



FIRE AGENCIES SELF INSURANCE SYSTEM

1750 Creekside Oaks Drive, Suite 200, Sacramento, CA 95833

800-541-4591 Fax 916-244-1199

2019-2020 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 _____

Address: _____ 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 2019/20

Estimated Number of Safety Employees for 2019/20

Estimated Number of Non-Safety Volunteers for 2019/20

Estimated Number of Safety Volunteers for 2019/20

Estimated Safety O/T payroll for 2019/20

Estimated Non-Safety O/T payroll for 2019/20

Estimated total payroll for 2019/20

Do you have any other payroll (please describe): _____

		Estimated 2019/20 Total Payroll
No.		\$
No.		\$
No.		\$
No.		\$
\$		
\$		
\$		

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 Jobe, Executive Director, 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. Jobe, at (800) 541-4591, extension 19141.