



an AssuredPartners Company

Northern Kentucky Educational Cooperative

Insurance Renewal

7/1/17 to 7/1/18

	Expiring	Renewal
Package: (Liberty Mutual)	\$28,623	\$30,336
• Includes statement of values increase of \$278,273 per KDE		
Umbrella: (Liberty Mutual)	\$4,350	\$4,324
Total Liberty Mutual:	\$32,973	\$34,660

- Price increase solely due to the increase in property values mandated by KDE

Workers Comp: (KESA)	\$8,820	\$12,381
• Soliciting KEMI quote		
• Significant increase in payroll estimates		
• Significant increase in experience mod		

Experience mod	.83	1.35
Payrolls: #9101-All Other	\$32,937	\$45,780
#8868-Profesional	\$2,511,310	\$2,836,079

Total (All Policies)	\$41,793	\$47,041
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- Increase due to additional property values, additional payroll and a significant increase in the experience mod due to prior claims

Bellevue: 179 Fairfield Avenue • Maysville: 125 Market Street

Mailing: P.O. Box 73125, 41073-0125

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Workers' Compensation Experience Rating Worksheet

Batch ID: 40141

Processed Date: 03/05/2017

State: KY

Insured: 15549 - Northern Kentucky Cooperative for Educational Services Inc

Effective Date: 7/1/2017

Eligible: Y

1	2	3	4	5	6	7	8	9	10	11	
Code	ELR	D-Ratio	Payroll	Expected Losses	Exp. Prim. Losses	Accident Date	#	Claim Number	IJ	Act. Inc. Losses	Act. Prim. Losses

Policy Period: 07/01/2013 - 07/01/2014

Policy #: WC100-0015549-2013A

7380	2.18	0.39	0	0	0	Sm. Losses	2 *			157	157
8868	0.15	0.43	2,560,007	3,840	1,651						
9101	1.71	0.43	36,427	623	268						
Policy Period Totals			2,596,434	4,463	1,919					157	

Policy Period: 07/01/2014 - 07/01/2015

Policy #: WC100-0015549-2014A

7380	2.18	0.39	0	0	0	Sm. Losses	2 *			919	919
8868	0.15	0.43	2,547,230	3,821	1,643						
9101	1.71	0.43	23,519	402	173						
Policy Period Totals			2,570,749	4,223	1,816					919	

Policy Period: 07/01/2015 - 07/01/2016

Policy #: WC100-0015549-2015A

7380	2.18	0.39	0	0	0	Sm. Losses	3 *			427	427
8868	0.15	0.43	2,836,079	4,254	1,829	06/13/2016	1 187452	L		33,599	16,500
9101	1.71	0.43	45,780	783	337						
Policy Period Totals			2,881,859	5,037	2,166					34,026	

		(D) - (E)		(H) - (I)					
A	B	C	D	E	F	G	H	I	
Weight Value		Expected Excess	Total Expected	Total Exp. Prim.	Actual Excess	Ballast Value	Total Actual	Total Act. Prim.	
0.07		7,822	13,723	5,901	17,099	19,750	34,050	16,951	

Experience Modifier Calculation	11	12	13	14	15
	Primary Losses	Stabilizing Value	Ratable Excess	Adjusted Totals	Experience Mod
	(I)	(C) X (1 - A) + G	(A) X (F)	(J)	(J) / (K)
Actual	16,951	27,024	1,197	45,171	
Expected	(E)	(C) X (1 - A) + G	(A) X (C)	(K)	1.350
	5,901	27,024	548	33,473	

*Rating reflects a decrease of 70 percent medical-only primary and excess loss dollars where ERA is applied, reflected only in totals (F),(H), and (I).

The ARAP surcharge shown is for those states in the rating that have approved the ARAP program. It was calculated based on the general interstate formula and maximum, however, the maximum surcharge may vary by state.

* = represents one or more claims with total incurred less than the primary claim limit.