



## SISC I WORKERS' COMPENSATION REQUEST FOR QUOTE 2024-25

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:  
**2020-21** **2021-22** **2022-23** and **2023-24** 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>
<b>2020-21</b>	_____	\$ _____
<b>2021-22</b>	_____	\$ _____
<b>2022-23</b>	_____	\$ _____
<b>2023-24 (Projected)</b>	_____	\$ _____
<b>2024-25 (Projected)</b>	_____	\$ _____

3. Annual premiums paid by year for:

**2020-21** \$ \_\_\_\_\_ **2021-22** \$ \_\_\_\_\_ **2022-23** \$ \_\_\_\_\_

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*)