Workers' Compensation Program Underwriting Application
Alliance of Schools for Cooperative Insurance Programs

16550 Bloomfield Avenue • Cerritos, CA 90703 • PH:(562) 404 -8029 FAX: (562) 404-8038 • www.ascip.org

I. Workers' Compensation Coverage Exposure

*Total Payroll for all employees (full time, part-time, temporary)**

Coverage Years	Current District Carrier/TPA	Full Time Equivalent	Total Payroll
2016 - 2017 (Estimated)			$
2015 - 2016 (Best Estimate)			$
2014 - 2015 (Actual)			$
2013 - 2014 (Actual)			$
2012 - 2013 (Actual)			$
2012 - 2013 (Actual)			$

II. Current Excess Coverage Carrier _____ Retention Level $ _____

III. Current Workers Comp Rate _____

Please type an "X" in the appropriate spaces below for sections IV and V.

IV. ASCIP Program Options: [ ] Dollar One [ ] $150,000 SIR [ ] $250,000 SIR [ ] $350,000 SIR [ ] $500,000 SIR

V. Does the District provide the following:

Yes	No		Yes	No	
[_]	[_]	New Hire Orientation with Safety Training	[_]	[_]	Safety committee meetings
[_]	[_]	Pre-employment screening	[_]	[_]	Medical Provider Network (MPN)
[_]	[_]	Pre-employment drug testing	[_]	[_]	Accident investigations review
[_]	[_]	Formal Return to Work Program	[_]	[_]	Workers Comp Nurse Triage
[_]	[_]	Written Injury & Illness Prevention Plan	[_]	[_]	Out of State/Country Field Trips

VI. Number of Labor Code 132a and Labor Code 4553 claims filed against the District since July 1, 2008 _____
(Please write in the number of claims, zero or unknown in the blank)

VII. Requested Date of ASCIP Coverage: _____

_____ _____
Name/Title Telephone

_____ _____
District Date

Taxpayer Identification Number _____

**Payroll includes gross wages, salaries, bonuses, vacation, holiday and sick pay, overtime payments and all substitutes for money earned during the policy period by employees and officers of your District and other persons for whom voluntary coverage is provided under the policy.*

Please complete form and submit via email to wc_info@ascip.org along with ten (10) coverage years of workers' compensation detailed loss runs (all open/closed claims) valued within the past sixty (60) days in Excel format.

Print and/or save completed form for your records. To complete multiple forms, press "RESET FORM."