



SISC PROPERTY & LIABILITY REQUEST FOR QUOTE 2021-22

School District Name: _____
Address: _____
City and Zip Code: _____
Phone number (____) _____
FAX number: (____) _____
Contact Person: _____
Contact Person Title: _____
Contact Person Email: _____

1. Please submit loss run reports (**in Excel**) of all claims by year, for the years:
2017-18 **2018-19** **2019-20** and **2020-21** 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:

2017-18 \$ _____ **2018-19** \$ _____
2019-20 \$ _____ **2020-21** \$ _____

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____
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