

March 31, 2014

COPY

Curneal & Hignite Insurance Inc  
PO Box 807  
Elizabethtown, KY 42702

**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: March 31, 2014

Prospective Insured:	Legal Entity:	Municipality
Name: Elizabethtown Board of Education	FEIN:	616001403
Address: 219 Helm St		
City: Elizabethtown, KY 42701		

Agency:	Curneal & Hignite Insurance Inc
Agent Number:	254
Address:	PO Box 807
City:	Elizabethtown, KY 42702
Phone:	(270)737-2828<>

Renewal Quote for Workers Compensation Coverage 386919- 07/01/2014-07/01/2015
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Proposed Effective Date: 07/01/2014      Proposed Expiration Date: 07/01/2015

Employer's Liability Limits:	Bodily Injury by Accident	\$1,000,000 each accident
(3.B)	Bodily Injury by Disease	\$1,000,000 policy limit
	Bodily Injury by Disease	\$1,000,000 each employee

Quote for Workers Compensation Coverage  
386919-- 07/01/2014-07/01/2015

7380-000	Drivers Chauffeurs & Their Helpers NOC - Commercial
8868-000	College: Professional Employees & Clerical
9101-000	College: All Other Employees

CLASS RATING AND MANUAL PREMIUM DETAIL	EXPOSURE	RATE	PREMIUM
Elizabethtown Board of Education			
07/01/2014 - 07/01/2015			
7380-000	237,966	8.01	\$19,061.00
8868-000	12,198,735	.5	\$60,994.00
9101-000	861,704	4	\$34,468.00

PREMIUM CALCULATION DETAIL	TYPE	FACTOR	AMOUNT
07/01/2014 - 07/01/2015	Total Manual Premium		\$114,523.00
	Employers Liability Limits	.011	\$1,260.00
	Total Subject Premium		\$115,783.00
	Experience Modification Premium	.780	-\$25,472.00
	Total Modified Premium		\$90,311.00
	Schedule Rating Premium	.800	-\$18,062.00
Final Estimate	Total Standard Premium		\$72,249.00
	Premium Discount		-\$7,330.00
	Expense Constant		\$240.00
	Estimated Annual Premium		\$65,159.00
	Kentucky Special Fund Assessment		\$4,091.99
	Total Amount Due		\$69,250.99

TOTAL ESTIMATED ANNUAL POLICY PREMIUM **\$69,250.99**

Payment Plan Eligibility: Annual Plan

**Required Initial Installment Premium:**

BILLING SCHEDULE BILL DATE	BILLING SCHEDULE BILL AMOUNT
06/01/2014	\$69,250.99

**This renewal quotation is based on the information provided by the expiring policy. Any changes in this information unknown at the time of this quotation could change the policy premium. Notify KEMI immediately of any and all changes. If not paid by the renewal date, coverage will expire.**

