Print Form

EXHIBIT 4401

COUNTY OF _____
SELF-INSURANCE PROGRAM DATA SHEET

_____ INSURANCE FISCAL YEAR _____

Date Established _____

Current Maximum Self-Retained Risk:
Per Occurrence $ _____
Aggregate $ _____

Current Reserve Level:

| | Maximum Authorized | | Currently Funded |
|---|---|---|---|
| Catastrophic | $ _____ | Catastrophic | $ _____ |
| IBNR | $ _____ | IBNR | $ _____ |

Purchased Insurance: Excess Umbrella Coverage
First Layer $ _____ to $ _____
Second Layer $ _____ to $ _____

Description of Coverage:

Description of Cost Distribution Methodology **(must include exposure/experience split and years of claims history)**:

Method of Accounting:

_____ Cash

_____ Modified Accrual

_____ Full Accrual

Fund Type:

_____ Internal Service *

_____ Trust *

_____ General

_____ Other _____

* Attach copies of most recent actuarial studies and financial statements