



SISC II - PROPERTY & LIABILITY REQUEST FOR QUOTE 2015-16

School District Name: _____

Address: _____

City and Zip Code: _____

Phone number (____) _____

FAX number: (____) _____

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 Claim (Prop/GL/Auto) | B. Incurred Claim Amount (\$) |
| C. Paid Claim Amount (\$) | D. Date of Claim E. Status (open, closed) |

2. Current Building Values \$ _____

3. Most recent P-1 ADA _____

4. Number of Buses _____

5. Number of all other licensed vehicles _____

6. Premium paid by year, for the following years:

2011-12 \$ _____ **2012-13** \$ _____

2013-14 \$ _____ **2014-15** \$ _____

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. Does your district have any of the following programs? If yes, please elaborate.

A. Formal safety/risk management program? YES____ NO____

B. Asbestos abatement program? YES____ NO____

