



PROPERTY & LIABILITY
REQUEST FOR QUOTE
2019-20

School District Name:
Address:
City and Zip Code:
Phone number:
FAX number:
Contact Person:
Contact Person Title:
Contact email:

1. Please submit loss run reports (in Excel) of all claims by year, for the years:
2015-16 2016-17 2017-18 and 2018-19 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:

2015-16 \$ 2016-17 \$

2017-18 \$ 2018-19 \$

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