30/2027**

The following is a summary of coverages, limits, deductibles, and contribution amounts. More information about coverage, limits, deductibles, terms, and conditions can be found on the following pages and is part of this CCS. Please review all pages of this CCS document and associated Fund Coverage Agreements.

This document is not a declarations page. The Fund is not insurance but a self-insured risk pool through which members agree to share risk and actively participate in their contractual obligations as a member of the Fund.

Coverage	Limit	Deductible	Contribution
Workers' Comp Fully Funded	Statutory	Statutory	\$451,999
<b>Total Contribution</b>			<b>\$451,999</b>

**THIS IS NOT AN INVOICE.** The TASB Risk Management Fund will issue an invoice when coverage is accepted by the member. Total Contribution is an estimate and is subject to exposure audit.

**All provisions and terms of this CCS, including contribution amounts, are offered by the Fund in total as indicated only; if not accepted by the member in total, please contact your underwriter for other options and updated pricing.**



**San Benito CISD**

**Workers' Compensation – Fully Funded**  
**Participation Period: 7/1/2026 through 6/30/2027**

**Total Workers' Compensation – Fully Funded Contribution: \$451,999**

The following is a summary of estimated payrolls and contribution for Workers' Compensation coverage. The amounts shown are subject to audit at the end of the Participation Period.

Classification	Estimated Payroll	Net Annual Rate	Estimated Contribution
7380 - BUS DRIVERS	\$1,926,160	0.01467272	\$28,262
7720 - POLICE OFFICER	\$800,719	0.01742434	\$13,952
8810 - CLERICAL OFFICE EMPLOYEES	\$5,086,579	0.00165081	\$8,397
8868 - PROFESSIONAL/ADMINISTRATON	\$63,982,681	0.00339284	\$217,083
9101 - ALL OTHERS	\$7,499,325	0.02457621	\$184,305
<b>Total</b>	<b>\$79,295,465</b>		<b>\$451,999</b>

<b>Estimated Contribution</b>	<b>\$451,999</b>
-------------------------------	------------------

**Workers' Compensation – Fully Funded Provisions**

**Benefit Limits:** Workers' Compensation benefits paid to Fund Member's employees under this CCS will be as defined in the Texas Workers' Compensation Act (the Act). The Fund is responsible for claims payments as reflected in this CCS. This CCS does not cover the defense of any suit or claim against a Fund Member except a workers' compensation claim by an eligible employee or former employee of the Fund Member for the payment of statutory workers' compensation benefits.

**Cooperation:** The Fund Member designates the TASB Risk Management Fund as the Workers' Compensation claim administrator of record for all purposes. Fund Member agrees to use the Fund's contractors for services related to the administration of claims and to follow the Fund's election under Section 504.053 of the Labor Code to direct care through the Political Subdivision Workers' Compensation Alliance.

**Claims Reporting:** For Workers' Compensation claims arising during the Participation Period, the Fund Member agrees to report those claims timely and solely to the Fund. The report of Workers' Compensation claims to any other entity will waive all Fund liability under this CCS for those claims, regardless of reporting sequence. Any fines levied against the Fund for the Fund Member's failure to comply with the rules and regulations of the Act will be the Fund Member's sole responsibility.

**Seasonal Benefits Adjustments:** The Fund adjusts weekly workers' compensation Temporary Income Benefits (TIBS) to zero during specific holiday periods. Benefit adjustments are always made during the summer, Thanksgiving, spring, and winter breaks. Other extended holiday periods may also trigger benefit adjustments.



## Program Coordinators

The Fund Member is required to designate a Program Coordinator (Coordinator) with express authority to represent and bind the Fund Member in all program matters. Below are the current Coordinators associated with the Fund Member. If a Coordinator's name and email address are not listed or the Coordinator identified needs to be updated, please provide updated information to the Fund as soon as possible or include updates in this document.

### Current Program Coordinators

Program	Name	Title	E-mail
TASB RMF - Property	Eddie Cavazos	Director, Purchasing	<a href="mailto:jecavazos@sbcisd.net">jecavazos@sbcisd.net</a>
TASB RMF-Auto	Eddie Cavazos	Director, Purchasing	<a href="mailto:jecavazos@sbcisd.net">jecavazos@sbcisd.net</a>
TASB RMF-Liability	Eddie Cavazos	Director, Purchasing	<a href="mailto:jecavazos@sbcisd.net">jecavazos@sbcisd.net</a>
TASB RMF- Unemployment Compensation	Erika Echartea	Director of HR	<a href="mailto:eechartea@sbcisd.net">eechartea@sbcisd.net</a>
TASB RMF-Workers' Compensation	Eddie Cavazos	Director, Purchasing	<a href="mailto:jecavazos@sbcisd.net">jecavazos@sbcisd.net</a>

### Program Coordinator Updates

Program	Name	Title	E-mail

If accepting this proposal electronically, you may scan and email this page to [tasbrmf@tasbrmf.org](mailto:tasbrmf@tasbrmf.org) to provide Program Coordinator updates.



## Contribution & Coverage Summary General Provisions

**Coverage:** This CCS, the Fund’s corresponding coverage agreements and their endorsements, the Fund Member’s questionnaire, the Interlocal Participation Agreement (IPA), and the documents incorporated by reference into any of those documents, all for this Participation Period, outline the coverage terms and limits.

**Claims Reporting:** The Fund Member will provide timely notice of all claims to the Fund as required in the IPA, the applicable Fund coverage agreement, and this CCS. The lack of timely notice may result in a loss of coverage.

**Definitions:** Any terms not defined in this CCS will use the definition for that term from the corresponding Fund Coverage Agreement.

**Payment:** The Fund Member agrees to pay contributions based on a plan developed by the Fund. All contributions are payable upon receipt of an invoice from the Fund. The Fund will determine the contribution for each program and how each contribution is applied.

**Termination:** In addition to any CCS-specific provisions, the IPA outlines the termination-related provisions that govern this CCS. These provisions include the following: this CCS may be terminated by either party, with termination effective at the end of the Participation Period, by giving written notice to the other party no later than 30 days before the end of the Participation Period. If the Fund Member ceases to be an Active or Associate member of the Texas Association of School Boards, Inc., this CCS will terminate at the end of the Participation Period, and the Fund will not offer a renewal CCS. If neither party terminates this CCS, any renewal CCS offered by the Fund becomes effective based on the terms of the renewal CCS and will bind the Fund Member.

### Fund Member Authorization:

I have read, approved, and agreed to this Contribution and Coverage Summary (CCS) and certify that this information is correct. I affirm that I am duly authorized to approve this CCS and understand that my signature below contractually binds the entity I represent to this CCS and any other coverage-related or Fund participation agreements.



\_\_\_\_\_  
Authorized Signature

Alfredo Perez  
\_\_\_\_\_  
Printed Name

May 13, 2026  
\_\_\_\_\_  
Date

Superintendent of Schools  
\_\_\_\_\_  
Title