



SCHOOLS  
EXCESS  
LIABILITY  
FUND

## OPTIONAL EXCESS LIABILITY PROGRAM APPLICATION FORM

**Additional limits may be purchased at any time during the year, however, those members who wish to decrease or cancel their OELP coverage, must do so in writing by the annual March 1 change of retention deadline for the coming fiscal year.**

### COVERAGE OPTIONS

- Option 1 - \$20 million excess \$25 million = \$45 million
- Option 2 - \$5 million excess \$45 million = \$50 million
  
- I am applying as a JPA Master Member; make the above change for all my members \*

District/Agency Name: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Date: \_\_\_\_\_

*\*Enrolling JPA Master Members must also provide a roster of their membership and submit a resolution from their JPA Board*

Please return this form to the SELF Office by mail (Schools Excess Liability Fund, 1531 I Street, Suite 300, Sacramento, CA 95814) or fax (916-321-5311). Members will be invoiced accordingly.