



**SISC**

Self-Insured Schools of California  
Schools Helping Schools

# SISC PROPERTY & LIABILITY REQUEST FOR QUOTE 2023-24

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:  
2019-20 2020-21 2021-22 and 2022-23 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:

<u>2019-20</u> \$ _____	<u>2020-21</u> \$ _____
<u>2021-22</u> \$ _____	<u>2022-23</u> \$ _____

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____ |

---



---