



April 17, 2025

Oldham County Board of Education  
6165 W Hwy 146  
Crestwood, KY 40014

**Kentucky Employers Mutual Insurance**  
**250 W Main Street, Suite 900**  
**Lexington, KY 40507**  
[www.kemi.com](http://www.kemi.com)  
**859-425-7800 / 800-640-5364**

Quote Date: April 17, 2025

Prospective Insured:	Legal Entity: School Board
Name Oldham County Board of Education	FEIN: 616001306
Address 6165 W Hwy 146	
City Crestwood, KY 40014	

Agency: Public Risk Placement  
Agent Number: 7275  
Address: PO Box 248  
City: La Grange, KY 40031  
Phone (502) 222-9558

<p>Renewal Quote for Workers Compensation Coverage Renewal Quote Number : 01417436/ 00</p>
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Proposed Effective Date: 07/01/2025 Proposed Expiration Date: 07/01/2026

Employer's Liability Limits:	Bodily Injury by Accident	\$500,000 each accident
(3.B)	Bodily Injury by Disease	\$500,000 policy limit
	Bodily Injury by Disease	\$500,000 each employee

Quote Date: April 17, 2025

Quote for Workers Compensation Coverage Quote Number : 01417436/00
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7380-000	Drivers Chauffeurs & Their Helpers NOC - Commercial
8868-000	College: Professional Employees & Clerical
9101-000	College: All Other Employees

	EXPOSURE	RATE	PREMIUM
Oldham County Board of Education			
07/01/2025 - 07/01/2026			
7380-000	2,820,617	5.98	\$168,673.00
8868-000	72,925,924	.33	\$240,656.00
9101-000	5,060,268	2.73	\$138,145.00

	TYPE	FACTOR	AMOUNT
07/01/2025 - 07/01/2026	Total Manual Premium		\$547,474.00
	Employers Liability Limits	.008	\$4,380.00
	Total Subject Premium		\$551,854.00
	Experience Modification Premium	1.010	\$5,519.00
	Total Modified Premium		\$557,373.00
	Schedule Rating Premium	.600	-\$222,949.00
Final Estimate	Total Standard Premium		\$334,424.00
	Premium Discount		-\$39,892.00
	Expense Constant		\$260.00
	Terrorism Charge		\$8,081.00
	Catastrophe Charge		\$8,081.00
	Estimated Annual Premium		\$310,954.00
	Kentucky Special Fund Assessment		\$17,195.76
	Total Amount Due		\$328,149.76

TOTAL ESTIMATED ANNUAL POLICY PREMIUM

**\$328,149.76**

Payment Plan Eligibility: Ten-Payment Plan

**Required Initial Installment Premium: \$82,037.44**

BILL DATE	BILL AMOUNT
05/27/2025	\$82,037.44
10/01/2025	\$82,037.44
01/01/2026	\$82,037.44
04/01/2026	\$82,037.44