



FIRE AGENCIES SELF INSURANCE SYSTEM

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

2022-2023 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: _____

District Name: _____ Phone: _____

Email address: _____ Fax: _____

Street Address: _____ City and Zip code: _____

Street Address: _____ City and Zip code: _____

Street Address: _____ City and Zip code: _____

Street Address: _____ City and Zip code: _____

Current Insurer: _____ Renewal Date: _____

We are a public agency (please describe type of agency): _____

Date Coverage Requested: _____

Please note actual applications are reviewed by the FASIS Underwriting Committee and the excess coverage provider and due to the length of this process we recommend the applying district maintains coverage during the review process.

PAYROLL/VOLUNTEER INFORMATION

Estimated Number of Non-Safety Employees for 2022/23

Estimated Number of Safety Employees for 2022/23

Estimated Number of Non-Safety Volunteers for 2022/23

Estimated Number of Safety Volunteers for 2022/23

Estimated Safety O/T payroll for 2022/23

Estimated Non-Safety O/T payroll for 2022/23

Estimated total payroll for 2022/23

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

	Estimated 2022/23 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 email or mail this document and the district's loss history to Jennifer Jobe, Executive Director, so that we may begin to prepare a quotation for your district. We appreciate the district expressing interest in FASIS and if there are any questions, please contact Jennifer Jobe, at (916) 244-1141 or jennifer.jobe@sedgwick.com.