



SISC

Self-Insured Schools of California
Schools Helping Schools

SISC PROPERTY & LIABILITY REQUEST FOR QUOTE 2025-26

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:
2021-22 and 2022-23 2023-24 2024-25 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>2021-22</u> \$ _____	<u>2022-23</u> \$ _____
<u>2023-24</u> \$ _____	<u>2024-25</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____ |
