



**SISC**

Self-Insured Schools of California  
Schools Helping Schools

# SISC PROPERTY & LIABILITY REQUEST FOR QUOTE 2024-25

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:  
2020-21   2021-22   and   2022-23   2023-24   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>2020-21</u> \$ _____	<u>2021-22</u> \$ _____
<u>2022-23</u> \$ _____	<u>2023-24</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____ |

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