

SISC I WORKERS' COMPENSATION REQUEST FOR QUOTE 2020-21

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:
2016-17 **2017-18** **2018-19** and **2019-20** 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>
<u>2016-17</u>	_____	\$ _____
<u>2017-18</u>	_____	\$ _____
<u>2018-19</u>	_____	\$ _____
<u>2019-20 (Projected)</u>	_____	\$ _____
<u>2020-21 (Projected)</u>	_____	\$ _____

3. Annual premiums paid by year for:

2016-17 \$ _____ **2017-18** \$ _____ **2018-19** \$ _____

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*)