

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