Marion County Board of Education 755 E Main St Lebanon, KY 40033

## Kentucky Employers Mutual Insurance 250 W Main Street, Suite 900 Lexington, KY 40507

<u>www.kemi.com</u> 859-425-7800 / 800-640-5364

Quote Date: April 12, 2017

Legal Entity: School Board FEIN: 616001309

Name: Marion County Board of Education

Address: 755 E Main St City: Lebanon, KY 40033

City. Debanon, It 10033

Agency: Curneal & Hignite Insurance Inc

Agent Number: 254

Prospective Insured:

Address: PO Box 807

City: Elizabethtown, KY 42702

Phone: (270)737-2828<>

Renewal Quote for Workers Compensation Coverage 392974-07/01/2017-07/01/2018

Proposed Effective Date: 07/01/2017 Proposed Expiration Date: 07/01/2018

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 392974-- 07/01/2017-07/01/2018

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

CLASS RATING AND MANUAL	EXPOSURE	RATE	PREMIUM
PREMIUM DETAIL			
Marion County Board of Education			
07/01/2017 - 07/01/2018			
7380-000	852,596	3.82	\$32,569.00
9101-000	1,270,152	2.84	\$36,072.00
8868-000	16,113,204	.27	\$43,506.00

PREMIUM CALCULATION	TYPE	FACTOR	AMOUNT
DETAIL			
07/01/2017 - 07/01/2018	Total Manual Premium		\$112,147.00
	Employers Liability Limits	.011	\$1,234.00
	Total Subject Premium		\$113,381.00
	Experience Modification Premium	.880	-\$13,606.00
	Total Modified Premium		\$99,775.00
	Schedule Rating Premium	.900	-\$9,977.00
Final Estimate	Total Standard Premium		\$89,798.00
	Premium Discount		-\$9,243.00
	Expense Constant		\$260.00
	Terrorism Charge		\$1,824.00
	Estimated Annual Premium		\$82,639.00
	Kentucky Special Fund Assessment		\$5,197.99
	Total Amount Due		\$87,836.99

## TOTAL ESTIMATED ANNUAL POLICY PREMIUM

\$87,836.99

Payment Plan Eligibility: Annual Plan

## **Required Initial Installment Premium:**

BILLING SCHEDULE BILL DATE	BILLING SCHEDULE BILL AMOUNT
05/27/2017	\$87,836.99

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.

cc: Curneal & Hignite Insurance Inc