

NEW MEXICO PUBLIC SCHOOL INSURANCE AUTHORITY  
PROPERTY, AUTOMOBILE PHYSICAL DAMAGE & CRIME COVERAGES

MEMORANDUM OF COVERAGE

**ISSUED BY:** New Mexico Public School Insurance Authority  
410 Old Taos Highway  
Santa Fe, New Mexico 87501

DECLARATION:

Pursuant to NMSA 1978, §22-29-1 et seq. and New Mexico Administrative Code, Title 6, Chapter 50, Parts 1-18, this Memorandum of Coverage ("**Memorandum**") is an agreement by the New Mexico Public School Insurance Authority (the "**Authority**") and its "**Members**," as listed in Schedule A attached hereto, to provide or obtain insurance protection for all covered losses subject to the limits and other terms and conditions of this "**Memorandum**" and any endorsements attached. This "**Memorandum**" is intended to describe the terms and conditions of coverage which the "**Authority**" provides as well as the terms and conditions of coverage provided by Public Entity Property Insurance Program ("**PEPIP**") for claims in amounts excess of what the "**Authority**" provides. In consideration of the contributions paid by the "**Members**" this "**Memorandum**" provides the coverages as set forth in this below.

Throughout this "**Memorandum**," words and phrases that appear in bold type and quotation marks have special meaning. They are defined in the DEFINITION section and the definitions are controlling as to the meaning of those words and phrases unless modified by definitions in specific coverages.

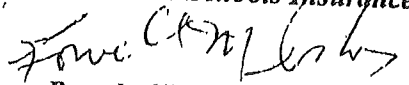
Term of Memorandum of Coverage:

This "**Memorandum**" is effective from July 1, 2011 to July 1, 2012 12:01 A.M. local Standard Time at the address shown above.  
However, as respects Coverage C only, this "**Memorandum**" is effective after 12:01 A.M. local Standard Time, July 1, 1986.

Territory:

Coverage under this "**Memorandum**" applies to "**Covered Property**:" 1) located on the "**Member's**" premises; 2) while in transit within and between the United States of America, Puerto Rico and Canada; and 3) to such other locations as are specified in this "**Memorandum**."

*New Mexico Public Schools Insurance Authority*

By:   
*Board of Directors, President*

This "Memorandum" consists of the following coverage parts:

COVERAGE A:	PROPERTY COVERAGE
COVERAGE B:	AUTOMOBILE PHYSICAL DAMAGE
COVERAGE C:	CRIME COVERAGE

**COVERAGE A: PROPERTY COVERAGE**

**Section 1) PROPERTY COVERED:**

This "Memorandum" covers the following property located within the "Coverage Territory," to the extent of "Your" interest in such property and subject to all of the terms, conditions and exclusions of this "Memorandum" and also subject to its "Limits of Liability:"

- A) "Real Property," as described in the most recently conducted building appraisal on file with "Us" and "Our" excess insurers, including new buildings and additions under construction at a "Covered Location" and existing buildings undergoing reconstruction, alteration, installation, renovation or repair, in which "You" have an insurable interest;
- B) "Personal Property" "You" own, including "Your" interest in improvements and betterments to buildings that "You" do not own.
- C) "Personal Property" of others in "Your" custody to the extent of "Your" interest in and legal liability for direct loss or physical damage to the "Personal Property" of others.
- D) The interests of contractors and subcontractors in material and associated labor incorporated into "Covered Property" or material to be incorporated into "Covered Property" which "You" have not paid for as of the "Date of Loss" to the extent of "Your" legal liability for such loss or damage. Such interest of contractors and subcontractors is limited to the "Covered Property" for which they have been hired to perform work and such interest will not extend to any "Time Element" coverage provided under this "Memorandum."
- E) "Your" interest in "Personal Property" which is undergoing construction, reconstruction, alteration, installation, renovation or repair.

**INSPECTION AND TESTING FORM**

DATE: 9-16-11  
 TIME: 10:00am

**SERVICE ORGANIZATION**  
 Name: Energy Control, Inc  
 Address: 2600 American Rd SE #360  
 Representative: John Odell  
 License No.: \_\_\_\_\_  
 Telephone: 505-890-2888

**PROPERTY NAME (USER)**  
 Name: Walatowa Charter School  
 Address: PO box 669 Jemez Pueblo NM 87024  
 Owner Contact: \_\_\_\_\_  
 Telephone: \_\_\_\_\_

**MONITORING ENTITY**  
 Contact: None  
 Telephone: \_\_\_\_\_  
 Monitoring Account Ref. No.: \_\_\_\_\_

**APPROVING AGENCY**  
 Contact: \_\_\_\_\_  
 Telephone: \_\_\_\_\_

**TYPE TRANSMISSION**  
 McCulloh  
 Multiplex  
 Digital  
 Reverse Priority  
 RF  
 Other (Specify) \_\_\_\_\_  
NONE

**SERVICE**  
 Weekly  
 Monthly  
 Quarterly  
 Semiannually  
 Annually  
 Other (Specify) \_\_\_\_\_

Control Unit Manufacturer: fire lite booster/ ADT Model No.: Vista 128 AB  
 Circuit Styles: A  
 Number of Circuits: 3  
 Software Rev.: A  
 Last Date System Had Any Service Performed: unknown  
 Last Date that Any Software or Configuration Was Revised: unknown

**ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION**

Quantity	Circuit Style	
<u>5</u>	<u>A</u>	Manual Fire Alarm Boxes
<u>7</u>	<u>A</u>	Ion Detectors
_____	_____	Photo Detectors
_____	_____	Duct Detectors
_____	_____	Heat Detectors
_____	_____	Waterflow Switches
_____	_____	Supervisory Switches
_____	_____	Other (Specify): _____

Alarm verification feature is disabled \_\_\_\_\_ enabled X

(NFPA Inspection and Testing, 1 of 4)

FIGURE 10.6.2.3 Example of an Inspection and Testing Form.

PRIOR TO ANY TESTING				
NOTIFICATIONS ARE MADE	Yes	No	Who	Time
Monitoring Entity	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Staff	
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Other (Specify)	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
AHJ Notified of Any Impairments	<input type="checkbox"/>	<input checked="" type="checkbox"/>		

SYSTEM TESTS AND INSPECTIONS			
TYPE	Visual	Functional	Comments
Control Unit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	TESTED OK
Interface Equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Lamps/LEDS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Fuses	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Primary Power Supply	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Trouble Signals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Disconnect Switches	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Ground-Fault Monitoring	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

SECONDARY POWER			
TYPE	Visual	Functional	Comments
Battery Condition	<input checked="" type="checkbox"/>		
Load Voltage		<input checked="" type="checkbox"/>	
Discharge Test		<input checked="" type="checkbox"/>	
Charger Test		<input checked="" type="checkbox"/>	
Specific Gravity		<input checked="" type="checkbox"/>	

TRANSIENT SUPPRESSORS	<input checked="" type="checkbox"/>		
REMOTE ANNUNCIATORS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

NOTIFICATION APPLIANCES			
	Visual	Functional	Comments
Audible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Visible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Speakers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Voice Clarity		<input type="checkbox"/>	

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS							
Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
	SMK DET	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
	PULL stat	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Comments: Smoke in portable #3 is not working

(NFPA Inspection and Testing, 3 of 4)

FIGURE 10.6.2.3 Continued

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION		
Quantity	Circuit Style	
<u>1</u>	<u>b</u>	Bells
<u>10</u>	<u>b</u>	Horns
_____	_____	Chimes
_____	_____	Strobes
_____	_____	Speakers
_____	_____	Other (Specify): _____

No. of alarm notification appliance circuits: 4

Are circuits monitored for integrity?  Yes  No

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION		
Quantity	Circuit Style	
<u>N/A</u>	_____	Building Temp.
<u>N/A</u>	_____	Site Water Temp.
<u>N/A</u>	_____	Site Water Level
<u>N/A</u>	_____	Fire Pump Power
<u>N/A</u>	_____	Fire Pump Running
<u>N/A</u>	_____	Fire Pump Auto Position
<u>N/A</u>	_____	Fire Pump or Pump Controller Trouble
<u>N/A</u>	_____	Fire Pump Running
<u>N/A</u>	_____	Generator In Auto Position
<u>N/A</u>	_____	Generator or Controller Trouble
<u>N/A</u>	_____	Switch Transfer
<u>N/A</u>	_____	Generator Engine Running
<u>N/A</u>	_____	Other: _____

**SIGNALING LINE CIRCUITS**

Quantity and style of signaling line circuits connected to system (see NFPA 72, Table 6.6.1):

Quantity \_\_\_\_\_ Style(s) \_\_\_\_\_

**SYSTEM POWER SUPPLIES**

(a) Primary (Main): Nominal Voltage 118.1 Amps 20

Overcurrent Protection: Type BREAKER Amps 20

Location (of Primary Supply Panelboard): \_\_\_\_\_

Disconnecting Means Location: in office next to fire panel

(b) Secondary (Standby):

12VDC Storage Battery: Amp-Hr. Rating 8.0

Calculated capacity to operate system, in hours: x \_\_\_\_\_ 24 \_\_\_\_\_ 60

NONE Engine-driven generator dedicated to fire alarm system:

Location of fuel storage: NONE

**TYPE BATTERY**

Dry Cell

Nickel-Cadmium

Sealed Lead-Acid

Lead-Acid

Other (Specify): \_\_\_\_\_

(c) Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:

N/A Emergency system described in NFPA 70, Article 700

\_\_\_\_\_ Legally required standby described in NFPA 70, Article 701

\_\_\_\_\_ Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701.

(NFPA Inspection and Testing, 2 of 4)

FIGURE 10.6.2.3 Continued

EMERGENCY COMMUNICATIONS EQUIPMENT			
	Visual	Functional	Comments
Phone Set	<input type="checkbox"/>	<input type="checkbox"/>	
Phone Jacks	<input type="checkbox"/>	<input type="checkbox"/>	
Off-Hook Indicator	<input type="checkbox"/>	<input type="checkbox"/>	
Amplifier(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Tone Generator(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Call-in Signal	<input type="checkbox"/>	<input type="checkbox"/>	
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	

INTERFACE EQUIPMENT			
	Visual	Device Operation	Simulated Operation
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SPECIAL HAZARD SYSTEMS			
	Visual	Device Operation	Simulated Operation
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Special Procedures: \_\_\_\_\_

Comments: \_\_\_\_\_

SUPERVISING STATION MONITORING				
	Yes	No	Time	Comments
Alarm Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Alarm Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Trouble Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Supervisory Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Supervisory Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>		

NOTIFICATIONS THAT TESTING IS COMPLETE				
	Yes	No	Who	Time
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Staff	2:00pm
Monitoring Agency	<input type="checkbox"/>	<input type="checkbox"/>		
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>		

The following did not operate correctly: \_\_\_\_\_

portable #3 \_\_\_\_\_

System restored to normal operation: Date: 9-16-11 Time: 2:00pm

**THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.**

Name of Inspector: JOHN ODELL Date: 9-16-11 Time: 2:00 PM

Signature: \_\_\_\_\_

Name of Owner or Representative: \_\_\_\_\_

Date: 9-16-11 Time: 2:00pm

Signature: \_\_\_\_\_

(NFPA Inspection and Testing, 4 of 4)

FIGURE 10.6.2.3 Continued