MINUTES OF BOARD OF EDUCATION
South Platte School District #95
Regular Board Meeting August 10, 2026 7:00 PM

President Van Zee called to order the Regular Board Meeting of the school board at 7:00 PM with board members: **Present:** Matt Adams, Brian Armstrong, Duane Duncan, Adam Hayward, Amy Stanley, Tim Van Zee. Also present were Superintendent David Spencer, Principal Nick Brost and Business Manager Lisa Wilson. Notice of the meeting was published in the Keith County News, online and available at the office.

The Pledge of Allegiance was recited and President Van Zee made note of the Open Meetings Act poster that is on display in the meeting room.
Motion by Adam Hayward seconded by Duane Duncan to approve the consent agenda as presented: A. Confirmation of the last regular meeting minutes B. Financial Reports C. Treasurer's Report D. Claims: General Fund E. Claims: Building/Bond/Depreciation Fund (if any). Motion carried.
Brian Armstrong: yes, Matt Adams: yes, Adam Hayward: yes, Duane Duncan: yes, Tim Van Zee: yes, Amy Stanley: yes
Motion by Matt Adams seconded by Brian Armstrong to approve check to Van Zee Heating for 864.00. Motion carried.
Brian Armstrong: yes, Duane Duncan: yes, Adam Hayward: yes, Amy Stanley: yes, Tim Van Zee: Abstain (With Conflict), Matt Adams: yes
CLAIMS: Al's Lock and Safe Inc., 480.00; Amazon Capital Services, Inc., 4,690.21; Black Hills Energy, 500.00; Card Service Center, 1,300.66; Carlson Electric, 1,517.28; Carolina Biological Supply Company, 256.00; Century Link, 710.92; Eakes, Inc./dba Eakes Office Solutions, 1,387.95; Ecolab, 77.11; ESU 16, 23,000.00; Gallentine, A , 430.19; Healthy Roster, 1,213.11; Hometown Leasing, 2,880.33; Johnson, Dylan , 550.00; JourneyEd.Com, Inc, 500.00; JWPepper, 507.11; Keith Co. News, 105.24; Mead Lumber, 77.82; Nebraska Association for Curriculum, Assessment and Instruction, 80.00; Nebraska Life Magazine, 56.00; NPPD (Nebraska Public Power District), 3,500.00; NPPD MLBRY Acct, 77.55; NPPD Plum 2 Acct, 52.63; Ogallala Flower Shop, 41.88; PowerSchool Group LLC, 3,000.00; S & W Auto Supply, 144.72; Scherbarth, S, 362.99; Schneider, D, 92.80; School Specialty LLC, 145.40; SP Building Fund, 110,000.00; Spencer, D, 242.15; Studies Weekly, 112.93; Tru by Hilton, 158.86; Unum - Colonial Life Insurance Company, 1,604.20; Van Horn, Patsy, 1,180.00; Van Zee Heating and Air, 864.00; Verizon Wireless, 185.69; Village Of Big Springs, 2,061.05; Wage Works, Inc., 164.00; WEX Bank, 620.75; Wiest Hardware, 4, 131.65; Wilson, Gabriel, 400.00; Wilson, L, 105.49; Zeptive, Inc., 1,242.00; ZOOBEAN, 5,485.00; Payroll: 277,871.95; BUILDING FUND: Snell Services, Inc., 4,982.89; Zink Painting LLC, 9,800.00
There were no patrons present.
COMMITTEE REPORTS: EDUCATION made mention that the upcoming September meeting to be held in North Platte Sept 2 if any board member wants to attend.
Mr. Nick Brost Principal's report: Members of the HS volleyball team attended Level 7 team culture training. Mr. Spencer and I attended NCSA Administrator Days in Kearney. Audrey Moorhead attended NSAA Student Advisory Committee meeting in Lincoln. I attended IPG training at the esu in North Platte. First day of Fall Sports Practice: Volleyball had 21 participants, Football had 17 and Cross Country had 3 HS and 2 JH participants. Staff members

completed CPR/AED training from Kay Anderson. The Student Council painted and organized the trophy case.

Mr. David Spencer gave the Superintendent's Report.
The four-day school week; Mr. Spencer updated the board about a reading program to be held on Fridays at the community library.
Plumber insurance presented information from Plumber insurance on the 2026-27 renewal. The Alicap Proposal was presented. Motion by Brian Armstrong seconded by Duane Duncan to approve insurance proposal from Alicap for 2026-27 year. Motion carried.
Matt Adams: yes, Brian Armstrong: yes, Amy Stanley: yes, Duane Duncan: yes, Adam Hayward: yes, Tim Van Zee: yes
There was discussion about cameras in the building. Motion by Matt Adams seconded by Brian Armstrong to approve a bid from Alarm Security Technicians. Motion carried.
Amy Stanley: yes, Tim Van Zee: yes, Adam Hayward: yes, Matt Adams: yes, Duane Duncan: yes, Brian Armstrong: yes
Motion by Brian Armstrong seconded by Adam Hayward to motion to allow transer of funds to meet the requirement of budget authority. Motion carried.
Brian Armstrong: yes, Amy Stanley: yes, Matt Adams: yes, Adam Hayward: yes, Duane Duncan: yes, Tim Van Zee: yes
Transportation was discussed. No action was taken.
Review the minutes.
The next regular meeting of the SPBOE, with budget hearing and tax request will be September 21, 2026 at 7:00 PM.
Motion by Adam Hayward seconded by Matt Adams to adjourn the meeting. Motion carried.
Amy Stanley: yes, Duane Duncan: yes, Matt Adams: yes, Tim Van Zee: yes, Brian Armstrong: yes, Adam Hayward: yes

The meeting was adjourned at 8:14 PM.

Adam Hayward, Secretary

MINUTES OF BOARD OF EDUCATION
South Platte School District #95
Regular Board Meeting July 13, 2026 7:00 PM

President Van Zee called to order the Regular Board Meeting of the school board at 7:11 PM with board members: **Present:** Brian Armstrong, Adam Hayward, Amy Stanley, Tim Van Zee, **Absent:** Matt Adams, Duane Duncan. Matt Adams is excused. **Present:** Duane Duncan. Matt Adams is excused. Duane Duncan arrived at 7:17pm. Also present were Superintendent David Spencer, Principal Nick Brost and Business Manager Lisa Wilson. Notice of the meeting was published in the Keith County News, online and available at the office.

The Pledge of Allegiance was recited and President Van Zee made note of the Open Meetings Act poster that is on display in the meeting room.

Motion by Adam Hayward seconded by Brian Armstrong to approve the consent agenda as presented: A. Confirmation of the last regular meeting minutes B. Financial Reports C. Treasurer's Report D. Claims: General Fund E. Claims: Building/Bond/Depreciation Fund (if any). Motion carried.
Matt Adams: Absent, Duane Duncan: Absent, Tim Van Zee: yes, Adam Hayward: yes, Amy Stanley: yes, Brian Armstrong: yes

CLAIMS: ACT Finance, 699.00; Activity Fund - South Platte Schools, 15,000.00; All Team Sportswear, 164.00; Amazon Capital Services, Inc., 4,406.94; ASPI Solutions, Inc., 500.00; Big Springs Truck and Travel, 57.48; Black Hills Energy, 561.85; Blick Art Materials, 41.62; Card Service Center, 2,272.36; Carlson Electric, 1,551.12; Century Link, 702.46; CNA Surety, 100.00; Cross, K, 74.33; Detmer, M, 550.00; Eakes, Inc., 1,580.06; Ecolab, 71.40; EduTrak, LLC, 189.90; ESU 16, 499.00; Hill, J, 55.97; Hometown Leasing, 2,880.33; Huff, K, 357.81; Julesburg Advocate, 58.24; Keith Co. News, 179.49; KSB School Law, 82.00; Lakeshore Learning, 762.40; LaQuinta by Wyndham Kearney, 279.90; Learning Without Tears, 306.30; McGraw-Hill LLC, 874.83; Mid-American Research, 250.17; Midwest Floor Specialists, Inc., 2,840.00; Ne Rural Community Schools, 850.00; Nebraska Council School Administrators, 300.00; Nebraska PrintWorks LLC, 266.18; NPPD (Nebraska Public Power District), 4,000.00; NPPD MLBRY Acct, 77.55; NPPD Plum 2 Acct, 52.63; PSCB Development dba RAS Technology Consultants, Inc., 450.00; Reese Mechanical, 1,350.00; Schneider, D, 457.20; School Outfitters, 554.91; Software Unlimited Inc., 8,400.00; Teacher Synergy LLC, 2,875.00; Time Management System (TMS), 1,488.00; Unum - Colonial Life Insurance Company, 1,603.21; Van Horn, Patsy, 720.00; Verizon Wireless, 176.31; Village Of Big Springs, 2,166.50; Virco, Inc, 1,310.40; Wage Works, Inc., 164.00; WEX Bank, 1,617.99; Wiest Hardware, 67.95; Wilson, Gabriel, 280.00, Payroll: 282,195.84; Building Fund: A-L Tree Service, 4,000.00; Van Zee Heating and Air, 15,427.62.

COMMITTEE REPORTS: EDUCATION: There is a mandatory reporter training available in Ogallala. TRANSPORTATION: The charter bus is in Grant.

Mr. Nick Brost's Principal's Report: Coaches and athletes are busy with summer camps, open gym and summer weights. Thank you to all of our coaches for the time they have spent working with our students during the summer. Activity schedules for 2026-27 are complete. Mrs. Cross has been updating the Butterfly Garden. It is in full bloom and several pollinators have visited. The custodial staff has been working to get our building and grounds ready for students to return in August. Our activity calendar has been moved to Bound for the 2026-27 school year. Denise, Mrs. Starostka and Mr. Brost attended a PowerSchool Rollover day at ESU16 in Ogallala. Upcoming Dates: July 19-22 - Coaches Clinic; July 29-31 - Administrator Days in Kearney; August 10 - First day of Fall Practice; August 17 - First day of school; August 27 - First Cross Country meet at Benkelman; August 28 - First VB and FB games at Wallace.

Mr. David Spencer's Superintendent's Report: The NHS Blood Drive June 25 was a success. The Non-Public SPED Meeting was held June 23, 2026. There was a wrestling room update. State Reports are being filed, thanks to Denise for the hard work getting those filed. Area Membership Meetings will be held on Wednesday, September 2 in North Platte. Classroom updates are coming along. The AR program will be moved to the Beanstack program.

There was discussion about a Superintendent evaluation tool. Motion by Adam Hayward seconded by Amy Stanley to move forward with the NASB Standard Superintendent Evaluation Tool. Motion carried.
Matt Adams: Absent, Amy Stanley: yes, Brian Armstrong: yes, Adam Hayward: yes, Duane Duncan: yes, Tim Van Zee: yes

There was a discussion about the School Wellness Policy #5052 and the Tri-Annual Wellness Policy. Motion by Amy Stanley seconded by Duane Duncan to adopt the School Wellness Policy #5052 and Tri-Annual Wellness Assessment. Motion carried.
Matt Adams: Absent, Adam Hayward: yes, Brian Armstrong: yes, Tim Van Zee: yes, Duane Duncan: yes, Amy Stanley: yes

There was discussion about the four-day school week. Back to School Night will be Tuesday, August 11, 2026.

There was discussion about the KSB Policy Updates. Motion by Adam Hayward seconded by Duane Duncan to adopt KSB policies as recommended with presented changes to 5001 and 5003. Motion carried.
Matt Adams: Absent, Tim Van Zee: yes, Duane Duncan: yes, Amy Stanley: yes, Brian Armstrong: yes, Adam Hayward: yes

There was discussion about cameras in the building. This item was tabled until the next meeting.

There was discussion about the 2026-27 Student, Activities and Staff Handbooks. Motion by Brian Armstrong seconded by Amy Stanley to adopt the 2026-27 Student, Activities and Staff Handbooks with changes as discussed. Motion carried.
Matt Adams: Absent, Tim Van Zee: yes, Duane Duncan: yes, Amy Stanley: yes, Brian Armstrong: yes, Adam Hayward: yes

There was a discussion about the 2026-27 Sandhills Athletic Trainer Contract. Motion by Brian Armstrong seconded by Duane Duncan to accept the Sandhills Athletic Trainer agreement for 2026-27. Motion carried.
Matt Adams: Absent, Amy Stanley: yes, Brian Armstrong: yes, Adam Hayward: no, Tim Van Zee: yes, Duane Duncan: yes

There was discussion about the annual audit. Motion by Amy Stanley seconded by Adam Hayward to accept Rauner & Associates PC audit proposal 14,595. Motion carried.
Matt Adams: Absent, Tim Van Zee: yes, Duane Duncan: yes, Adam Hayward: yes, Amy Stanley: yes, Brian Armstrong: yes

There was a discussion about summer projects to paint the wrestling room by Zink Painting. Motion by Amy Stanley seconded by Brian Armstrong to accept the bid by Zink Painting for the wrestling room for $9,800. Motion carried.
Matt Adams: Absent, Brian Armstrong: yes, Duane Duncan: yes, Tim Van Zee: yes, Amy Stanley: yes, Adam Hayward: no

Review the minutes.

There was no executive session.

The next regular meeting of the SPBOE will be August 10, 2026 at 7:00 PM.

Motion by Adam Hayward seconded by Brian Armstrong to adjourn the meeting. Motion carried.
Matt Adams: Absent, Duane Duncan: yes, Brian Armstrong: yes, Tim Van Zee: yes, Amy Stanley: yes, Adam Hayward: yes

The meeting was adjourned at 9:47 PM.

Adam Hayward, Secretary

Activity Fund Balance Report - Summary - Include Encumbrances

07/2026 - 07/2026

Regular; Beginning Month 07/2026; Processing Month 07/2026; Accounts to Include Accounts with Activity; Active Chart of Account Number True; Fund Balance Account 39 Records Selected; Fund Number 05

Fund: 05 STUDENT ACTIVITY FUND

Chart of Account Number	Chart of Account Description	Beginning Balance	Expenses	Revenues	Outstanding AP	Outstanding PO	Balance Change	Balance
05 704 1000	ATHLETICS	17,388.96	0.00	16,729.95	0.00	0.00	0.00	34,118.91
05 704 1010	CHEERLEADERS	7,038.68	0.00	786.00	0.00	0.00	0.00	7,824.68
05 704 1030	JH ATHLETIC FUND - MEMORIAL MONEY	3,530.00	0.00	0.00	0.00	0.00	0.00	3,530.00
05 704 3010	ART CLUB	243.84	0.00	0.00	0.00	0.00	0.00	243.84
05 704 3020	CROSS COUNTRY	759.23	0.00	0.00	0.00	0.00	0.00	759.23
05 704 3025	GOLF TEAM	188.42	0.00	0.00	0.00	0.00	0.00	188.42
05 704 3030	JR. HIGH BASKETBALL	53.63	0.00	0.00	0.00	0.00	0.00	53.63
05 704 3035	BOYS BASKETBALL TEAM	2,086.38	0.00	0.00	0.00	0.00	0.00	2,086.38
05 704 3037	GIRLS BASKETBALL TEAM	400.88	0.00	0.00	0.00	0.00	0.00	400.88
05 704 3040	SPEECH	1,175.57	0.00	0.00	0.00	0.00	0.00	1,175.57
05 704 3042	WRESTLING	361.31	0.00	0.00	0.00	0.00	0.00	361.31
05 704 3045	FOOTBALL TEAM	7,031.58	0.00	0.00	0.00	0.00	0.00	7,031.58
05 704 3047	VOLLEYBALL TEAM	3,380.09	0.00	0.00	0.00	0.00	0.00	3,380.09
05 704 3050	FFA	13,432.96	0.00	0.00	0.00	0.00	0.00	13,432.96
05 704 3056	SPANISH CLUB	1,510.91	0.00	0.00	0.00	0.00	0.00	1,510.91
05 704 3060	TRACK	214.35	0.00	0.00	0.00	0.00	0.00	214.35
05 704 3065	UNIFIED BOWLING	1,675.38	0.00	0.00	0.00	0.00	0.00	1,675.38
05 704 3080	FBLA	1,155.00	0.00	0.00	0.00	0.00	0.00	1,155.00
05 704 3090	QUIZ BOWL	365.67	0.00	0.00	0.00	0.00	0.00	365.67
05 704 4010	CLASS OF 2030	161.01	0.00	0.00	0.00	0.00	0.00	161.01
05 704 4011	CLASS OF 2031	(46.99)	0.00	0.00	0.00	0.00	0.00	(46.99)
05 704 4030	CLASS OF 2029	2,608.57	0.00	0.00	0.00	0.00	0.00	2,608.57
05 704 4070	CLASS OF2027	2,253.10	0.00	0.00	0.00	0.00	0.00	2,253.10
05 704 4075	CLASS OF 2026	468.02	0.00	0.00	0.00	0.00	0.00	468.02
05 704 4080	CLASS OF 2028	4,401.60	0.00	0.00	0.00	0.00	0.00	4,401.60
05 704 5010	MUSIC	3,227.63	0.00	0.00	0.00	0.00	0.00	3,227.63
05 704 5020	STUDENT ADVISORY COUNCIL FUND BALANCE	311.11	0.00	0.00	0.00	0.00	0.00	311.11
05 704 5030	STUCO	3,911.63	0.00	263.39	0.00	0.00	0.00	4,175.02
05 704 5035	AG STUDIES	1,242.81	0.00	0.00	0.00	0.00	0.00	1,242.81
05 704 5040	IND ART	5,515.79	0.00	0.00	0.00	0.00	0.00	5,515.79
05 704 5045	ONE ACT	6,432.36	0.00	0.00	0.00	0.00	0.00	6,432.36
05 704 5050	YEARBOOK	1,492.21	0.00	0.00	0.00	0.00	0.00	1,492.21
05 704 5055	MEDIA PRODUCTIONS	117.63	0.00	0.00	0.00	0.00	0.00	117.63
05 704 5080	LIFESKILLS	3,605.86	0.00	0.00	0.00	0.00	0.00	3,605.86
05 704 5090	FITNESS CENTER	5,530.69	0.00	50.00	0.00	0.00	0.00	5,580.69
05 704 6030	RECYCLE PROGRAM	5,454.88	0.00	0.00	0.00	0.00	0.00	5,454.88
05 704 6040	SPECIAL PROJECTS	15,566.76	0.00	0.00	0.00	0.00	0.00	15,566.76
05 704 6060	WRESTLING ROOM FUNDS	2,991.32	0.00	0.00	0.00	0.00	0.00	2,991.32
05 704 8000	BANK CHARGES/INTEREST	2,444.78	0.00	60.70	0.00	0.00	0.00	2,505.48
	Fund Total: 05	129,683.61	0.00	17,890.04	0.00	0.00	0.00	147,573.65

South Platte Public Schools
08/03/2026 7:45 PM

Check Reconciliation Report

Batch Description ACT. ACCT RECON 7.2026

Page: 1
User ID: DIM

Batch Description: ACT. ACCT RECON 7.2026 **Processing Month:** 07/2026
Checking Account: 5ACTCFB STUDENT ACTIVITY CHECKING

Check/Reference Number	Description	Date	Amount
	Statement Balance	07/31/2026	148,524.15

Outstanding Checks

Check/Reference Number	Description	Date	Amount
9998	BOYD JOHN	03/18/2026	223.50
10027	EMILY STEGMAN	03/30/2026	227.00
100107	JILLIAN FRERICHS	06/19/2026	500.00
		Total:	950.50

Statement Balance	Outstanding Total	Balance on Books	Cash Account Balance	Difference
148,524.15	(950.50)	147,573.65	147,573.65	0.00

Cleared Automatic Payment Total:	
Cleared Checks Total:	8,262.87
Cleared Direct Deposit Total:	
Cleared Void Total:	
Cleared Cash Receipt Total:	17,890.04
Cleared Manual Journal Entries Total:	
Cleared Sales Journal Total:	

South Platte Public Schools
08/03/2026 7:48 PM

Cash Receipt Listing - Summary

Posted; Batch Description ACT. ACCT RECEIPTS 7.2026; Processing Month 07/2026

Page: 1
User ID: DIM

Receipt Number	Received From ID/Name	Receipt Date	Description	Receipt Key	Amount
		07/08/2026	SPEECH/FITNESS CENTER/NSAA STATE	3077	1,779.95
		07/10/2026	CONCESSIONS - STUCO	3078	263.39
		07/30/2026	FUNDRAISER	3079	786.00
		07/30/2026	INTEREST - JULY	3080	60.70
		07/14/2026	GENERAL FUND TRANS	3081	15,000.00
				Report Total:	17,890.04

South Platte Public Schools
08/05/2026 2:03 PM

General Ledger Distribution Report - Summary

Posted; Chart of Account Number 01 2190%; Payroll Type Extra,Pay Off Contracts,Regular,Void; Processing Month 08/2026

User ID: LAW

Fund: 01 GENERAL FUND

Chart of Account Number	Transaction Description	Debit	Credit	Net Change	**Reimb** Coding	**Lunch Reimb ACCOUNT**	
01 2190 110 000	PR Salary Expense	2,781.12	0.00	2,781.12	2,781.12	06 3100 110 000	Reg Salaries
01 2190 210 000	PR Deduction Expense	1,311.65	0.00	1,311.65	1,311.65	06 3100 210 000	Insurance Health/Dental
01 2190 220 000	PR Tax Expense	216.59	2.06	214.53	214.53	06 3100 220 000	FICA
01 2190 230 000	PR Deduction Expense	203.64	0.00	203.64	203.64	06 3100 230 000	Retirement
01 2190 237 000	PR Deduction Expense	20.31	0.00	20.31	20.31	06 3100 237 000	Retirement Extra Contrib
01 2190 280 000	PR Deduction Expense	237.05	0.00	237.05	237.05	06 3100 280 000	Other Employee Benefit
	Fund 01	4,770.36	2.06	4,768.30	4,768.30		

$ 4,768.30

August 2026 Nutrition Wages Expense Reimbursement

	August 2026			
	Statement of Account Standing		**Cash on Hand as of**	
	(Current Month)			
			August 6, 2026	
July 31, 2026	**General Fund 01 Bank Bal Cash**	**$ 1,635,434.08**		
	General Fund Taxes & other funds Received (Month to date)	$ 20,517.20		
	Payroll Expenses (Total Current Month)	$ (277,871.95)		
	# Employees- 42 EE, 26 Payee Records			
	General Fund Expenses Current Month	$ (176,295.67)		
Total Payroll and Claims Gen Fund	-$454,167.62			
	General Fund O/S Checks	$ (33,524.76)		
August 6, 2026	**General Fund: CASH ON HAND**		**$ 1,168,258.90**	
July 31, 2026	Money Market Fund 01 Account: Bal Cash (Cash on Hand)		**$ 34,660.78**	
July 31, 2026	Cert of Deposit Gen Fund 01 from CFB (Cash on Hand)		**$ 150,000.00**	
July 31, 2026	Depreciation Account: Fund 02 Bal Cash (Cash on Hand)		**$ 66,624.76**	
July 31, 2026	Benefit Account Fund 03: Bal Cash (Cash on Hand)		**$ 7,586.79**	
July 31, 2026	Unemployment Account: Fund 03 Bal Cash (Cash on Hand)		**$ 31,022.33**	
July 31, 2026	FLEX Spending Account: Fund 03 Bal Cash (Cash on Hand)		**$ 9,648.12**	
July 31, 2026	**Activity Fund 05 Bank Balance**	**$ 148,524.15**		
	Activity Fund Rects - Unknown			
	Activity Fund Expenses - Unknown			
	Activity Fund Outstanding Checks	$ (950.50)		
August 6, 2026	**Act Fund: Available CASH ON HAND (ESTIMATE) See Official Activity Fund Report**		**$ 147,573.65**	
July 31, 2026	**Lunch Fund 06 Cash Bal**	$ 24,286.36		
	Lunch Fund Deposits Received to Date	$ -		
	Lunch Fund Expenses Current Month	$ (597.91)		
	Lunch Fund Payroll Reimbursement	$ (4,768.30)		
	Lunch Fund Outstanding Checks			
July 31, 2026	**Lunch Fund: CASH ON HAND**		**$ 18,920.15**	
July 31, 2026	**Bond Fund 07 Cash Bal**	$ 669,518.82		
	Bond Fund Taxes Received to Date	$ 1,029.03		
	Bond Fund O/S Claims	$ -		
	Bond Fund Expenses Current Month	$ -		
August 6, 2026	**Bond Fund: CASH ON HAND**		**$ 670,547.85**	
July 31, 2026	**Building Fund 08 Cash Bal**	$ 106,344.81		
	Building Fund Taxes Received to Date	$ 230.02		
	Building Fund Expenses Current Month	$ (14,782.89)		
August 6, 2026	**Building Fund: CASH ON HAND**		**$ 91,791.94**	
August 6, 2026	**TOTAL CASH IN ALL BANKS**			**$2,442,875.27**

	July 2026			
	Statement of Account Standing		**Cash on Hand as of**	
	(Previous Month)			
			July 8, 2026	
June 30, 2026	**General Fund 01 Bank Bal Cash**	**$ 1,948,700.13**		
	General Fund Taxes & other funds Received (Month to date)	$ 34,442.32		
	Payroll Expenses (Total Current Month)	$ (282,195.84)		
	# Employees- 46 EE, 27 Payee Records			
	General Fund Expenses Current Month	$ (67,176.79)		
Total Payroll and Claims Gen Fund	-$349,372.63			
	General Fund O/S Checks			
July 8, 2026	**General Fund: CASH ON HAND**		**$ 1,633,769.82**	
June 30, 2026	Money Market Fund 01 Account: Bal Cash (Cash on Hand)		**$ 33,157.60**	1495.89(Int) July 8*
June 30, 2026	Cert of Deposit Gen Fund 01 from CFB (Cash on Hand)		**$ 150,000.00**	
June 30, 2026	Depreciation Account: Fund 02 Bal Cash (Cash on Hand)		**$ 66,562.05**	
June 30, 2026	Benefit Account Fund 03: Bal Cash (Cash on Hand)		**$ 7,583.57**	
June 30, 2026	Unemployment Account: Fund 03 Bal Cash (Cash on Hand)		**$ 31,015.74**	
June 30, 2026	FLEX Spending Account: Fund 03 Bal Cash (Cash on Hand)		**$ 8,628.30**	
			$ 1,495.89	*
June 30, 2026	**Activity Fund 05 Bank Balance**	**$ 138,896.98**		
	Activity Fund Rects - Unknown			
	Activity Fund Expenses - Unknown			
	Activity Fund Outstanding Checks	$ (9,213.37)		
July 8, 2026	**Act Fund: Available CASH ON HAND (ESTIMATE) See Official Activity Fund Report**		**$ 129,683.61**	
June 30, 2026	**Lunch Fund 06 Cash Bal**	$ 28,341.84		
	Lunch Fund Deposits Received to Date	$ -		
	Lunch Fund Expenses Current Month	$ -		
	Lunch Fund Payroll Reimbursement	$ (4,217.25)		
	Lunch Fund Outstanding Checks			
June 30, 2026	**Lunch Fund: CASH ON HAND**		**$ 24,124.59**	
June 30, 2026	**Bond Fund 07 Cash Bal**	$ 666,222.33		
	Bond Fund Taxes Received to Date	$ 2,641.91		
	Bond Fund O/S Claims	$ 2,641.91		
	Bond Fund Expenses Current Month	$ -		
July 8, 2026	**Bond Fund: CASH ON HAND**		**$ 671,506.15**	
June 30, 2026	**Building Fund 08 Cash Bal**	$ 125,053.85		
	Building Fund Taxes Received to Date	$ 602.49		
	Building Fund Expenses Current Month	$ (19,427.62)		
July 8, 2026	**Building Fund: CASH ON HAND**		**$ 106,228.72**	
July 8, 2026	**TOTAL CASH IN ALL BANKS**			**$2,909,967.04**

	August 2025			
	Statement of Account Standing		**Cash on Hand as of**	
	(Previous Year)			
			August 6, 2025	
July 31, 2025	**General Fund 01 Bank Bal Cash**	**$ 1,518,725.93**		
	General Fund Taxes Received(Month to date)	$ 15,449.35		
	Payroll Expenses(Total Current Month)			
	# Employees- 46 EE, 31 Payee Records	$ (274,186.12)		
	General Fund Expenses Current Month	$ (215,601.47)		
Total Payroll and Claims Gen Fund	-$489,787.59			
	General Fund O/S Checks	$ (1,349.81)		
August 6, 2025	**General Fund: CASH ON HAND**		**$ 1,043,037.88**	
July 31, 2025	Money Market Fund 01 Account: Bal Cash (Cash on Hand)		**$ 79,194.68**	
July 31, 2025	Cert of Deposit Gen Fund 01 from CFB (Cash on Hand)		**$ 50,000.00**	
July 31, 2025	Depreciation Account: Fund 02 Bal Cash (Cash on Hand)		**$ 66,081.37**	
July 31, 2025	Benefit Account Fund 03: Bal Cash (Cash on Hand)		**$ 7,550.11**	
July 31, 2025	Unemployment Account: Fund 03 Bal Cash (Cash on Hand)		**$ 30,674.02**	
July 31, 2025	FLEX Spending Account: Fund 03 Bal Cash (Cash on Hand)		**$ 11,559.94**	
July 31, 2025	**Activity Fund 05 Bank Balance**	$ 110,791.09		
	Activity Fund Rects - Unknown			
	Activity Fund Expenses - Unknown			
	Activity Fund Outstanding Checks	**$ (5,071.42)**		
August 6, 2025	**Act Fund: Available CASH ON HAND (ESTIMATE) See Official Activity Fund Report**		**$ 105,719.67**	
July 31, 2025	**Lunch Fund 06 Cash Bal**	$ 16,133.97		
	Lunch Fund Deposits Received to Date			
	Lunch Fund Expenses Current Month	$ (7,750.63)		
	Lunch Fund Payroll Reimbursement	$ (2,790.06)		
	Lunch Fund Outstanding Checks	$ (57.68)		
July 31, 2025	**Lunch Fund: CASH ON HAND**		**$ 5,535.60**	
July 31, 2025	**Bond Fund 07 Cash Bal**	$ 645,934.49		
	Bond Fund Taxes Received to Date	$ 98.03		
	Bond Fund O/S Claims	$ -		
August 6, 2025	**Bond Fund: CASH ON HAND**		**$ 646,032.52**	
July 31, 2025	**Building Fund 08 Cash Bal**	$ 63,097.89		
	Building Fund Taxes Received to Date	$ 530.20		
	Building Fund Expenses Current Month	$ -		
August 6, 2025	**Building Fund: CASH ON HAND**		**$ 63,628.09**	
August 6, 2025	**TOTAL CASH IN ALL BANKS**			**$2,154,888.88**

Payee Type: Vendor **Check Type: Automatic Payment** **Checking Account ID: 011GENFDAB**

Check Number	Check Date	Cleared	Void	Void Date	Entity ID	Entity Name	Check Amount
9137663	08/10/2026				AMAZCAPITA	Amazon Capital Services, Inc.	4,690.21
9137664	08/10/2026				BHENERGY	Black Hills Energy	500.00
9137665	08/10/2026				CARDSERV	Card Service Center	1,300.66
9137666	08/10/2026				NPPD	NPPD (Nebraska Public Power District)	3,500.00
9137667	08/10/2026				NPPDMLBRY	NPPD MLBRY Acct	77.55
9137668	08/10/2026				NPPDPLUM2	NPPD Plum 2 Acct	52.63
9137669	08/10/2026				UNUM	Unum - Colonial Life Insurance Company	1,604.20
9137670	08/10/2026				WEXBANK	WEX Bank	620.75

Checking Account ID: 011GENFDAB | Void Total: 0.00 | Total without Voids: 12,346.00

Check Type Total: Automatic Payment | Void Total: 0.00 | Total without Voids: 12,346.00

Payee Type: Vendor **Check Type: Check** **Checking Account ID: 011GENFDAB**

Check Number	Check Date	Cleared	Void	Void Date	Entity ID	Entity Name	Check Amount
139275	08/10/2026				ALSLOCK	Al's Lock and Safe Inc.	480.00
139276	08/10/2026				CARLSON	Carlson Electric	1,517.28
139277	08/10/2026				CAROLINABI	Carolina Biological Supply Company	256.00
139278	08/10/2026				EAKESOFFIC	Eakes, Inc./dba Eakes Office Solutions	1,387.95
139279	08/10/2026				ECOLAB	Ecolab	77.11
139280	08/10/2026				ESU16	ESU 16	23,000.00
139281	08/10/2026				HEALTHYROS	Healthy Roster	1,213.11
139282	08/10/2026				JOHNDYLA	Dylan Johnson	550.00
139283	08/10/2026				JOURNEYED	JourneyEd.Com, Inc	500.00
139284	08/10/2026				KCN	Keith Co. News	105.24
139285	08/10/2026				MEADL	Mead Lumber	77.82
139286	08/10/2026				NACIA	Nebraska Association for Curriculum, Assessment and Instruction	80.00
139287	08/10/2026				NEBLIFE	Nebraska Life Magazine	56.00
139288	08/10/2026				OGALFLO	OGALLALA FLOWER SHOP	41.88
139289	08/10/2026				SW	S & W Auto Supply	144.72
139290	08/10/2026				SCHOOLSP	School Specialty LLC	145.40
139291	08/10/2026				STUDWEEK	Studies Weekly	112.93
139292	08/10/2026				TRUHILT	Tru by Hilton	158.86
139293	08/10/2026				VANHORN	Patsy Van Horn	1,180.00
139294	08/10/2026				VANZEE	Van Zee Heating and Air	864.00
139295	08/10/2026				VERIZON	Verizon Wireless	185.69
139296	08/10/2026				WIEST	Wiest Hardware	4,131.65
139297	08/10/2026				ZEPTIVEINC	Zeptive, Inc.	1,242.00
139298	08/10/2026				ZOOBEAN	ZOOBEAN	5,485.00

Checking Account ID: 011GENFDAB | Void Total: 0.00 | Total without Voids: 42,992.64

Check Type Total: Check | Void Total: 0.00 | Total without Voids: 42,992.64

Payee Type: Vendor **Check Type: Direct Deposit** **Checking Account ID: 011GENFDAB**

Check Number	Check Date	Cleared	Void	Void Date	Entity ID	Entity Name	Check Amount
4363	08/10/2026				CENTLINK	Century Link	710.92
4364	08/10/2026				HOMETOWN	Hometown Leasing	2,880.33
4365	08/10/2026				SPBUILDING	SP Building Fund	110,000.00
4366	08/10/2026				WILSGABE	Gabriel Wilson	400.00
4367	08/10/2026				GALLASHL	Ashley Gallentine	430.19
4368	08/10/2026				JWPEPPER	JWPepper	507.11
4369	08/10/2026				POWERSCHOO	PowerSchool Group LLC	3,000.00
4370	08/10/2026				SCHESTEP	Stephanie Scherbarth	362.99
4371	08/10/2026				SCHNDARC	Darci Schneider	92.80
4372	08/10/2026				SPENDAVI	David Spencer	242.15
4373	08/10/2026				VILLAGEBS	Village Of Big Springs	2,061.05
4374	08/10/2026				HEALTHEQFL	Wage Works, Inc.	164.00
4375	08/10/2026				WILSLISA	Lisa Wilson	105.49

Checking Account ID: 011GENFDAB | Void Total: 0.00 | Total without Voids: 120,957.03

Check Type Total: Direct Deposit | Void Total: 0.00 | Total without Voids: 120,957.03

Payee Type Total:	Vendor	Void Total:	0.00	Total without Voids:	176,295.67
	Grand Total:	Void Total:	0.00	Total without Voids:	176,295.67

Payee Type: Vendor **Check Type: Check** **Checking Account ID: 8BLDGFCF**

Check Number	Check Date	Cleared	Void	Void Date	Entity ID	Entity Name			Check Amount
1128	08/10/2026				SNELL	Snell Services, Inc.			4,982.89
1129	08/10/2026				ZINKPAINTI	Zink Painting LLC			9,800.00
	Checking Account ID:	8BLDGFCF				Void Total:	0.00	Total without Voids:	14,782.89
	Check Type Total:	Check				Void Total:	0.00	Total without Voids:	14,782.89
	Payee Type Total:	Vendor				Void Total:	0.00	Total without Voids:	14,782.89
		Grand Total:				Void Total:	0.00	Total without Voids:	14,782.89

All Lines Inter-local Cooperative Aggregate Pool

The All Lines Inter-local Cooperative Aggregate Pool (ALICAP) is an alternative risk financing mechanism which has allowed a group of Nebraska schools, like yourselves, to pool together their insurance contributions to fund losses, negotiate broader coverages, manage expenses, and realize investment return.

Rather than purchasing insurance from the standard marketplace, these schools have elected to manage and operate their own insurance company by purchasing excess and reinsurance over large retentions and deductibles. This program structure allows these schools to finance their insurance risks like a large self-insurer, and purchase insurance like a guaranteed cost transfer method.

The contributions to a loss fund allow the necessary dollars to be set aside, while earning investment income to pay the retentions. Excess premiums are collected to pay aggregate insurance costs over and above retentions and the actuarially predicted loss funds.

ALICAP operates under a “Certificate of Authority” approved by the Nebraska Department of Insurance, governed by the NASB State Board of Directors, and managed by a Board of Trustees. The boards’ decisions are based on an approved set of By-Lays and a Participation Agreement that the NASB Workers’ Compensation Pool operated under since its inception in 1990.

The list of school districts participating in ALICAP, either by purchasing workers compensation or all lines of property & liability coverage, is noted in the ALICAP Annual Report. These schools have benefited greatly from their long-term commitment to the pool. They have earned more than $31,000,000 in dividends against future contributions and maintained control over their losses within the laws of the State of Nebraska.

We ask that you review the program definitions enclosed and the color graph. Please feel free to call Sheri Shonka at Public Risk Management, (402) 884-3751 if you have any questions.

NEBRASKA

Good Life. Great Opportunity.

DEPARTMENT OF INSURANCE

Governor Jim Pillen

CERTIFICATE OF AUTHORITY

NASB ALL LINES INTERLOCAL COOPERATIVE AGGREGATE POOL (ALICAP)

DOMICILED IN THE STATE OF NEBRASKA

IS HEREBY AUTHORIZED AND LICENSED IN NEBRASKA TO TRANSACT THE BUSINESS AS A INTERGOVERNMENTAL RISK MANAGEMENT POOL IN THE STATE OF NEBRASKA AS DESCRIBED BY CHAPTER 44 OF THE INSURANCE STATUTES OF NEBRASKA:

59223861	May 01, 2024	April 30, 2025
NEBRASKA IDENTIFICATION NUMBER	**DATE ISSUED**	**DATE EXPIRES**

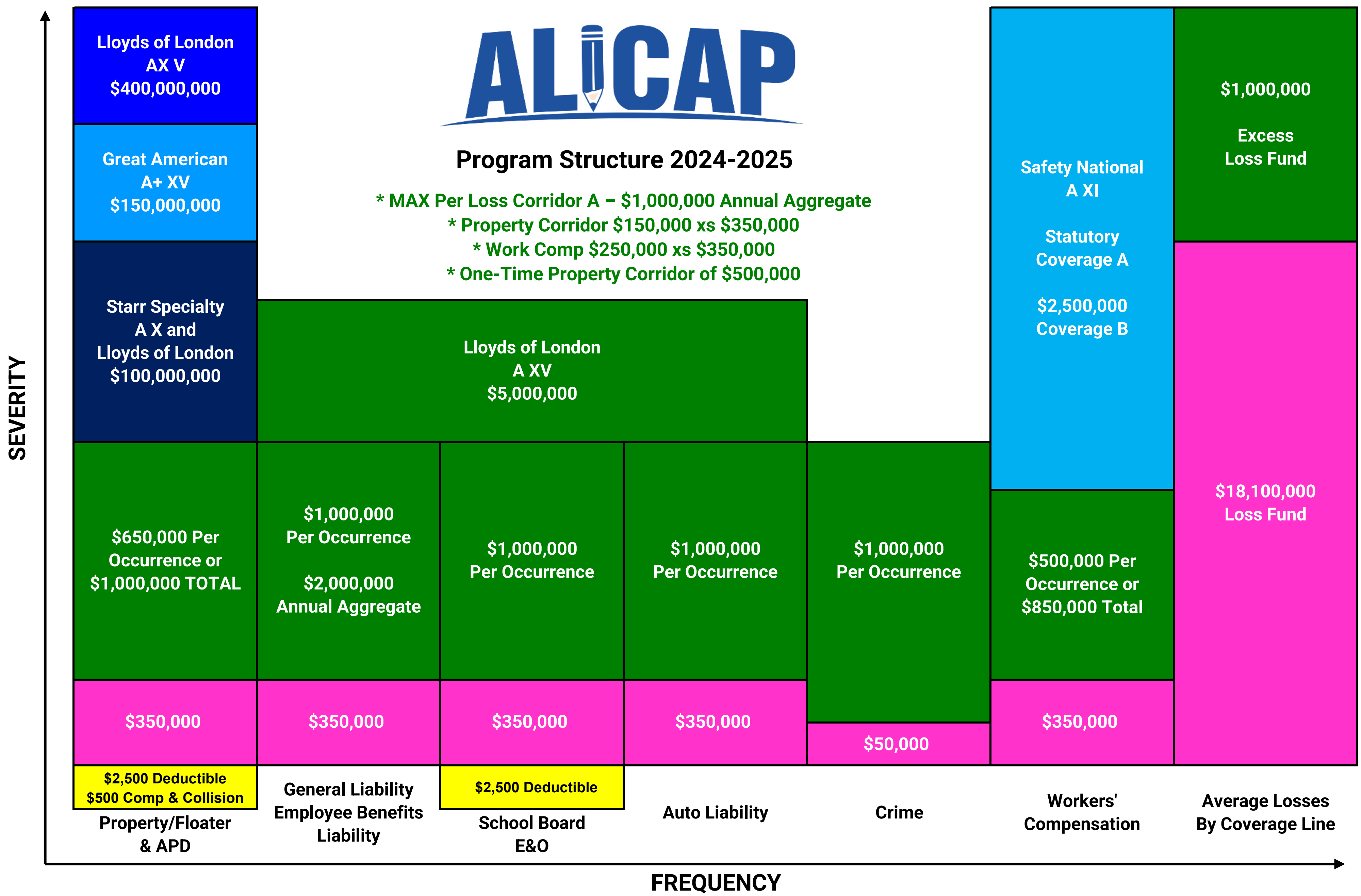
Eric Dunning
Director of Insurance

Eric Dunning, Director

Department of Insurance

1526 K Suite 200
PO Box 95087
Lincoln, Nebraska 68509-5087

OFFICE 402-471-2201 FAX 402-471-4610
www.doi.nebraska.gov


ALICAP
Program Structure 2024-2025
* MAX Per Loss Corridor A – $1,000,000 Annual Aggregate
* Property Corridor $150,000 xs $350,000
* Work Comp $250,000 xs $350,000
* One-Time Property Corridor of $500,000
SEVERITY
FREQUENCY
Lloyds of London AX V $400,000,000
Great American A+ XV $150,000,000
Starr Specialty A X and Lloyds of London $100,000,000
$650,000 Per Occurrence or $1,000,000 TOTAL
$350,000
$2,500 Deductible $500 Comp & Collision
Property/Floater & APD
Lloyds of London A XV $5,000,000
$1,000,000 Per Occurrence $2,000,000 Annual Aggregate
$350,000
General Liability Employee Benefits Liability
$1,000,000 Per Occurrence
$350,000
$2,500 Deductible
School Board E&O
$1,000,000 Per Occurrence
$350,000
Auto Liability
$1,000,000 Per Occurrence
$50,000
Crime
Safety National A XI
Statutory Coverage A
$2,500,000 Coverage B
$500,000 Per Occurrence or $850,000 Total
$350,000
Workers' Compensation
$1,000,000
Excess Loss Fund
$18,100,000 Loss Fund
Average Losses By Coverage Line

PROGRAM DEFINITIONS
(see graph)

Self Insured Retention (SIR) (pink)

The predetermined amount of risk that will be assumed by the NASB All Lines Aggregate for any one occurrence of loss.

Specific Excess (green)

The amount of insurance placed to protect against any one single catastrophic occurrence.

Loss Fund (pink)

The maximum amount that the NASB All Lines Aggregate expects to pay in losses for a given coverage year. Once this fund is exhausted, the Aggregate Excess coverage applies to the SIRs subject to any applicable maintenance deductibles.

Excess Loss Fund (green)

The amount of insurance purchases to cap the amount of risk retained within a given coverage year.

Secondary Excess Insurance (blue)

The amount of insurance above the primary excess necessary to adequately cover all exposures.

Program Costs

The costs associated with the NASB "All Lines Aggregate" program may be broken down into *Fixed Cost* (purchasing excess insurance, handling claims and administration), and *Variable Cost* of the losses within the self-insured retention.

Your money is spent only as claims are paid. If you fail to pay out the pre-funded loss fund, these monies with investment income will be returned to the participants as dividends.

Congratulations on becoming an owner of ALICAP!

Instructions for New Member

- The All Lines Interlocal Cooperative Aggregate Pool (ALICAP) requires that your school board adopt the pool agreement by signing and returning the Resolution of Commitment form.

- The Uninsured and Underinsured Motorists law of Nebraska requires that Uninsured and Underinsured Motorists Coverage be provided at a limit equal to the State's Financial Responsibility law. Please sign the Commercial Automobile Application Supplement.

- Complete the Supplementary Application for School Leaders Errors & Omissions on behalf of the board members, central office administrators, school district principal's and legal counsel. This form protects your fellow members of ALICAP from responding to any Errors and Omissions claim which should have been reported to the previous insurance carrier. This form eliminates the need to purchase an extended reporting endorsement from your previous School Board Legal Liability carrier.

- Complete the ALICAP Cybersecurity Questionnaire and sign it.

- Complete the IronEnviro (SPILLS) Application and sign it.

- Complete the Sexual Abuse Liability Application and sign it.

Thank you for taking the time to complete this information. Once we receive the electronic copy, we will begin to enroll your district into ALICAP. Please feel free contact me if you have any questions.

Sheri Shonka
Managing Director

Public Risk Management
3528 Dodge Street, Suite 120 | Omaha, NE 68131
Direct: (402) 884-3751
sheri.shonka@prmne.com

NASB
All Lines Interlocal Cooperative Aggregate Pool (ALICAP)

Member Resolution of Commitment

WHEREAS, LB398 passed by the 1987 Nebraska Legislature created the Intergovernmental Risk Management Act; and

WHEREAS, __________________ School District, believes it is in the best interest of its citizens to join with other Nebraska school districts in establishing a property, general liability, automobile, crime, dishonesty, school board liability and workers compensation pool; and

WHEREAS, the NASB Pool is established by school districts for the benefit of school district citizens; and

THEREFORE BE IT RESOLVED, that the _________________ School District hereby:

1. Approves the document entitled "Participation Agreement"; and
2. Enters into the Agreement for the formation of and participation in the NASB All Lines lnterlocal Cooperative Aggregate Pool; and,
3. Designates _________________________ to sign the Formation Agreement with the Pool on behalf of the school district

Passed and approved this ____________ day of _____________________, 2026

_______________________________________ School Board

____
Signature

____
Please print name and title

COMMERCIAL AUTOMOBILE
APPLICATION SUPPLEMENT

NEBRASKA

(To be completed and signed by the Named Insured)

NAME	POLICY NO.

The Uninsured and Underinsured Motorists law of Nebraska requires that Uninsured and Underinsured Motorists Coverage be provided at a limit at least equal to the state's Financial Responsibility law. You may purchase Uninsured and Underinsured Motorists Coverage with a limit up to your policy's liability insurance limit if you submit a signed application.

Please study this sheet carefully to help you decide what coverage you need to fulfill your insurance requirements.

FOR A MORE DETAILED DESCRIPTION OF THESE COVERAGES, REFER TO YOUR POLICY.

UNINSURED AND UNDERINSURED MOTORISTS COVERAGE

Uninsured and Underinsured Motorists Coverage provides coverage for (1) damages for bodily injury which an insured is legally entitled to recover from the owner or operator of a motor vehicle for which there is no bodily injury liability insurance or bond applicable at the time of the accident, and (2) damages for bodily injury which an insured is legally entitled to recover from the owner or operator of a motor vehicle to which a bodily injury liability policy applies at the time of the accident but its limit for bodily injury liability is either (a) not enough to pay the full amount the insured is legally entitled to recover as damages, or (b) reduced by payments to persons other than an insured injured in the accident to less than the full amount the Insured Is legally entitled to recover as damages.

In accordance with the laws of Nebraska, your automobile liability or motor vehicle liability policy shall automatically include Uninsured and Underinsured Motorists Coverage for damages for bodily injury Which the insured may be entitled to recover from the owner or operator of an uninsured or underinsured motor vehicle, in the minimum amount of $25,000 each person / $50,000 each accident. Alternatively, you may select higher limits, up to the bodily injury policy liability limits, by indicating that selection below. Please select one of the following options:

- ☐ Uninsured and Underinsured Motorists Coverage at the minimum limits shown above
- ☐ Uninsured and Underinsured Motorists Coverage at a limit equal to my liability insurance limit
- ☑ Uninsured and Underinsured Motorists Coverage limit of $ 50,000 CSL *(may not exceed your liability insurance limit)*

Please be sure to read, fill out, sign, and return this Supplemental Application to your agent or broker. The choice you make will apply to any policy which renews, changes, supersedes, or replaces your existing policy, or any policy for which you may be applying unless you request a change to your coverage in writing. By signing below and/or paying any premium, you have evidenced your actual knowledge and understanding of the availability of these benefits and limits as well as the benefits and limits you have selected.

Signature of Named Insured ______________________ Date ____________

Signature of Agent ______________________ Date ____________

Supplementary Application

School Leaders Errors & Omissions Policy

This form will be attached to and form part of the Application of Insurance. The Insured(s) represent that the Application and this statement are the basis of the insurance applied for and are to be considered as incorporated into and constituting part of the policy issued. These statements are material to the acceptance of the risk assumed by the Company and the policy is issued in reliance upon the truth of those representations.

I/we hereby warrant that I/we have made reasonable and diligent inquiry of the following persons:

1) All School District Board Members
2) All Central Office Administrators
3) All School District Principals
4) Legal Counsel to persons listed in 1, 2, & 3 above

and that no circumstances are now known which have not been reported to my/our current Insurer which could lead to a claim under the insurance policy for which I/we are now proposing, or for any subsequent renewal of our policy. A copy of the notices of any circumstances that have been reported to my/our Insurer is attached.

The company agrees, subject to the other policy provisions, that if the above warranty is complied with and solely with respect to prior knowledge of circumstances which may lead to a claim, it will not disclaim coverage under this policy for claims which arise from incidents which were known to any Insured person(s) other than those stated in 1, 2, 3, or 4 above at the time the Insured submitted the Application for this insurance providing reasonable and diligent inquiry was first made by the Insured(s).

____
School District

____
Signature

____
Title

____
Date

ALICAP Cybersecurity Questionnaire

Please provide responses below concerning the Information Technology (IT) environment of your school district. Responses should be accurate as of the date that the application was completed. If your school district or ESU plans to make changes to its IT environment, please describe those plans in the "Other Controls & Preventative Measures" section, below.

*To obtain **qualified** status, Beazley requires "Yes" responses to all cybersecurity questions (penetration testing must be conducted).*

General Information

School District:	
Average Daily Attendance:	
Gross Operating Expenditures:	

Cybersecurity Questions

		Yes / No / Partial
1a.	Do you use an Endpoint Protection Platform?	--
1b.	If yes, what vendor?	
2.	Do you enforce multi-factor authentication for all ordinary user accounts when accessing your network remotely?	--
3.	Do you enforce multi-factor authentication for users accessing web-based email?	--
4.	Are multi-factor authentication settings enabled for access to privileged accounts or files?	--
5.	Have you implemented Endpoint Detection and Response security tools?	--
6.	If you have any end-of-life software on your network is the software segregated from the rest of the network?	--
7.	Do you have a Security Operations Center managed by an external 3rd party?	--
8.	Do you deny all Server Message Block inbound communications to servers except where there is an identified business need?	--
9a.	Do you have a firewall at network perimeter?	--
9b.	Do you have a firewall internally within the network?	--
10.	How often do you (or a 3rd party on your behalf) conduct penetration testing on your network? *Options: Never / Annually / 2-3x per year / 4x or more*	--
11.	Are host based and network firewalls configured to disallow inbound connections by default?	--
12.	Do you conduct regular phishing training and testing for all users?	--

13. Are advanced threat protection settings enabled for all email users?	--
14. Are incoming emails and communications filtered for malicious links/attachments?	--
15. Are external emails and communications marked to alert users of their external origin?	--
16. Have you implemented any of the following controls: DKIM; SPF; DMARC?	--

Other Controls & Preventative Measures

Please use the space below to clarify any answers above that may be incomplete or require additional detail. Please also describe any additional steps your organization takes to detect, prevent, and recover from ransomware attacks (e.g., segmentation of your network, additional security controls, external security services, etc.).

School District:

Superintendent:

IT/Technology Director:

Date Completed:

Signature:

Ironshore
Insurance Services, LLC

IronEnviro Site Pollution Incident Legal Liability Select (SPILLS) Application

THIS IS AN APPLICATION FOR A CLAIMS-MADE POLICY. PLEASE REVIEW THE APPROPRIATE POLICY CAREFULLY.

INSTRUCTIONS:

- Please print or type clearly.
- Please answer all questions and those applicable to the coverages requested. If any questions in those sections do not apply, please answer "NA."
- If additional supporting documentation is needed to answer the questions completely, please reference in the application and attach the additional supporting documentation.
- The application must be signed and dated by a duly authorized executive, officer, owner, or principal of the applicant.

GENERAL APPLICANT INFORMATION:

Named Insured:

Mailing Address:

1. Is the applicant interested in receiving loss control support and/or training services provided by Ironshore?
_____Yes _____No. If yes, please provide an email address for the facility manager or other appropriate contact.

Email Address:

2. Does the applicant hold any property, i.e. vacant land, for development?_____Yes _____No. If yes, please attach explanation.

3. Does the applicant anticipate any development activities during the policy period? _____Yes _____No. If yes, please attach explanation.

CLAIMS / WARRANTY STATEMENTS:

A. CLAIMS:

1. In the last five (5) years, has the applicant had any reportable releases or spills of hazardous substances or hazardous wastes, or any other pollutants as defined by applicable environmental statutes or regulations?_____Yes _____No. If yes, please attach explanation.

2. In the last five (5) years, has the applicant received any notices of violation, fines, penalties, complaints or other enforcement actions regarding compliance with environmental laws?_____Yes _____No. If yes, please attach explanation.

3. In the last five (5) years, has the applicant been prosecuted or is the applicant currently being prosecuted for contravention or any standard of law relating to the release or threatened release of a hazardous substance, hazardous waste or other pollutant as defined by applicable environmental statutes or regulations?_____Yes _____No. If yes, please attach explanation.

4. Are you aware of any past or present contamination on-site or emanating from the site(s) or any circumstance which may reasonably be expected to give rise to a claim or generate a request for coverage under this policy?_____Yes _____No. If yes, please attach explanation.

5. Have any claims been made or legal actions (including regulatory actions) been brought against you in the past 5 years which relate in any way to an actual or alleged pollution release (including mold matter and legionella) or water intrusion?
_____Yes _____No. If yes, please attach explanation.

B. INDOOR AIR QUALITY:

1. Have any water or indoor air quality related construction/maintenance defects been encountered (including but not limited to HVAC system problems, leaks in the roof, windows, or siding, as well as broken plumbing or sewer backups) ?_____Yes _____No. If yes, please attach explanation.

2. Does the applicant have a mold/microbial matter operations and maintenance (O&M) plan and/or water intrusion O&M plan? _____Yes _____No. If yes, please provide a copy.

3. Have any Indoor Air Quality (IAQ) /mold inspections or evaluations been done at a proposed location?_____Yes _____No. If yes, please provide a copy.

4. Have any complaints ever been made by a third party relating to indoor air quality, mold, or legionella problems at a proposed location? _____Yes _____No. If yes, please attach explanation fully and include cause of loss, mitigation of loss and any costs associated with the loss.

5. Do you have a formal process in place to document and track IAQ and/or mold complaints?_____Yes _____No.

6. Do you have employees on-site and dedicated to the management of the proposed locations?_____Yes _____No. If yes, have the employees undergone specific training with regards to IAQ and/or mold?_____Yes _____No.

7. Have any of the proposed locations had an IAQ and/or mold problem that cost more than $25,000 to remediate?_____Yes _____No.

8. Does the applicant have protocols in place specific to when the schools are not in session to inspect and maintain the facilities? _____Yes _____No. If yes, please provide a copy.

C. WARRANTY:

1. Does the applicant know of any fact, situation or circumstance that could result in a claim(s) being made against your company or any other entity that is requesting coverage? _____Yes _____No. If yes, please attach explanation.

D. ACKNOWLEDGEMENT OF SHARED LIMITS:

THE UNDERSIGNED UNDERSTANDS, AGREES TO, AND ACKNOWLEDGES, THAT THIS POLICY CONTAINS A POLICY AGGREGATE LIMIT OF LIABILITY THAT IS ACCEPTED AND SHARED BY ALL OF THE APPLICANTS WHO ARE OR MAY BECOME AN INSURED HEREUNDER. IN VIEW OF THE OPERATION AND NATURE OF THIS SHARED POLICY AGGREGATE LIMIT OF LIABILITY, THE APPLICANT UNDERSTANDS AND AGREES THAT PRIOR TO FILING A CLAIM UNDER THIS POLICY, THE POLICY AGGREGATE LIMIT OF LIABILITY MAY BE EXHAUSTED OR REDUCED BY PRIOR PAYMENTS FOR OTHER CLAIMS UNDER THIS POLICY. AS A RESULT, THERE MAY BE NO AVAILABLE LIMIT TO PAY THE APPLICANT'S CLAIM, REGARDLESS OF WHETHER ANY LOSS, BUSINESS INTERRUPTION EXPENSE OR EXTRA EXPENSE HAS BEEN PAID ON SUCH APPLICANT'S BEHALF.

IT IS AGREED BY THE APPLICANT (AND THE ENTITY(IES) REQUESTING COVERAGE) THAT THE PARTICULARS AND STATEMENTS MADE IN THIS APPLICATION, TOGETHER WITH ALL ATTACHMENTS TO THIS APPLICATION AND ANY OTHER MATERIALS SUBMITTED TO THE INSURER (ALL OF WHICH ATTACHMENTS AND MATERIALS SHALL BE DEEMED ATTACHED TO THE POLICY AS IF PHYSICALLY ATTACHED THERETO), SHALL BE THE REPRESENTATIONS AND WARRANTIES OF THE APPLICANT (AND THE ENTITY(IES)REQUESTING COVERAGE) AND SHALL BE DEEMED TO BE MATERIAL TO THE ACCEPTANCE OF THE RISK OR THE HAZARD ASSUMED BY THE INSURER UNDER THIS POLICY. IT IS FURTHER AGREED BY THE APPLICANT (AND THE ENTITY(IES)REQUESTING COVERAGE) THAT THE PROPOSED POLICY, IF ISSUED, IS ISSUED IN RELIANCE UPON THE TRUTH AND ACCURACY OF SUCH REPRESENTATIONS AND WARRANTIES WHICH ARE INCORPORATED INTO AND MADE A PART OF SUCH POLICY.

THE UNDERSIGNED APPLICANT WARRANTS THAT THE STATEMENTS SET FORTH IN THIS APPLICATION AND ITS ATTACHMENTS AND OTHER MATERIALS SUBMITTED TO THE INSURER ARE TRUE AND CORRECT.

ACCEPTING THIS APPLICATION DOES NOT BIND THE UNDERWRITER TO COMPLETE, OR THE APPLICANT TO PURCHASE, THE POLICY. IN THE EVENT THERE IS ANY MATERIAL CHANGE IN THE ANSWERS TO THE QUESTIONS OR REPRESENTATIONS OR WARRANTIES HEREIN PRIOR TO THE ISSUANCE DATE OF THE POLICY, WHICH WOULD RENDER THIS APPLICATION FORM INACCURATE OR INCOMPLETE, THE APPLICANT WILL NOTIFY THE INSURER IN WRITING AND, IF NECESSARY, ANY OUTSTANDING QUOTATION MAY BE MODIFIED OR WITHDRAWN.

NOTICE TO ARKANSAS & NEW MEXICO APPLICANTS: "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."

NOTICE TO COLORADO APPLICANTS: "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 AUTHORITIES."

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: "WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT."

NOTICE TO FLORIDA APPLICANTS: "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 IN THE THIRD DEGREE."

NOTICE TO KENTUCKY APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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."

NOTICE TO LOUISIANA APPLICANTS: "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."

NOTICE TO MAINE APPLICANTS: "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS."

NOTICE TO NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE AND MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWINGLY THAT HE/SHE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

NOTICE TO OKLAHOMA APPLICANTS – WARNING: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY (365: 15-10, 36 §3613.1)

NOTICE TO PENNSYLVANIA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON, FILES A 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, SUBJECT TO CRIMINAL PROSECUTION AND CIVIL PENALTIES.

NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: 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.

NOTICE TO VERMONT APPLICANT: 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 MATERIALLY FALSE INFORMATION OR, CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO NEW YORK APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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 SHALL BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS ($5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATIONS

Applicant's signature: ______________________ **Date:** ______________

Applicant's name (please print): ______________________

Title: ______________________

Insurance representative: Sheri L. Shonka/Daniel Shonka
Name of firm: Public Risk Management, Inc.
Address: 12120 Shamrock Plaza, Suite 305, Omaha, NE 68154
Telephone number: 402-884-3751 Ext. #1 or Daniel Shonka 402-884-3751 Ext #2
Fax number: ______________________
E-mail address: sheri.shonka@prmne.com or daniel.shonka@prmne.com

Surplus lines agent (SLA) (for the state where the named insured is domiciled): Daniel Shonka, CLCS
ARM Address: 12120 Shamrock Plaza, Suite 305
City: Omaha
State, ZIP code: NE, 68154
Surplus lines license number: ______________________

Sexual Abuse Liability

Separate applications are required for individual departments if training and hiring are handled separately by the individual department

Has your Abuse coverage, or any similar insurance, been cancelled or non-renewed in the past five years?	-	If yes, please provide explanation	

INSURED'S OPERATONS (Select Yes, No, Subcontract or Insured Elsewhere)

	SELECT	(under 18 yrs)	(over 18 yrs)	No. of Employees	No. of Volunteers	No. of Contractors	Contractors Duties
Before / After School Programs	-						
Boarding Schools	-						
Daycare Center - Child	-						
Daycare Center - Adult	-						
Day Camps	-						
Camps w/ Overnight Stays	-						
Foster Homes	-						
Group Homes	-						
Mentoring (i.e. Big Brother / Big Sister)	-						
Special Education Programs	-						
Residential Facilities - In Family Homes	-						
Residential Facilities - In Mental Health Facilities	-						
Transportation of Children / Handicapped / Seniors	-						
Tutoring Programs	-						
Youth Shelter	-						
Youth Recreational Programs	-						
Other:							

1. Have all known claims, incidents, or allegations been reported to prior carrier? -

2. Are you aware of any facts, incidents, or circumstances which may result in Sexual Abuse claims being made against you? - If yes, please provide explanation

3. In the past five years, have any employees or officers been terminated for cause related to sexually abusive behavior? - If yes, please provide explanation

4. Have any members of staff been transferred because of allegations of Sexual Abuse? - If yes, please provide explanation

RISK MANAGEMENT

	Yes / No
5. Do you hire or use subcontractors for any operations involving minors (including coaches)?	-
6. If yes, do you require those subcontractors provide you with additional insured status and a certificate of insurance showing Abuse & Molestation coverage with limits of at least $1,000,000?	-
7. Is there a written abuse prevention policy? If Yes, please attach copies of policies	-
Does the policy prohibit one-on-one contact?	-
Does the policy outline permissible exceptions to one-on-one contact?	-
Does the policy require any one-on-one meetings occur in visibility of others at all times (e.g. window in door or open door at all times)?	-
Does the policy specify overnight activities require a specified number of screened employees/volunteers, management approval & prohibit single adult/child sleeping arrangements?	-
Does the policy specify transportation & activities conducted away from schools premise require 2 or more screened employees/volunteers?	-
Does the policy require prior establishment of persons allowed to visit and pickup	-
Do policies and procedures include an incident reporting and follow-up?	-
8. Is there a written policy for email, phone and social media contact with clients and persons under 18 years of age?	-

SELECTION / TRAINING PROCEDURES

		EMPLOYEES Yes / No	VOLUNTEERS Yes / No
9.	Do you require a written application for all employees and volunteers?	-	-
10.	Does the application include a notice that Criminal Background Checks will be conducted?	-	-
11.	Do you conduct documented reference checks on all employees and Volunteers?	-	-
12.	Do the applications require an applicant's signature and untruthful answers are grounds for non-hiring or termination?	-	-
13.	Are Criminal Background Checks completed prior to starting employment or regular volunteering?	-	-
	Are background checks federal (50 state) level?	-	-
	Are background checks only for your state level?	-	-
	Are background checks only county or city level?	-	-
	Are background checks performed at regular intervals (e.g. every 2-5 years)?	-	-
14.	Do you maintain the applications in their personnel file?	-	-
15.	Do you maintain a practice of not accepting potential employees/volunteers with prior sexual/physical abuse allegations against them?	-	-
16.	Do all your employees and volunteers undergo abuse prevention training prior to working with youth?	-	-
	Then annually thereafter?	-	-
	Does training include recognition of sexual/physical abuse symptoms?	-	-
	Does training include procedures to follow if a peer is suspected of such abuse?	-	-
17.	Do all your employees and volunteers undergo SAFE SCHOOLS Abuse Training courses?	-	
18.	Do all your employees and volunteers know reporter training procedures?	-	
19.	Do you maintain records of all abuse prevention and mandated reporter training?	-	

INCIDENT REPORTING

		Yes / No
20.	Does your school use SAFE2HELP offered by the Nebraska Department of Education (NDE)?	-
21.	Does the entity provide for anonymous reporting of suspected sexual abuse?	-
22.	Are all reports sent to local law enforcement agencies, child protective services or similar agency?	-
23.	Which departments are responsible for receipt of reports?	
24.	In case we have any follow-up questions, please provide your name & phone number of who completed this application.	-

Printed Name: ______________________ **Phone Number:** ______________________

DECLARATION

NOTICE:

THE UNDERSIGNED(S) CERTIFIES THAT HE/SHE IS THE DULY AUTHORIZED REPRESENTATIVE(S) OF EACH PROPOSED ASSUMED WHO SUBMITS THIS APPLICATION TO BRIT GLOBAL SPECIALTY USA FOR A POLICY OF INSURANCE.

THE UNDERSIGNED REPRESENTS THAT THE STATEMENTS SET FORTH IN THE APPLICATION ARE TRUE AND CORRECT TO THE BEST OF THEIR KNOWLEDGE, AND THAT REASONABLE EFFORTS HAVE BEEN MADE TO OBTAIN INFORMATION WHICH IS SUFFICIENT AND ACCURATE FOR THE PURPOSES OF OBTAINING THIS PROPOSED INSURANCE.

THE APPLICATION WARRANTS THAT IS THE INFORMATION SUPPLIED ON THE APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE INCEPTION FATE OF THE POLICY PERIOD, YOU SHALL IMMEDIATELY NOTIFY BRIT GLOBAL SPECIALTY USA OF SUCH CHANGE.

SIGNING OF THIS APPLICATION DOES NOT BIND BRIT SPECIALTY USA TO OFFER OR THE APPLICANT TO ACCEPT INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE INSURANCE BUT IT IS AGREED THAT THS APPLICATION SHALL BE THE BASIS OF THE INSURANCE CONTRACT AND WILL BE ATTACHED AND MADE PART OF THE POLICY SHOULD BE ISSUED.

Please confirm that you have read and agree with the above statement.

-		
Agree / Disagree	**Name of Assured / Legal Representative / Agent**	**Date**

Participation Agreement

for the

NASB All Lines Interlocal Cooperative Aggregate Pool
(ALICAP)

Agreement between local governmental subdivision and the Pool

NASB All Lines Interlocal Cooperative Aggregate Pool (ALICAP)

1. **Parties.** The parties to this Agreement are the Nebraska public school districts which are signatories hereto.

2. **Recitals.** This Agreement is based upon certain understandings and in furtherance of certain purposes, as follows:

   2.1 The Nebraska Intergovernmental Risk Management Act permits two or more public agencies to enter into agreements to form risk-management pools to provide risk-management services and insurance coverage for property, general liability, automobile, crime, dishonesty, school board liability and workers compensation losses.

   2.2 The participants have determined that there is a desire to operate a pool to fund some or all of the types of coverages which are identified in Section 2.1 hereof.

   2.3 The participant desires to enter into an agreement for the purpose of participating in a risk-management pool.

   2.4 The Nebraska Association of School Boards (NASB) is a non-profit corporation formed by Nebraska public school boards to stimulate and contribute to the continuing improvement of public elementary and secondary education including increased efficiency and economy for the ultimate benefit of Nebraska citizens. The NASB shall furnish, provide, or contract for the necessary administrative and management services required by the pool.

3. **Definitions.**

   3.1 Pool shall mean the **NASB All Lines Interlocal Cooperative Aggregate Pool** otherwise referred to as **(ALICAP).**

   3.2 Board shall mean the Board of Trustees of the Pool.

   3.3 Agreement shall mean this participation agreement between the school district and the Pool.

   3.4 Memorandum shall mean each memorandum of coverage stating what coverages are provided, the limits of coverages provided, members deductibles, the Pool's retentions and the Pool's excess carriers.

3.5 Members and/or school districts shall mean (a) those public school districts defined in §79-101, (b) those educational service units established under §79-2201, and (c) those technical community colleges established under §79-2636, the governing boards of which are members of NASB which have passed resolutions pursuant to law entering into this agreement.

3.6 Director shall mean the State of Nebraska Director of Insurance.

3.7 Act shall mean the Intergovernmental Risk Management Act, §44-4301 *et seq*., and all amendments thereto.

3.8 Bylaws shall mean the bylaws governing the operation of the Pool.

3.9 NASB shall mean the Nebraska Association of School Boards.

4. **Affiliation of Membership.** The undersigned member hereby jointly and voluntarily agrees to participate in a risk-management pool under the provisions of the Act with all the rights, powers, and privileges vested in and conferred upon such a pool under the laws of the State of Nebraska. The member has read and understands its rights and responsibilities as described in this agreement and as prescribed in state and federal laws and regulations. The name of the pool shall be the NASB All Lines Interlocal Cooperative Aggregate Pool otherwise referred to as (ALICAP).

5. **Purposes.** The purpose of this Agreement is to define a member's participation in ALICAP whereby Nebraska school districts may fund some or all of their property, general liability, automobile, crime, dishonesty, school board liability and workers' compensation losses, as may be agreed to by each such school district and the Pool.

6. **Powers.** In order to carry out these purposes, the Pool shall exercise and enjoy all of the powers, privileges, and authority exercised or capable of being exercised pursuant to the Act, including, but not limited to, the power to issue bonds or other obligations on behalf of a member or to otherwise assist in the issuance by such member of such obligations; provided, however, that nothing herein shall prevent any other parties hereto from separately exercising any such powers, privileges, or authority.

7. **Participation.** The member hereby agrees to participate in the Pool as set forth herein, under the terms and conditions described in this agreement in the Memorandum, the Bylaws, the application for a Certificate of Authority, the Certificate of Authority issued by the Department of Insurance, the Nebraska Workers' Compensation Act and all rules of the Nebraska Workers' Compensation Court.

7.1 This Agreement shall become effective only upon receipt by a Pool representative of a signed written execution of this agreement by an authorized representative of the member, and the subsequent issuance of a Coverage Memorandum from the Pool.

7.2 A member may not withdraw from participation during the initial thirty-six (36) months after the effective date of this agreement, except that coverage may be suspended or terminated for nonpayment of contribution or other violations by the member of the terms of this Agreement, as set forth in the Intergovernmental Risk Management Act.

7.3 A member may withdraw from participation in the pool at any time after the initial thirty-six (36) months, effective as of the anniversary date as stated on the current Coverage Memorandum, by giving written notice of termination to the Pool, the other members in the Pool, and the Director of Insurance at least ninety (90) days prior to such anniversary date. Such termination shall not be effective until approved by the Director as provided by §44-4309(1).

7.4 After a member ceases to participate in the Pool, the former member shall remain liable for any costs and obligations incurred by the Pool while the member was a participant, and any contractual obligation the member entered into with the Pool on or before the date of termination, as provided by §44-4309(3).

7.5 After a member ceases to participate in the Pool, the member shall not be eligible to receive any future distribution of surplus paid in or accumulated during its period of participation.

7.6 The member desiring to either obtain or maintain certain types of coverages from the Pool agrees to adopt any and all necessary policies and procedures as promulgated by the Pool and approved by its board which are deemed necessary for exposures which the member desires coverage from the Pool.

7.7 Only those members who are members in good standing with NASB shall be eligible to participate in the Pool.

8. **Financial Plan.**

8.1 **Coverages.** Each Memorandum of Coverage shall be adopted by the Board and incorporated as an integral part of the Agreement. Each such Memorandum of Coverage shall include a financial plan setting forth the following:

a) that property, general liability, automobile, crime, dishonesty, school board liability and workers' compensation coverage is to be offered by the Pool, applicable deductible levels, and maximum levels of claims which the Pool will purchase aggregate insurance coverage;

b) amount of cash reserves to be set aside for the payment of claims;

c) amount of standard insurance to be purchased by the Pool to provide coverage over and above the claims which are not to be satisfied directly from the Pool's resources;

d) amount of aggregate excess insurance coverage and specific excess insurance coverage to be purchased in a given fiscal period; and

e) the identification of funds and reserves by exposure area.

The terms of the Memorandum of Coverage may be amended for subsequent fiscal periods by a majority vote of the Board, provided that the member shall be given at least thirty (30) days prior written notice thereof.

Additional lines of coverages may be offered through a separate and distinct Memorandum of Coverage. Such additional Memorandum of Coverage is not binding on members until such time as adopted by the individual member and shall be filed with the Director thirty (30) days in advance of the effective date of the change, as stated in §44-4308.

8.2 **Pool Funding.** The Pool shall be funded as follows:

a) **Deposit Contribution.** As of the effective date of this agreement, and as of the first day of each fiscal year of the Pool thereafter, the anticipated liabilities and expenses of the Pool for the fiscal year shall be calculated by the administrator of the Pool. Such liabilities and expenses shall include expected losses to be covered by the Memorandum, the cost of excess insurance and reinsurance, debt service owed or an obligation of the Pool, and other costs deemed appropriate by the Board. Such liabilities and expenses shall be paid from monies held by the Pool and monies collected from the participant by allocating such liabilities and expenses among the Pool's participants based on rating plans adopted by the Board, uniformly applied to all participants.

The member agrees to furnish all information requested by the Pool to determine the contribution of the member. The member shall pay its deposit contribution for the whole year to the Pool in cash within thirty (30) days of such notification, or by such later date as shall be specified in the notice.

b) **Retrospective Contribution Adjustment.** Nine months following the close of the fiscal year and at annual intervals thereafter, the Pool may calculate each member's retrospective contribution or contribution adjustment for the year. Any retrospective contribution adjustment shall be charged only to cover losses and exposures of the fiscal year requiring a contribution adjustment. The retrospective contribution adjustment for any fiscal year shall be charged to each member in the same proportion as its share of the total contributions collected for that year. If it is determined that the Deposit Contribution paid is in excess of the contributions needed, such excess shall be applied as a credit towards the next annual Deposit Contribution. If it is determined that the Deposit Contribution paid into the Pool is less than the required amounts needed, such additional funds may be requested and included in the next annual contribution billing. Retrospective contribution adjustments for each fiscal year shall continue until all claims are closed or until the Board determines that sufficient facts are known to make a final adjustment for the year.

c) **Assessment.** If the Pool becomes insolvent or is otherwise unable to discharge its legal liabilities and other obligations, the member may be assessed by the Board for an additional contribution for any and/or all years deemed attributable to the insolvency. Such assessment would be based on each member's contribution for such fiscal year divided by the contribution of all participants for such year, times the amount of such deficiency. Any such assessment, and the manner of calculating the same, shall be given to each member in writing, and each member shall thereafter have sixty (60) days in which to pay the amount of such assessment. Each member shall remain liable for such assessment, regardless of a member's withdrawal from participation or the termination of this Agreement. Such an assessment would only be for any liabilities incurred by the Pool during that member's participation period in the pool, as provided by §44-4309 and §44-4312.

8.3 **Loss Reserves.** The Pool shall maintain funds adequate to pay case reserves and claims that have been incurred but not reported. The Pool shall also maintain a surplus deemed appropriate by the Board, and which meets the regulations of the Department.

8.4 **Director's Approval of Dividends.** No dividends shall be distributed without prior approval of the Director, as set forth in §44-4308(2).

8.5 **Banking Relationships.** The Pool shall establish bank accounts necessary to carry out the terms of this Agreement. Controls shall be established and funds shall be invested so that the Pool is managed in a conservative, prudent manner.

8.6 **Distribution of Surplus.** At the termination of the Pool's existence, any surplus funds in the Pool, over and above those necessary to pay or reserve against the expenses and liabilities of the Pool, shall be distributed among the existing participants in the Pool. Such distribution shall be allocated among such participants in proportion to the contributions made by each participant, as required by §44-4306(2)(b).

8.7 **Financial Records.** The Board shall maintain complete financial records for each type of coverage provided by the Pool, including the amount of reserves and surplus for each type of coverage as required by §44-4306(2)(d).

9. **Plan of Management.**

9.1 **Board of Trustees.** The Pool shall be operated by a Board of Trustees consisting of two ex officio members and nine (9) persons, who are elected officials or appointed officials of school districts, which are signatories hereto. The two ex officio members of the Board of Directors shall be the President and the Executive Director of NASB. The other nine members shall be elected by a vote of the Board of Directors of NASB. A vacancy on the Board shall be filled by a vote of the Board of Directors of NASB. The person appointed to fill a vacancy shall serve for the remainder of the term of the vacating director.

All board members, whether ex officio, elected or appointed shall be entitled to one vote each in all matters that come before the Board.

9.2 **Powers of the Board.** The Board shall have the power to:

a) establish a Memorandum of Coverage, as stated in §44-4306(1);

b) ensure that all claims covered by the Memorandum are paid promptly, as stated in §44-4306(2)(e);

c) take all necessary precautions to safeguard the assets of the Pool;

d) maintain minutes of meetings;

e) establish reasonable reimbursement to the NASB for the day-to-day administration and management of the Pool;

f) interview, select, and contract with claims administration firms, brokerage firms and insurance consulting firms as deemed necessary by the Board;

g) notify the Director of the existence of the Pool and file all documents required by the Intergovernmental Risk Management Act;

h) establish the rating plan to be used by the Pool;

i) authority to sue and be sued, make contracts, hold and dispose of real and personal property, borrow money, contract debt, and pledge Pool assets in the name of the Pool;

j) establish a system or program of loss control; and,

k) such other powers as may be necessary to carry out the terms of this agreement.

9.3 **Election of the Board.**

a) Elections of members to the board shall be made by the nominating committee. The nominating committee shall consist of three persons: the chairperson of the Board, an individual from a member school district selected by the Board, and the Executive Director of NASB. Nominations shall be requested from the floor of the annual meeting of the participants.

b) Each of the nine elected trustees on the board shall serve for a three-year term of office, with members terms staggered so as to create three open seats each year.

The term of office for each board member shall commence January 1st.

9.4 **New Members**. All school districts, as members of NASB, are eligible to make application to the Pool in the following manner:

a) the applicant school districts must provide such loss and exposure information as is required by the Board.

b) The school district must enter this Agreement by resolution passed by its governing board.

c) The Board, in its sole discretion, shall accept or reject each application. Each such school district shall become a member of the Pool only after both of the following requirements are met: (1) approval of the application of such school district by the Board and (2) due execution of this Agreement.

9.5 **Termination of a Member.** A member may be involuntarily terminated as a member of the Pool if, after due notice and hearing, the Director of Insurance finds one of the following: 1) the member has failed to pay its contribution or assessment to the Pool, 2) has failed to discharge any other obligation it owes to the Pool, 3) violated the laws of the state, rules of the Department of Insurance or Bylaws of the Pool, 4) has failed to meet the terms of participation as provided in paragraph 7. Such hearing may be initiated by the Director of Insurance or at the request of the Pool's Board of Directors, as provided in §44-4309(2).

9.6 **Inspection and Audit.** The Pool and its representatives shall be permitted, but shall not be obligated, to inspect the member's properties and operations at any time. Neither the Pool's right to make inspections nor the making thereof shall constitute an undertaking on behalf of, or for the benefit of, such member or others to determine or warrant that such property or operations are safe or are in compliance with any law, rule, or regulation.

a) The Pool may examine and audit the member's records at any time during the period that this Agreement is in effect, and during any extensions hereof, and within three years after such school district is no longer a member of the Pool, insofar as said records may relate to the subject matter of this Agreement.

b) The Pool shall be audited annually at the expense of the Pool by a certified public accountant. A copy of the report shall be submitted to the governing board of each member.

9.7 **Bylaws and Rules of Operation.** The board has bylaws and rules pertaining to the exercise of its purpose and powers. The Board may revise the Bylaws from time-to-time, by a majority vote. Any revision of the Bylaws shall become effective only after approved by the NASB Board of Directors. The Board may also from time-to-time adopt policies, rules, and procedures by majority vote for the administration and operation of the Pool so long as such policies, rules, and procedures are consistent with this Agreement, the Bylaws or applicable law. No provisions of the Bylaws, policies, rules, or procedures shall be inconsistent with the terms of the Agreement or be contrary to applicable law.

9.8 **Place of Business.** The Principal place of business for the Pool shall be 1301 Stockwell Street, Lincoln, Nebraska. The Board may employ necessary staff and may purchase, lease, or rent real and personal property in order to carry out the business and purpose of the Pool.

9.9 **Professional Services**. The Board may retain the services of such legal counsel, actuaries, auditors, engineers, consultants, and other advisors as it deems necessary to carry out the business and purpose of the Pool.

9.10 **No Private Benefit**. No part of the net earnings or assets of the Pool shall inure to the benefit of any private person, as stated in §44-4306(2)(f).

10. **Dissolution of the Pool.**

10.1 **Event of Dissolution**. The Pool shall be dissolved upon the first to occur of the following:

a) when all participants in the Pool have ceased to participate; or

b) at such time as the Board shall determine that the number of participants and/or the size of the Pool is too small to adequately indemnify against the risks specified in the Memorandum.

10.2 **Required Approval.** The Board shall submit a written application to the Director of Insurance for approval of the plan to terminate the Pool as provided by §44-4311. Said application shall comply with applicable statutes and rules and regulations, including, without limitations, provisions for all pending and anticipated claims.

10.3 **Approval of Participants.** Any dissolution pursuant to this Section 10 shall not be effective until approval is obtained from the participants in the Pool upon a vote of at least two-thirds majority of all such participants granting approval. Such vote shall occur within thirty (30) days after approval by the Director of Insurance.

10.4 **Termination of the Agreement**. This Agreement shall terminate upon the occurrence of all of the following events: (1) the Pool has terminated pursuant to Section 10 herein; (2) all amounts owed by the Public Agency have been paid in full, and (3) all amounts owed for claims and other expenses have been paid in full.

10.5 **Distribution of Assets**. At the termination of the Pool's existence, any surplus funds in the Pool over and above those necessary to pay or reserve against the expenses and liabilities of the Pool shall be distributed among the existing participants in the Pool. Such distribution shall be allocated among such participants in proportion to the contributions made by each participant, as stated in §44-4306(2)(b).

11. **Conformity with Law.** In the event any term or provision of this Agreement shall be in conflict with the statutes, laws, rules, and regulations of the State of Nebraska as they now exist or are hereafter amended, this Agreement shall automatically be deemed amended to conform to such statutes, laws, rules, and regulations.

12. **Fiscal Year.** The Pool's fiscal year shall begin on September 1 of each year and end on August 31 of each year.

13. **Liability**. No participant in the Pool shall by reason of this Agreement, have any liability for claims brought by third parties against any other participant other than the obligation to contribute certain funds to the Pool as expressly provided herein. The liability for any claim against the member shall remain the sole and exclusive liability of the member; the obligation of the Pool is to indemnify the member against such loss as provided in the Memorandum to the extent and under the conditions contained therein.

14. **Execution in Counterpart**. This Agreement may be executed in several counterparts, each of which shall be regarded as an original and all of which shall constitute one and the same document.

The parties hereto have entered this Agreement on the dates set forth in the attached Resolutions.

RESOLUTION
COMMITMENT TO ENTER INTO
ALICAP
INTERLOCAL AGREEMENT

HEREBY, the participant is entering into an interlocal agreement with other public entities to participate in the NASB All Lines Interlocal Cooperative Aggregate Pool (otherwise referred to as ALICAP) as authorized by the Intergovernmental Risk Management Act, Neb Stat. §44-4301 and

WHEREAS, participant is allowed to participate in said cooperative undertakings; and

NOW THEREFORE, BE IT RESOLVED that the governing board hereby:

1. Declares that the board commits to participate in NASB ALICAP for an initial three-year agreement, all as set forth in the Participation Agreement which is attached to this resolution.

After motion duly made by ____________________ and seconded by ______________, the following members voted by roll call vote in favor of passage and adoption of the said Resolution:

____

The following members voted against the same:

____

The following members voted absent or not voting:

____

PASSED AND APPROVED this ________ day of __________, 20__.

Participant Name (*School, ESU or college*)________________________________

Signature from an Official of the Participant____________________________

Please print name and title____

PUBLIC RISK MANAGEMENT INCORPORATED

May 26, 2026

Mr. David Spencer
Superintendent
South Platte Public Schools
PO Box 457
Big Springs, NE 69122-0457

RE: ALICAP Quote

Dear Mr. Spencer,

Thank you for your interest in ALICAP. Our proposal is based on the information provided. We calculated your contribution to ALICAP on an annual basis. If your school board would resolve to become a member of ALICAP, we would add your school effective **September 1, 2026**. All ALICAP members have a common renewal date of September 1.

The changes from the information you sent to us are additional coverage's, higher limits, and various deductible differences. The ALICAP premium includes the Public Employee Blanket Bond and the School Board Treasurer Bond. In addition to your current coverages, ALICAP provides property coverage for flood, earthquake, building ordinance, debris removal, valuable papers, and accounts receivable at the $2,500 property deductible.

Limit and Deductible Summary

	Current Program	**ALICAP**
Property Limit (100% Coinsurance)	$22,670,398	$500,000,000
Property Deductible	$10,000	$2,500
Windstorm or Hail Deductible	$50,000	None
School Board E&O Limit	$5,000,000	$5,000,000
School Board E&O Deductible	$1,000	$2,500
Employee Theft Blanket Limit	$10,000	$1,000,000
Employee Theft Blanket Deductible	$1,000	$0
Cyber Extortion/Ransomware Limit	$25,000	Must Qualify
Uninsured/Underinsured Motorists Limit	$1,000,000	$50,000

***Windshield repairs and replacements are subject to the $500 Comprehensive Deductible.**

Please give me a call after you have had a chance to review this proposal to answer any questions you may have.

Sincerely,

Sheri L. Shonka
Managing Director

South Platte Public Schools

ALICAP Proposal – 2026/2027		Current Program – 2025/2026	
ALICAP Premium:	$70,397	Property	$88,147
	$14,651	Workers' Compensation	$8,751
	Included	General Liability	$3,487
	Included	Crime	$249
	Included	Inland Marine	$0
	Included	Automobile	$14,127
	Included	Umbrella	$5,133
	Included	Linebacker – SB E&O	$2,849
	Included	Cyber Liability	$1,485
	Included	Pollution Liability	None
	Included	Treasurers Bonds	None
TOTAL	**$85,048**		**$124,228**

If your school elects to join ALICAP, NASB will invoice your school for the premium due for the coverage period **9/1/2026 to 9/1/2027**. This amount is **$85,048**.

David Spencer <dspencer@southplatteschools.com>

Updated High-Def Camera System Proposal

1 message

Alarm Security Technicians <msoundsleeper@gmail.com> Mon, Aug 3, 2026 at 2:30 PM
Reply-To: Alarm Security Technicians <msoundsleeper@gmail.com>
To: dspencer@southplatteschools.com

Alarm Security Technicians
P.O. BOX 1842
Scottsbluff, NE 69363

Proposal

Date of Proposal: 08/03/26

Proposal Number:

Customer Number: 2506

South Platte Public Schools
610 Plum St.
Big Springs, NE 69122

Premise Phone: 308-464-1187

The terms of this proposal are valid
for 30 days from the date shown above.

Alarm Security Technicians

Remember To Test Your System Monthly!

Hereby Submits Specification and Estimate for:

2506 South Platte Public Schools @ 610 Plum St.

Quantity	Description	Amount
1	32-Channel High-Def 10TB NVR, Uniview, NDAA	2395.00
24	Compliant, FCC Certified	7896.00
2.5	High-Def, Color, Infrared, Audio Uniview	547.50
2	Cameras,	458.00
16	NDAA Compliant, FCC Certified ($329 Each)	3250.00
	CAT6 Wire ($219 Per 1,000ft)	351.84
	8-Port POE Switches ($229 Each)	
	Labor	
	Camera Housing Units ($21.99 Each)	
	75% Down Payment: $11,173.75	
	25% Due at Job Completion: $3,724.59	
	Will Install 1-32-Channel 10TB NVR, 24 High-Def Cameras, 2 8-Port POE Switches, All Wire, Fittings and Labor Included @ South Platte Public Schools	**$14,898.34**

Complete in accordance with above specifications for:

If you have any questions regarding this proposal please call us at (308)575-0172

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