

	Due Date	
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MEMORANDUM

To:	Member, Florida Self-Insurers Guaranty Association, Inc.		
From:	Debra Johnson Compton, Self-Insurance Specialist		
Subject:	Unit Statistical Report(s) – Electronic Submission Request		
Date:		Carrier Number: 999	
	FEI Number:		
	Periods Covered	Evaluation Date:	
Report 1	Beginning Date Ending Date	No claims incurred Report 1	
2		No claims incurred Report 2	
3		No claims incurred Report 3	
Self-Insu	rance Authorization Name:		
Unit Statis spreadshed template a submissio	stical Report", submitted pursuant to Rule 69 et or text file format. Electronic submissions and training manual or the text file formatting	LY REQUESTING that Forms DFS-F2-SI-17, "Self-Insurer L-5.205, F.A.C., be completed electronically, either in Excel must be completed in accordance with the Excel spreadsheet instructions, respectively. If you prefer to make a paper ed by the Excel training manual. All submissions must utilize at FEIN shown above.	
emailed, to include a	o the Florida Self-Insurers Guaranty Associa	while completed paper submissions can be mailed, faxed or tion as shown below. When submitting electronically, please completed the report and, (2) when applicable, that no claims	
Report (Completed by: Company		
Name		Telephone	
Signat	ure	Email	

Each report should include ALL ACCIDENTS, both open and closed, which occurred between the beginning and ending dates for that report as shown above. Please visit our website at www.fsiga.org for the Excel spreadsheet template and training manual, text file formatting instructions, and/or paper Form DFS-F2-SI-17.

If you have questions regarding submission of Form DFS-F2-SI-17, please contact Debra Johnson Compton as shown below or by email at debracompton@fsiga.org. Thank you for your timely cooperation with this request.

DJC