

May 5, 2014

COPY

Nelson Insurance Agency Inc
2000 Envoy Circle Ste 2001
Louisville, KY 40299

Kentucky Employers Mutual Insurance
250 W Main Street, Suite 900
Lexington, KY 40507
www.kemi.com
859-425-7800 / 800-640-5364

Quote Date: May 5, 2014

Prospective Insured:	Legal Entity:	Municipality
Name: Spencer County Board of Education	FEIN:	616001367
Address: 207 W Main St		
City: Taylorsville, KY 40071		

Agency:	Nelson Insurance Agency Inc
Agent Number:	636
Address:	2000 Envoy Circle Ste 2001
City:	Louisville, KY 40299
Phone:	(502)736-7000

Renewal Quote for Workers Compensation Coverage 392671- 07/01/2014-07/01/2015

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
392671-- 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
Spencer County Board of Education			
07/01/2014 - 07/01/2015			
7380-000	829,286	8.01	\$66,426.00
8868-000	13,056,784	.5	\$65,284.00
9101-000	1,070,508	4	\$42,820.00

PREMIUM CALCULATION DETAIL	TYPE	FACTOR	AMOUNT
07/01/2014 - 07/01/2015	Total Manual Premium		\$174,530.00
	Employers Liability Limits	.011	\$1,920.00
	Total Subject Premium		\$176,450.00
	Experience Modification Premium	1.280	\$49,406.00
	Total Modified Premium		\$225,856.00
	Schedule Rating Premium	.650	-\$79,050.00
Final Estimate	Total Standard Premium		\$146,806.00
	Premium Discount		-\$16,253.00
	Expense Constant		\$240.00
	Estimated Annual Premium		\$130,793.00
	Kentucky Special Fund Assessment		\$8,213.80
	Total Amount Due		\$139,006.80

TOTAL ESTIMATED ANNUAL POLICY PREMIUM **\$139,006.80**

Payment Plan Eligibility: Annual Plan

Required Initial Installment Premium:

BILLING SCHEDULE BILL DATE	BILLING SCHEDULE BILL AMOUNT
06/01/2014	\$139,006.80

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.

