



SISC I WORKERS' COMPENSATION REQUEST FOR QUOTE 2015-16

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:
2011-12 2012-13 2013-14 and 2014-15 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>
2011-12	_____	\$ _____
2012-13	_____	\$ _____
2013-14	_____	\$ _____
2014-15 (Projected)	_____	\$ _____
2015-16 (Projected)	_____	\$ _____

3. Annual premiums paid by year for:

2011-12 \$ _____ 2012-13 \$ _____ 2013-14 \$ _____

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*)