



## SISC I WORKERS' COMPENSATION REQUEST FOR QUOTE 2018-19

School District Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City and Zip Code: \_\_\_\_\_  
 Phone number (\_\_\_\_)\_\_\_\_\_ FAX (\_\_\_\_)\_\_\_\_\_

Contact Person: \_\_\_\_\_  
 Contact Person Title: \_\_\_\_\_

1. Please submit loss run reports (**in Excel**) of all claims by year, for the years:  
2014-15 2015-16 2016-17 and 2017-18 through current.

These reports should include:

- |                            |                           |                               |
|----------------------------|---------------------------|-------------------------------|
| A. Type of Injury          | B. Paid Claim Amount (\$) | C. Incurred Claim Amount (\$) |
| D. Indemnity Paid Amt (\$) | E. Date of Injury         | F. Status (open, closed)      |

2. Number of covered employees and payroll for the following fiscal years:

	<u># of Covered Employees</u>	<u>Payroll</u>
<b>2014-15</b>	_____	\$ _____
<b>2015-16</b>	_____	\$ _____
<b>2016-17</b>	_____	\$ _____
<b>2017-18 (Projected)</b>	_____	\$ _____
<b>2018-19 (Projected)</b>	_____	\$ _____

3. Annual premiums paid by year for:

2014-15 \$ \_\_\_\_\_ 2015-16 \$ \_\_\_\_\_ 2016-17 \$ \_\_\_\_\_

4. Does your district utilize a pre-placement physical program? YES \_\_\_ NO \_\_\_
5. Does your district employ a return-to-work program? YES \_\_\_ NO \_\_\_
6. Does your district have a formal safety program integrated into your workers compensation injury reporting system? YES \_\_\_ NO \_\_\_
7. Are you the Parent Agency of any Charter schools? YES \_\_\_ NO \_\_\_  
 If YES, please provide the name of the Charter(s), and if it is Dependent or Independent.
8. Is your district currently self-insured? YES \_\_\_ NO \_\_\_

If not, you understand and agree that you must apply to the State for self-insurance before being admitted to the SISC Workers' Compensation program. \_\_\_\_\_ Yes, I agree (*Please initial*)