



A Tradition of Excellence

Claims Administrative Services, Inc.

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WORKERS' COMPENSATION DATA REQUEST FORM

1.) Name of District: _____

A. Street Address: _____

B. Mailing Address: _____

C. City: _____ State: _____ Zip: _____

D. County: _____ Contact: _____

E. Phone: _____ Fax: _____ E-Mail: _____

2.) # of Employees: _____ # of Students: _____

3.) # of Vehicles: _____ Autos _____ Buses _____ Trucks _____ Vans

4.) Current experience modifier: _____

5.) Workers' Comp Effective Date: _____

6.) Date Proposal Due: _____

7.) Please Attach:

A. MOST CURRENT COPY OF DETAIL LIST OF CLAIMS FOR PAST 5 YEARS (Claims need to be valued as of 2/28/02 or later.)

B. COPY OF RATES/PREMIUMS FOR 2002 – 2003 POLICY YEAR

8.) Board Meeting Date: _____ Federal Tax ID #: _____

9.) How many volunteers serve your district? _____

A. What tasks are performed by volunteers and approximated number involved in each? _____

B. Are records kept of volunteers and hours served? _____

C. Are volunteers considered in your estimated payroll? _____

10.) Does the district own, lease or charter aircraft? _____ If yes, please describe use and frequency.

FOR CAS USE ONLY
REP: _____ ASSOC: _____ CSR: _____

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CLASSIFICATION OF OPERATIONS		PAYROLL
8868	Professional/Administration	\$
7380	Bus Drivers	\$
9101	All Others	\$
7422	Aircraft Instruction	\$
1997/1998	TOTAL PAYROLL	\$
8868	Professional/Administration	\$
7380	Bus Drivers	\$
9101	All Others	\$
7422	Aircraft Instruction	\$
1998/1999	TOTAL PAYROLL	\$
8868	Professional/Administration	\$
7380	Bus Drivers	\$
9101	All Others	\$
7422	Aircraft Instruction	\$
1999/2000	TOTAL PAYROLL	\$
8868	Professional/Administration	\$
7380	Bus Drivers	\$
9101	All Others	\$
7422	Aircraft Instruction	\$
2000/2001	TOTAL ESTIMATED PAYROLL	\$
8868	Professional/Administration	\$
8810	Clerical	\$
7380	Bus Drivers	\$
9101	All Others	\$
7422	Aircraft Instruction	\$
2001/2002	TOTAL ESTIMATED PAYROLL	\$
8868	Professional/Administration	\$
8810	Clerical	\$
7380	Bus Drivers	\$
9101	All Others	\$
7422	Aircraft Instruction	\$
2002/2003	TOTAL ESTIMATED PAYROLL	\$

SIGNATURE _____ DATE _____

BY YOUR SIGNATURE YOU HEREBY AGREE THAT ALL MATERIAL IN THE PROPOSAL WHICH YOU WILL RECEIVE AND ALL OTHER FUTURE INFORMATION AND DOCUMENTS IN CONNECTION WITH THIS PLAN ARE PROPRIETARY AND CONFIDENTIAL. SUCH INFORMATION AND DOCUMENTS ARE ONLY TO BE USED IN THE EVALUATION OF CLAIMS ADMINISTRATIVE SERVICES CONCEPTS AND PRODUCTS. NO COPIES ARE TO BE PROVIDED TO ANY THIRD PARTIES WITHOUT THE EXPRESS WRITTEN CONSENT OF CLAIMS ADMINISTRATIVE SERVICES.

IF YOU SHOULD HAVE ANY QUESTIONS IN COMPLETING THIS FORM, PLEASE CONTACT CUSTOMER SERVICE OR YOUR ACCOUNT REPRESENTATIVE BY PHONE (800) 765-2412 OR FAX (903) 509-1888.

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