



## FIRE AGENCIES SELF INSURANCE SYSTEM

1750 Creekside Oaks Drive, Suite 200, Sacramento, CA 95833  
800-541-4591 Fax 916-244-1199

### 2017/18 FASIS PRELIMINARY APPLICATION

Please complete the following form so that we may better understand your district, and begin to prepare an application for you.

Contact Name: _____	Title: _____
Agency Name: _____	Phone: _____
Email address: _____	Fax: _____
Street Address: _____	City and Zip code: _____

Current Insurer: \_\_\_\_\_ Renewal Date: \_\_\_\_\_

- We are a public agency (please describe type of agency):  
\_\_\_\_\_
- We are a non-profit corporation.  
\_\_\_\_\_

Date Coverage Requested: \_\_\_\_\_

Please note actual applications are reviewed by Underwriting Committees for FASIS and the excess carriers for FASIS and due to the length of this process we recommend the applying district ensure that it maintains coverage during the review process.

#### PAYROLL/VOLUNTEER INFORMATION

Estimated Number of Non-Safety Employees for 2017/18  
 Estimated Number of Safety Employees for 2017/18  
 Estimated Number of Non-Safety Volunteers for 2017/18  
 Estimated Number of Safety Volunteers for 2017/18  
 Estimated Safety O/T payroll for 2017/18  
 Estimated Non-Safety O/T payroll for 2017/18  
 Estimated total payroll for 2017/18

		Estimated 2017/18 Total Payroll
No.		\$
No.		\$
No.		\$
No.		\$
\$		
\$		
\$		

Do you have any other payroll? (please describe): \_\_\_\_\_

In addition to the above and to assist in the development of a quotation, please provide ten years (including the current year) of loss history from the District's current insurer, as well as seven years of payroll history.

Please fax or mail this document and the District's loss history to Ms. Jennifer Achterberg, so that we may begin to prepare a quotation for your district. We appreciate the District expressing interest in the Fire Agencies Self Insurance System, and if there are any questions, please contact Ms. Jennifer Achterberg, FASIS Analyst, at (800) 541-4591, extension 19005.

**FASIS**  
**New Member Payroll**  
**For Calculation of Ex-Mods**

<b>Fiscal Year 07/01/2016 - 07/01/2017</b>		
<u>Safety Personnel</u>		<u>Notes</u>
Total Safety Payroll with Overtime		
Total Safety Overtime Payroll		
Total Safety Volunteers		
<u>Non-Safety Personnel</u>		
Total Non-Safety Payroll with Overtime		
Total Non-Safety Overtime Payroll		
Total Non-Safety Volunteers		

<b>Fiscal Year 07/01/2015 - 07/01/2016</b>		
<u>Safety Personnel</u>		<u>Notes</u>
Total Safety Payroll with Overtime		
Total Safety Overtime Payroll		
Total Safety Volunteers		
<u>Non-Safety Personnel</u>		
Total Non-Safety Payroll with Overtime		
Total Non-Safety Overtime Payroll		
Total Non-Safety Volunteers		

<b>Fiscal Year 07/01/2014 - 07/01/2015</b>		
<u>Safety Personnel</u>		<u>Notes</u>
Total Safety Payroll with Overtime		
Total Safety Overtime Payroll		
Total Safety Volunteers		
<u>Non-Safety Personnel</u>		
Total Non-Safety Payroll with Overtime		
Total Non-Safety Overtime Payroll		
Total Non-Safety Volunteers		

<b>Fiscal Year 07/01/2013 - 07/01/2014</b>		
<u>Safety Personnel</u>		<u>Notes</u>
Total Safety Payroll with Overtime		
Total Safety Overtime Payroll		
Total Safety Volunteers		
<u>Non-Safety Personnel</u>		
Total Non-Safety Payroll with Overtime		
Total Non-Safety Overtime Payroll		
Total Non-Safety Volunteers		

<b>Fiscal Year 07/01/2012 - 07/01/2013</b>		
<u>Safety Personnel</u>		<u>Notes</u>
Total Safety Payroll with Overtime		
Total Safety Overtime Payroll		
Total Safety Volunteers		
<u>Non-Safety Personnel</u>		
Total Non-Safety Payroll with Overtime		
Total Non-Safety Overtime Payroll		
Total Non-Safety Volunteers		

<b>Fiscal Year 07/01/2011 - 07/01/2012</b>		
<u>Safety Personnel</u>		<u>Notes</u>
Total Safety Payroll with Overtime		
Total Safety Overtime Payroll		
Total Safety Volunteers		
<u>Non-Safety Personnel</u>		
Total Non-Safety Payroll with Overtime		
Total Non-Safety Overtime Payroll		
Total Non-Safety Volunteers		

<b>Fiscal Year 07/01/2010 - 07/01/2011</b>		
<u>Safety Personnel</u>		<u>Notes</u>
Total Safety Payroll with Overtime		
Total Safety Overtime Payroll		
Total Safety Volunteers		
<u>Non-Safety Personnel</u>		
Total Non-Safety Payroll with Overtime		
Total Non-Safety Overtime Payroll		
Total Non-Safety Volunteers		

## **FORMATTING FOR LOSS HISTORY**

For prospective members submitting loss history to FASIS for a premium indication, please provide each year's loss history with the following components:

- Date of Injury
- Claim #
- Claimant Name
- Part of Body Injured
- Cause of Injury
- Claim Type (Indemnity or Medical Only)
- Amount Paid to Date
- Amount Incurred (Paid + Reserved)
- Open or Closed
- Litigated or Not

To allow us the opportunity to extract the data required, if possible, please provide this in an Excel format.