Employee Count by College, By Employee Class as of May 2, 2024

	DIS	NLC	NVC	PAC	SAC	SPC	Grand Total
Adjuncts without benefits	-	80	192	112	238	137	759
Administrators	27	9	9	8	14	13	80
CE Instructor	207	2	18	5	86	38	356
Chair		5	7	6	6	10	34
Chancellor	1						1
Faculty 12 month			1	1		2	4
Faculty 9-months		68	167	109	258	197	799
Full Time Adjunct		11	28	13	40	47	139
Fulltime Class FLSA	138	52	87	75	155	144	651
Hourly LE 19 hours per wk	57	37	132	58	73	66	423
Professional Staff	439	92	146	126	200	141	1,144
Student Employee	355	41	66	26	51	18	557
Work Study Employees	212	20	215	102	79	97	725
Grand Total	1,436	417	1,068	641	1,200	910	5,672

FORM F - Excess WC Specs

INSURANCE FORMS FOR COMPLETION

EXCESS WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY					
Description	Requested Coverage	Limit <u>OR</u> Included (I) <u>OR</u> Not Included (NI)			
Insurer Current A. M. Best Rating Level (i.e., A-):					
Current A. M. Best Financial Size (i.e., XV):					
Admitted/Non-Admitted in Texas:					
-					
Workers Compensation	Statutory				
Employers Liability	\$1,000,000				
SIR	\$450,000				
Estimated Payroll	\$				
Rate per \$100	\$				
Deposit Premium	\$				
Term Minimum Premium	\$				
Total Annual Premium	\$				
Commission	%				
Policy Term	9/1/2024-9/1/2025				
General Terms & Conditions					
Subject to Audit	Yes				
Indemnity/Pay on Behalf	Indemnity				
Duty to defend	No				
Defense costs	Erodes retention and outside limit				
Notice of Cancellation	10 days non-payment, 120 days all other				
Late Reporting Penalty	No				

Punitive Damages	Include		
Endorsements			
Blanket 30 days Notice of Cancellation for cert holders as required by written contract	Yes		
Blanket Waiver of Subrogation	As required by written contract		
Broad Form All States	Yes		
Claims Reporting Requirements	Quarterly		
Communicable disease - retention applies to one or more employees	Yes		
Commutation Clause	Deleted		
Consent to Settle (Hammer Clause)	No		
Foreign Voluntary WC/EL Endemic disease (Part One and Two)	Yes		
Longshore & Harborworkers Act	If Any		
Notice/Knowledge of Occurrence	Risk Mgmt Dept		
Notice of Cancellation	120 days		
Unintentional Errors & Omissions	Yes		
Voluntary Compensation (Part One and Two)	Yes		
Options			
DESCRIPTION	ADJUSTMENT to premium quoted Above (indicate "-" for return premium or "+" for additional premium)		
Multi-year policies/ Rate Guarantee encouraged			
Other (Explain)			

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