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Administered by the Texas Association of School Boards, Inc.

Return completed Application and Detailed Loss Runs to:
Trina Herbst – trina.herbst@tasb.org
or mail to the address listed above.

TASB RISK MANAGEMENT FUND
WORKERS' COMPENSATION APPLICATION

Public Entity: _____ County: _____
 Mailing Address: _____ City/Zip: _____
 Street Address: _____ City/Zip: _____
 Phone Number: _____ Fax No.: _____
 Proposal Due Date: _____ Proposed Effective Date: _____
 Board Approval Date: _____
 Contact Person: _____ Title: _____

Payroll Information by Class Code					
Fund Year	7380 Bus Driver	8810 Clerical Office	8868 Professional	9101 All Others	Total
2011-2012 Estimated					
2010-2011 Estimated					
2009-2010					
2008-2009					
2007-2008					
2006-2007					
2005-2006					

Detailed loss runs and severity report in excess of \$50,000 must be faxed or mailed to our office to receive a quote.
 Detailed loss runs should include the 2005/2006 fund year to current year and valued within three months from the request date.

Please select the type of quote desired:
 Fully Funded Program _____ Deductible Program _____ Self-Funded _____
 Current Workers' Compensation Carrier / TPA Administrator: _____
 Cost of Current Coverage: _____ Current Deductible: _____
 Current Experience Modifier: _____
 Completed by: _____ Date: _____