



**Raices del Saber Xinachtli Community School
Las Cruces, NM**

November 27, 2018

Charter Schools Division
Jerry Apodaca Building
Options for Parents/Charter Schools Division
300 Don Gaspar, Room 301
Santa Fe, New Mexico 87501

Dear Public Education Commissioners,

On behalf of Raices del Saber Xinachtli Community School Governance Board please accept this cover letter and accompanying documents to register our request to seek approval as a Board of Finance in the State of New Mexico.

If you should have any questions, please reach out to me as the Project Coordinator and one of the Founders for our Charter School.

Sincerely,

Lucia V. Carmona

Project Coordinator

(575) 571-2177

luciavcarmona@gmail.com



NEW MEXICO
Public Education Department

New Mexico Public Education Commission

BOARD OF FINANCE APPLICATION

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INSTRUCTIONS: APPLICATION FOR BOARD OF FINANCE DESIGNATION

- A. The application shall include the requirements as set forth in 6.80.4(16) NMAC:
- a. an affidavit or affidavits, signed by the personnel who will be given the responsibility of keeping the financial records of the charter school, describing the training completed, professional licensure held and degrees earned by them;
 - b. a statement signed by every member of the governing body that the governing body agrees to consult with the department on any matter not covered by the manual of accounting and budgeting before taking any action relating to funds held as a board of finance; 6.80.4(16) NMAC;
 - c. a signed affidavit from each governing body member declaring that the member is not a governing body member of any other charter school and that the member was not a governing body member of another charter school that was suspended or failed to receive or maintain their board of finance designation;
 - d. a letter from Poms & Associates verifying that the charter school is a participant in the public school insurance authority; and indicates that the person who will be entrusted with handling the funds of the charter school is adequately insured.
- B. Request for approval:
- a. Cover letter seeking approval as a board of finance with contents of the application (above).
 - b. Original documents must be delivered or mailed to the Charter Schools Division:

Jerry Apodaca Building
Options for Parents/Charter Schools Division
300 Don Gaspar, Room 301
Santa Fe, New Mexico 87501

- C. Deadlines:
- a. The request for approval as a board of finance must be made within ninety (90) days of approval of its charter application. (due date by November 23, 2018)
 - b. Requests for extension of the deadline may be granted for good cause shown.
 - c. Within thirty (30) days of filing of the application to qualify as a board of finance, the Public Education Commission shall issue a decision approving or denying the application. A copy of the decision will be provided to the governing body.

PLEASE NOTE: *If there are changes to the financial custodian and/or the governance board, a new affidavit must be completed and submitted to the Charter Schools Division for the new financial custodian/ board member(s).*

AFFIDAVIT OF FINANCIAL RECORD CUSTODIAN

AFFIDAVIT OF FINANCIAL RECORD CUSTODIAN

STATE OF NEW MEXICO)

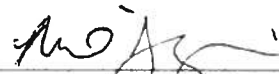
COUNTY OF Bernalillo)

I, Michael Vigil II , [affiant] after being duly sworn, state:

- 1. I live in the City of Albuquerque , County of Bernalillo , New Mexico.
- 2. In accordance with 6.80.4.16 NMAC, I agree to accept the responsibility of keeping the financial records of the charter school and recognized that I am in charge of maintaining public funds with fidelity and in accordance to public finance laws, rules and regulations.
- 3. I have completed the following training in the maintenance of financial records:
 - a) NMASBO Training from Fall 2010 to Present.
 - b) NMCCS SBO Training from Fall 2010 to Fall 2011.
 - c) State Auditor Training from Spring 2014 to Present; AGA Training Feb. 2018.
- 4. Attached is a certificate of insurance that indicates that I am adequately bonded to take this responsibility.
- 5. I have earned the following certificates, licensures and/or degrees:

Certificate, licensure or degree	Educational Institution	Date	Current Yes/No
BBA	The University of New Mexico	2006	Yes
SBO Level II	NMPED	2013	Yes

FURTHER AFFIANCE SAYETH NAUGHT.


[Signature of Affiant]

10/4/18
Date

Michael Vigil II
[Print Name of Affiant]

VERIFICATION

The forgoing Affidavit of Financial Records Custodian was subscribed and sworn to before me, this 4 day of Oct., 2018.

[Notary Seal:]




NOTARY PUBLIC

My commission expires: September 3, 2022.

STATEMENT OF GOVERNING BODY TO CONSULT WITH PED

We, the undersigned, make up the governing body of the Raíces del Saber Xinachtli Community School, located in Las Cruces, New Mexico.

In accordance with 6.80.4.16 NMAC, we agree to consult with the New Mexico Public Education Department on any matter not covered by the manual of accounting and budgeting before taking any action related to funds held as a board of finance.

We make this statement as part of Raíces del Saber Xinachtli Community School's application to the Public Education Commission for status as a board of finance under 6.80.4.16 NMAC.

We understand that we must retain or hire a Licensed School Business Manager as soon as financially feasible and, thereafter, notify the New Mexico Public Education Commission within 30 days of hiring and/or changing in a Licensed School Business Manager for the school, and a new, signed "Affidavit of Financial Custodian" must be submitted.


We understand that we must submit an Affidavit of Governing Body Member to the Public Education Commission within 60 days of a change in membership of our governing body.

THE FOLLOWING MEMBERS OF THE RAICES DEL SABER XINACHTLI COMMUNITY SCHOOL GIVE THE FOREGOING STATEMENT THIS 30th DAY OF OCTOBER, 2018.

1. 
Emma Armendariz, Chairperson

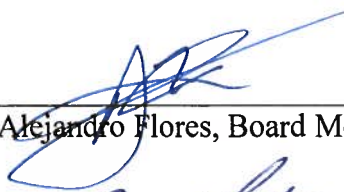
2. 
Rocio Benedicto, Vice-Chairperson

3. 
Jane Asche, Secretary

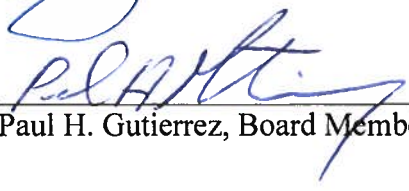
4. 
Ray Reich, Treasurer

5. 
Irene Oliver-Lewis, Board Member

6.


Alejandro Flores, Board Member

7.


Paul H. Gutierrez, Board Member

AFFIDAVIT OF GOVERNING BODY MEMBER

STATE OF NEW MEXICO)
)
COUNTY OF)

I, Emma Armendariz after being duly sworn, state: New Mexico

1. My name is Emma Armendariz and I reside in Las Cruces, New Mexico.
2. I am a member of the governing body of the [Raíces del Saber Xinachtli Community School] in Las Cruces, New Mexico.
3. I attest that I am currently not a current governing body member of any other charter school authorized in the state of New Mexico.
4. I have never been a governing body member of a charter school that was suspended or failed to receive or maintain their board of finance designation.
5. I understand that as a member of the [Raíces del Saber Xinachtli Community School]'s governing body, I am entrusted with oversight of expenditure of public funds in accordance with all applicable laws, regulations and rules, including but without limitation any laws or rules pertaining to conflicts of interest, public school finance, and procurement.

Emma J. Armendariz
[Signature]

10-12-18
Date

Emma Armendariz
[Emma Armendariz]

VERIFICATION

The forgoing Affidavit of Governing Body Member was subscribed and sworn to before me, this 12 day of October, 2018.

[Notary Seal:]



OFFICIAL SEAL
M. SHIMSHOCK
NOTARY PUBLIC - STATE OF NEW MEXICO

My commission expires: 2-22-22

[Signature]
NOTARY PUBLIC

My commission expires: 2-22, 2022.

AFFIDAVIT OF GOVERNING BODY MEMBER

STATE OF NEW MEXICO)

COUNTY OF)

I, Rocio Benedicto, after being duly sworn, state:

1. My name is Rocio Benedicto and I reside in El Paso, Texas.
2. I am a member of the governing body of the [Raíces del Saber Xinachtli Community School] in Las Cruces, New Mexico.
3. I attest that I am currently not a current governing body member of any other charter school authorized in the state of New Mexico.
4. I have never been a governing body member of a charter school that was suspended or failed to receive or maintain their board of finance designation.
5. I understand that as a member of the [Raíces del Saber Xinachtli Community School]'s governing body, I am entrusted with oversight of expenditure of public funds in accordance with all applicable laws, regulations and rules, including but without limitation any laws or rules pertaining to conflicts of interest, public school finance, and procurement.

[Signature]
[Signature]

11/27/18
Date

Rocio Benedicto
[Rocio Benedicto]

VERIFICATION

The forgoing Affidavit of Governing Body Member was subscribed and sworn to before me, this 27th day of NOV, 2018.

[Notary Seal:]

[Signature]
My commission expires: Sept 15, 2020.

NOTARY PUBLIC

AFFIDAVIT OF GOVERNING BODY MEMBER

STATE OF NEW MEXICO)

COUNTY OF Doña Ana)

I, Jane A. Asche, after being duly sworn, state:

1. My name is Jane Asche and I reside in Las Cruces, New Mexico.
2. I am a member of the governing body of the [Raíces del Saber Xinachtli Community School] in Las Cruces, New Mexico.
3. I attest that I am currently not a current governing body member of any other charter school authorized in the state of New Mexico.
4. I have never been a governing body member of a charter school that was suspended or failed to receive or maintain their board of finance designation.
5. I understand that as a member of the [Raíces del Saber Xinachtli Community School]'s governing body, I am entrusted with oversight of expenditure of public funds in accordance with all applicable laws, regulations and rules, including but without limitation any laws or rules pertaining to conflicts of interest, public school finance, and procurement.

Jane A. Asche
[Signature]

10/30/18
Date

Jane A. Asche
[Jane Asche]

VERIFICATION

The forgoing Affidavit of Governing Body Member was subscribed and sworn to before me, this 30th day of October, 2018.

[Notary Seal:] Maria D. Mauricio

NOTARY PUBLIC

My commission expires: April 29, 2020



OFFICIAL SEAL
MARIA D. MAURICIO
NOTARY PUBLIC - STATE OF NEW MEXICO

My commission expires: 04/29/20

AFFIDAVIT OF GOVERNING BODY MEMBER

STATE OF NEW MEXICO)
)
COUNTY OF DOÑA ANA)

I, Alejandro Flores, after being duly sworn, state:

1. My name is Alejandro Flores and I reside in Las Cruces, New Mexico.
2. I am a member of the governing body of the [Raíces del Saber Xinachtli Community School] in Las Cruces, New Mexico.
3. I attest that I am currently not a current governing body member of any other charter school authorized in the state of New Mexico.
4. I have never been a governing body member of a charter school that was suspended or failed to receive or maintain their board of finance designation.
5. I understand that as a member of the [Raíces del Saber Xinachtli Community School]'s governing body, I am entrusted with oversight of expenditure of public funds in accordance with all applicable laws, regulations and rules, including but without limitation any laws or rules pertaining to conflicts of interest, public school finance, and procurement.

[Signature] 

12/04/2018
Date

[Alejandro Flores]

VERIFICATION

The forgoing Affidavit of Governing Body Member was subscribed and sworn to before me, this 4 day of December, 2018.

[Notary Seal:]

My commission expires: 8-6, 2019.

State of New Mexico

County of Dona Ana

Subscribed and sworn to (or affirmed) before me this 4 day of December, 2018 by Alejandro Flores.



OFFICIAL SEAL
JANE A. CHETWOOD
NOTARY PUBLIC - STATE OF NEW MEXICO
My commission expires: 8-6-2019


Notary Public

AFFIDAVIT OF GOVERNING BODY MEMBER

STATE OF ~~NEW MEXICO~~ ^{TEXAS})
)
COUNTY OF EL PASO)

I, _____, after being duly sworn, state:

1. My name is Ray Reich and I reside in Santa Teresa, New Mexico.
2. I am a member of the governing body of the [Raíces del Saber Xinachtli Community School] in Las Cruces, New Mexico.
3. I attest that I am currently not a current governing body member of any other charter school authorized in the state of New Mexico.
4. I have never been a governing body member of a charter school that was suspended or failed to receive or maintain their board of finance designation.
5. I understand that as a member of the [Raíces del Saber Xinachtli Community School]'s governing body, I am entrusted with oversight of expenditure of public funds in accordance with all applicable laws, regulations and rules, including but without limitation any laws or rules pertaining to conflicts of interest, public school finance, and procurement.

[Signature]
[Signature]

10-10-18
Date

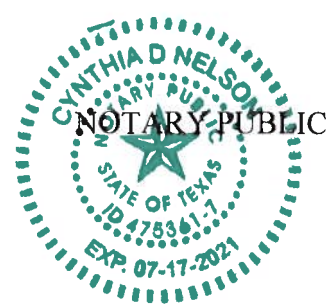
[Ray Reich]

VERIFICATION

The forgoing Affidavit of Governing Body Member was subscribed and sworn to before me, this 10 day of Oct., 2018.

[Notary Seal:]
Cynthia D. Nelson

My commission expires: 7-17, 2021.



AFFIDAVIT OF GOVERNING BODY MEMBER

STATE OF NEW MEXICO)

COUNTY OF Santa Ana)

I, Paul H Gutierrez, after being duly sworn, state:

1. My name is Paul H. Gutierrez and I reside in Las Cruces, New Mexico.
2. I am a member of the governing body of the [Raíces del Saber Xinachtli Community School] in Las Cruces, New Mexico.
3. I attest that I am currently not a current governing body member of any other charter school authorized in the state of New Mexico.
4. I have never been a governing body member of a charter school that was suspended or failed to receive or maintain their board of finance designation.
5. I understand that as a member of the [Raíces del Saber Xinachtli Community School]'s governing body, I am entrusted with oversight of expenditure of public funds in accordance with all applicable laws, regulations and rules, including but without limitation any laws or rules pertaining to conflicts of interest, public school finance, and procurement.

Paul H Gutierrez
[Signature]

11/27/18
Date

[Paul H. Gutierrez]

VERIFICATION

The forgoing Affidavit of Governing Body Member was subscribed and sworn to before me, this 27th day of November, 2018.

[Notary Seal:]
Edward Saavedra

NOTARY PUBLIC

My commission expires: Sept 21, 2019.



OFFICIAL SEAL
EDWARD SAAVEDRA
NOTARY PUBLIC-State of New Mexico

My Commission Expires 9-21-19

AFFIDAVIT OF GOVERNING BODY MEMBER

STATE OF NEW MEXICO)

COUNTY OF)

I, Irene Oliver Lewis, after being duly sworn, state:

1. My name is Irene Oliver Lewis and I reside in Las Cruces, New Mexico.
2. I am a member of the governing body of the [Raíces del Saber Xinachtli Community School] in Las Cruces, New Mexico.
3. I attest that I am currently not a current governing body member of any other charter school authorized in the state of New Mexico.
4. I have never been a governing body member of a charter school that was suspended or failed to receive or maintain their board of finance designation.
5. I understand that as a member of the [Raíces del Saber Xinachtli Community School]'s governing body, I am entrusted with oversight of expenditure of public funds in accordance with all applicable laws, regulations and rules, including but without limitation any laws or rules pertaining to conflicts of interest, public school finance, and procurement.

Irene Oliver Lewis
[Signature]

November 1, 2018
Date

Irene Oliver Lewis
[Print]

VERIFICATION

The forgoing Affidavit of Governing Body Member was subscribed and sworn to before me, this 1 day of Nov, 2018.

[Notary Seal:] Michelle Silva

NOTARY PUBLIC



8/23, 2020

DECLARATION OR CERTIFICATE OF INSURANCE

Please attach or insert a copy of a declaration or certificate of insurance that indicates that the financial records custodian [Raíces del Saber Xinachtli Community school] is adequately bonded and that [Raíces del Saber Xinachtli Community school] is insured through Public School Insurance Authority.

Attached:

Bonding Declaration from: Poms & Associates Insurance
[Name of institution or agency]

Certificate of Insurance from: Poms & Associates Insurance
[Name of institution or agency]



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/16/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER		CONTACT NAME: Risk Services	
Poms & Associates Insurance Brokers		PHONE (A/C, No, Ext): (800) 578-8802	FAX (A/C, No): (818) 449-9449
CA License #0814733		E-MAIL ADDRESS: rservices@pomsassoc.com	
5700 Canoga Ave. #400		INSURER(S) AFFORDING COVERAGE	
Woodland Hills CA 91367		INSURER A: New Mexico Public Schools Insurance Authority	NAIC # N/A
INSURED		INSURER B: Safety National	
New Mexico Public Schools Insurance Authority		INSURER C:	
Member: Raices Del Saber Xinachtli Community School		INSURER D:	
410 Old Taos Highway		INSURER E:	
Santa Fe NM 87501		INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** Raices Del Saber **REVISION NUMBER:**


THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			MOC NO. L0021	07/01/2018	07/01/2019	EACH OCCURRENCE \$ Tort Limit
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ Tort Limit
	<input checked="" type="checkbox"/> Owners Contractors						MED EXP (Any one person) \$ Tort Limit
	<input type="checkbox"/> Protective Liability						PERSONAL & ADV INJURY \$ Tort Limit
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$ Tort Limit
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ Tort Limit
	OTHER						Maximum Liability \$ 1,050,000
A	AUTOMOBILE LIABILITY			MOC NO. L0021	07/01/2018	07/01/2019	COMBINED SINGLE LIMIT (Ea accident) \$
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$ Tort Limit
	<input type="checkbox"/> OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$ Tort Limit
	<input type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident) \$ Tort Limit
							Maximum Liability \$ 1,050,000
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	DED	RETENTION \$					\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			SP4055030	07/01/2018	07/01/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A				E.L. EACH ACCIDENT \$ 2,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 2,000,000
							E.L. DISEASE - POLICY LIMIT \$ 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Self-Insured Retention for Liability: \$750,000. See attached New Mexico Tort Claims Act Section 41-4-19: Maximum Liability Summary.

CERTIFICATE HOLDER**CANCELLATION**

EVIDENCE OF COVERAGE	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 

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COMMENTS/REMARKS

Summary of New Mexico Tort Claims Act Section 41-4-19: Maximum Liability
Governmental entities and agencies, including public schools, public charter schools and
community colleges and universities are granted immunity from liability.
Commercial General Liability
Products and Completed Operations
Professional Liability
Contractual Liability
Imposed by New Mexico Tort Claims Act [NMSA 1975 §41-4-1 through 41-4-29]
\$400,000 Bodily Injury Per Person
\$200,000 Property Damage Per Property Address
\$300,000 Medical
\$750,000 Per Occurrence
\$1,050,000 Combined Limit/Maximum Liability



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

11/16/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

PRODUCER Poms & Associates Insurance Brokers CA License #0814733 5700 Canoga Ave. #400 Woodland Hills CA 91367	CONTACT NAME: Risk Services PHONE (A/C, No, Ext): (800) 578-8802 E-MAIL ADDRESS: rservices@pomsassoc.com PRODUCER CUSTOMER ID: 00016280	FAX (A/C, No): (818) 449-9449
	INSURER(S) AFFORDING COVERAGE	
INSURED New Mexico Public Schools Insurance Authority Member: Raices del Saber Xinachtli Community School Charter 410 Old Taos Highway Santa Fe NM 87501	INSURER A: Berkley Regional Insurance Company	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** Raices Del Saber **REVISION NUMBER:**

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)


THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS
	PROPERTY				BUILDING	\$
	CAUSES OF LOSS				PERSONAL PROPERTY	\$
	BASIC				BUSINESS INCOME	\$
	BROAD				EXTRA EXPENSE	\$
	SPECIAL				RENTAL VALUE	\$
	EARTHQUAKE				BLANKET BUILDING	\$
	WIND				BLANKET PERS PROP	\$
	FLOOD				BLANKET BLDG & PP	\$
					Contents	\$
						\$
	INLAND MARINE	TYPE OF POLICY				\$
	CAUSES OF LOSS					\$
	NAMED PERILS	POLICY NUMBER				\$
						\$
A	<input checked="" type="checkbox"/> CRIME	BGOV-45001509-23	07/01/2018	07/01/2019	<input checked="" type="checkbox"/> Employee Theft	\$ 2,000,000
	TYPE OF POLICY				<input checked="" type="checkbox"/> Forgery or Alteration	\$ 2,000,000
					<input checked="" type="checkbox"/> Faithful Performanc	\$ 1,000,000
	BOILER & MACHINERY / EQUIPMENT BREAKDOWN					\$
						\$
						\$
						\$

SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Evidence of Crime Coverage - Faithful Performance of Duty Coverage for Governmental Employees and Employee Theft for Raices Del Saber Xinachtli Community School

CERTIFICATE HOLDER**CANCELLATION**

EVIDENCE OF COVERAGE	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 

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