

EXCESS WORKERS' COMPENSATION UNDERWRITING RENEWAL FORM

Overview & Instructions

Welcome to the 2009 Adobe Schools Excess Liability Fund underwriting renewal form

The Excess Workers' Compensation underwriting renewal form will allow your district to fill out, update, and save this document without having a professional version of Adobe. By choosing the "save via E-mail" on the bottom of the last page, a copy of the document will be sent to you in the form of an Adobe.pdf attachment. If you do not receive the attachment, it is being blocked by your district's spam filtering.

The sole purpose of this form is to provide SELF brokers with the information they need to obtain the best possible rates for our members in a timely manner. Your underwriting renewal submission is not complete until you have also returned your updated Employee Concentration Report that was attached to the email with this form. Please return both no later than September 12, 2008.

*** Just a few Reminders ***

- 1. Help is located at the link below
- 2. When saving, if you do not receive the email, please check your spam filter

Step by step help is available at http://www.selfjpa.org/services/help/help.htm

Ready to Start!

Go to Section 1. – District Information



1. District Information

Name of District or JPA:

Address:

City, State & Zip Code:

Classification	W.C. Class Code	Approx. No of Employees	Projected Annual Payroll
Public Colleges or Schools	8875		\$
Other:			\$
Total:			\$

Policy Year	Payroll	Number of Employees
07/01/08- 09 (est.)		
07/01/07-08		
07/01/06- 07		
07/01/05 -06		
07/01/04 -05		
07/01/03-04		
07/01/02 -03		



2. Loss Prevention Services / Claims Services

Name of Service Company: Address of Service Company: City, State and Zip: E-Mail Address: Years handling account:

Third Party Claims Administrator: *(Che

*(Check if Self-Administered, if so supplemental application required):

Name of Service Company: Address of Service Company: City, State and Zip of Service Company:

*Supplemental application can be found at www.selfjpa.org/renewalforms.htm

3. Special Exposures

(Check the response that most appropriately reflects the actual/anticipated exposures associated with your operation.)

1. Do you own, lease, or charter any aircraft?	Yes 🗌 No 🗌
If yes, Aircraft Supplemental Application* must be completed	
2. Do you own, lease, or charter any watercraft?	Yes 🗌 No 🗌
<i>If yes, Watercraft Supplemental Application* must be completed</i> 3. Do you have operations involving the loading, unloading, repair, or construction of wa	atercraft or
vessels, including work performed on barges or docks?	Yes 🗌 No 🗌
4. Do you own, lease, operate, maintain railroad or repair railroad equipment?	Yes 🗌 No 🗌
5. Do you have employees who may be subject to the Longshoremen and Harbor Worke	rs Act or
Workers Act, or Federal Employer's Liability Act?	Yes 🗌 No 🗌



6. Are there any occupational disease exposures involved in your operation? (Asbestos, silica, dusts, toxic, injurious or hazardous chemicals; caustics, fumes radiation, communicable diseases and any other O.D. exposure)
Yes No

7. Are you engaged in storage or distribution of gases, gasoline or flammables?	Yes 🗌 No 🗌
8. Does your operations include wrecking or demolition of structures	Yes 🗌 No 🗌
9. Do you provide group transportation for employees to and from the workplace?	Yes 🗌 No 🗌
10. Does your District use volunteer or donated labor?	Yes 🗌 No 🗌
11. Have you ever been cited for any cal/OSHA violations?	Yes 🗌 Nd
Please provide details of any "Yes" responses:	

4. Vehicle Summary

Complete the following summary information on owned or leased vehicles:

Vehicles and Buses	Renewal Count
Private Passenger	
Vans (up to 9 seats)	
Pick up Truck	
Bus (up to 23 seats)	
Bus (24 – 59 seats)	
Bus (60 – 90 seats)	
Other:	
TOTAL:	



5. Contact Information – Risk Manager

First Name	Last Name	Title	
Phone	Fax	E- Mail	
6. Submit Form			
First Name	Last Name	Date	
E-Mail	-Mail * This address will receive confirmation questionnaire was received		
Please check if you would like a copy of the underwriting form as submitted for your records?			
		🗌 Yes 🗌 No	

Any additional comments in regards to questions, please list in the box below?