

TRIGG COUNTY BOARD OF EDUCATION
Workers' Compensation
4-May-18

ATTENDEES	
Holly Greene	
Travis Hamby	

VENDOR	WORKERS' COMP PROPOSAL	
Higgins - Am Trust	\$187,516	
Higgins - EIG	\$88,878	



Higgins
INSURANCE



Amtrust Insurance Bid

Workers Compensation

Trigg County School Board

April 4th 2018

Please see details enclosed

Price: \$187,516

4057 Lafayette Road
P.O. Box 552
Hopkinsville, KY 42241

Phone: 270.886.3939
Fax: 270.886.8177
www.higgins-ins.com



AmTrust North America

An AmTrust Financial Company

Commercial Insurance Proposal

Prepared For:

Trigg County Board
202 Main Street
Cadiz KY 42211

Proposal Date: ***4/26/2018***

Proposed Policy Period: ***7/1/2018 - 7/1/2019***

Presented By:

Higgins Insurance, Inc.

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Higgins Insurance, Inc.

AmTrust North America
An AmTrust Financial Company
Quotation of Commercial Insurance

Trigg County Board

MAC Account #: **22994978**

Proposal Date: **4/26/2018** Proposed Policy Period: **7/1/2018 - 7/1/2019**

PREMIUM SUMMARY

Workers Compensation	Security National Insurance Company	\$187,516.00
Proposal Total		\$187,516.00

This proposal expires the sooner of (30) days after the proposal date or the proposed Inception date, coverage may not be bound retroactively. Coverage and rate Indications reflect currently approved and executed forms and factors and may be subject to change effective policy Inception. Only AmTrust policy forms Issued at Inception provide coverage, terms and conditions.



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Quote	Quote Type	Bill Type	Pay Plan
5324416	Workers Compensation	Direct Billed	Pay in Full

Please review the detail pages for limits, deductibles, and location information.

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WORKERS COMPENSATION

Payment Installment Schedule

Quote: 5324416

Installments	Invoice Date	Due Date	Premium	Surcharge	Total
Installment 0 of 0	4/27/2018	7/1/2018	\$176,419	\$11,097	\$187,516

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OPTIONAL COVERAGES

The below coverages are not included in the above proposal premiums. To receive a firm quote, please contact your underwriter.

Cyber Liability

Policy Aggregate Limit of Liability	Notified Individuals	Premium
\$50,000	10,000	\$95
\$100,000	10,000	\$175

Cyber Liability coverage is not available in AK, HI, NY or VT.

Employment Practices Liability

Policy Aggregate Limit of Liability	Retention*	Rates per Employee*
\$100,000	\$5k, \$10k and \$15k options	\$30.00 - \$72.86
\$250,000	\$5k, \$10k and \$15k options	\$38.00 - \$91.07

*Rate and retention are dependent upon eligible risk hazard classification and selection of Standard or Enhanced coverage form. Employment Practices Liability coverage is not available at these lower limits in AR, LA or NM.

No application is needed for the above referenced limits for Cyber Liability or Employment Practices Liability. A completed application and an underwriting referral will be required when requesting higher limits, up to \$1,000,000.



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WORKERS COMPENSATION

Premium Schedule

Quote: 5324416

State:		KY	Experience Mod:		1.19
Class Code	Description		Exposure	Rate	Premium
7380	Drivers, Chauffeurs & Their Helpers NOC—Commercial		\$595,486	6.770	\$40,314
8868	School—Professional Employees & Clerical		\$10,860,639	0.420	\$45,615
9101	School—All Other Employees		\$877,794	3.990	\$35,024
Deductible			N/A		
Employers Liability Limits			\$1,000,000/\$1,000,000/\$1,000,000		

Class Code	Description	Premium
9812	Premium for Increased Limits Part Two: 1.1% (1000/1000/1000)	\$1,330
Total Premium Subject To Experience Modification		\$122,283
Experience Modification 119%		\$145,517
9889	Schedule Modifier 40%	\$58,207
0063	Premium Discount 15.3%	(\$31,170)
9740	Terrorism	\$1,233
9741	Catastrophe (other than Terrorism)	\$2,467
0900	Expense Constant	\$165
Total Premium		\$176,419
9999	All Employers Special Fund Assessment 6.29%	\$11,097
Total KY Cost		\$187,516

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Minimum Premium:	\$707
Total Estimated Annual Premium:	\$176,419
State Assessment:	\$11,097
Total Estimated Cost:	\$187,516

Workers Compensation - IMPORTANT NOTICE:

This Workers Compensation quotation is an estimate based upon the underwriting information received including any experience modifications that may change at the time of binding coverage. The policy is auditable with the final premium based on actual payroll and job classifications. Current Certificates of Workers Compensation coverage must be maintained on all subcontracted labor and available to review by a representative of the insurance company. In the event the required certificates are not maintained, the amounts paid to the subcontractors will be included as payroll and a premium change will be made.

Quote not valid if any of the information provided by the Insured or representing Agent is determined to be fraudulent or purposefully misleading in an attempt to alter coverage in any way or premium calculations.

Please note that in addition to the coverages identified in the rating information above, your policy includes terrorism coverage consistent with the Federal Terrorism Risk Insurance Act of 2002.

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Proposal Terms and Conditions

- This proposal replaces all previous proposals for this insured.
- The proposal expires the sooner of thirty (30) days from the date of the proposal or proposed policy inception date, and coverage may not be bound retroactively.
- This proposal provides a summary of coverages. For a complete description of coverages and all terms and conditions, please refer to AmTrust's policy forms, which are available upon request. In the event of a conflict, the actual terms, conditions, limitations and exclusions of the policy shall prevail. Insurance specifications and other requests for coverage that are not incorporated in this proposal, confer no rights and do not amend, extend or alter the coverage afforded by AmTrust.
- Whether or not this quote is for more than one line of insurance, it must be accepted or rejected by the recipient in its entirety. Please contact the underwriter in the event that only a portion of the quotation is desired.
- This proposal is subject to the cancellation provisions applicable to each policy.
- Prior to the effective date of coverage AmTrust must be advised of any change in the information provided by, or required to be provided by, the applicant, or any change in the exposure basis, hazard or risk contemplated by this proposal since the original submission date AmTrust reserves the right to modify or withdraw this proposal in the event of any of the above.
- All of the terms, conditions, and other requirements set forth in this proposal must be included in any quote presentation to the proposed insured.

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Proposal Terms and Conditions (cont.)

Please review the detail pages for limits, deductibles, and location information.

In an effort to provide AmTrust customers with a variety of billing options, the below fee structure will be applied to your new policy.

This fee structure helps customers to meet payment due dates, ensures that valid and properly funded payments are submitted, and provides an incentive for paid-in-full options.

Our fee structure is as follows:

Fee Title	Fee Amount	Description
Returned Payment Fee	\$25	A returned payment fee applied to any returned payment.
Late Fee	\$20	Late fee applied if payment not received on or before payment due date.
Installment Fee	\$15	A "paper" billing fee that is assessed for each mailed installment invoice. Excludes down payment and annual payment plans. Fee is billed at the account level.
Reinstatement Fee	\$50	Fee applied upon reinstatement of a non-payment cancellation.
EFT Fee	\$3	An "electronic" billing fee that is assessed for each ACH Direct Debit transaction. Fee is billed at the account level.

*Fee amount may vary by state and program of business

For policyholders who choose to pay their annual premium on installments, we plan to implement an installment fee, which will be displayed on your renewal invoice.

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Binding Request Authorization and Acceptance

This proposal is only bindable for Agents with Amtrust Binding Authority or after the approval of an AmTrust Underwriter.

Thank you for the opportunity to quote, your business is valued by us. This quotation is valid for thirty (30) days or the proposed inception date in the policy period noted above. All premiums and policy conditions are subject to final underwriting approval and/or verification of application data submitted to us which has caused us to issue this proposal. While every effort has been made herein to provide a fair description of the coverages afforded by our policies, no coverages are afforded by this proposal. The actual insurance CONTRACT WILL determine coverage in ALL CLAIM situations. If you have any questions or concerns regarding the content of this proposal, you should immediately contact your AmTrust agent noted above for clarification.

Binding Authorization and Acceptance: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and substantial civil penalties [NY]. (Not applicable in CO, DC, FL, HI, MA, NE, OH, OK, OR, VT or WA; In LA, ME, TN and VA, insurance benefits may also be denied)

In the District of Columbia, warning: it is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include Imprisonment and/or fines.

In Florida, any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

In Massachusetts, Nebraska, Oregon and Vermont, any person who knowingly and with intent to defraud any Insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

In Washington, it is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

The undersigned is an authorized representative of the applicant and represents that reasonable enquiry has been made to obtain the answers to questions on this application. He/she represents that the answers are true, correct and complete to the best of his/her knowledge.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)		STATE PRODUCER LICENSE NO
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER	

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Flexible Payment Options



Paying insurance premiums shouldn't be a hassle. That's why AmTrust North America offers a variety of methods and installments for insureds to pay – to make it simple and convenient.

Payment Options

- AmTrust AutoPay — Direct debit / EFT
- Credit Card — Online or by phone
MasterCard®, Discover®, VISA® and American Express® accepted
- Check or Electronic Check — Online or by phone
- Pay-As-You-Owe® (PAYO®) — Applies only to workers' comp policies
- Monthly Self Reporting — Applies only to workers' comp policies

AmTrust AutoPay

With this direct debit payment option there's no need to worry about writing a check every month. Once signed up, payments will be automatically withdrawn from the designated bank account.

To sign up, visit www.amtrustfinancial.com, click "LOGIN" in the upper right corner and click "Register." All of the information needed to register can be found on the insured's invoice. Once registered, there is a menu item to sign up for Direct Debit. Complete the needed information and payments will begin being automatically deducted each month.

If changes need to be made to the bank information, simply go back to AmTrust Online and modify the banking information as needed. If the online option is not viable, Direct Debit authorization forms are also available by calling our Customer Service Department at 877.528.7878.

Pay-As-You-Owe® (PAYO®)

Workers' compensation premium is based on payroll. To make premium payments as seamless as possible, we offer PAYO, the perfect

payment solution. PAYO works with approved payroll companies nationwide to make premium payments seamless for the insured.

The payroll companies calculate the premium at the same time they are calculating the payroll for the insured and submit the report directly to AmTrust on the insured's behalf.

Benefits of PAYO include:

- No deposit or down payment required at policy inception or at renewal
- Improves cash flow – employer pays workers' compensation based on actual payroll
- Simplifies work for employer, since payroll company handles the calculation
- No checks to write or invoices to pay; per pay period direct debit by payroll company or AmTrust
- Reduces the chance of additional or return premium at audit

Getting a payroll company approved is easy. AmTrust will confirm that the payroll company has the proper reporting information required, and provide the payroll company with our reporting specifications to help simplify the approval process.

To find out if a payroll company is approved or to submit a payroll company for approval, please contact your regional sales manager.

Payment Plans

For a listing of our flexible payment plans, please contact your sales representative or our Customer Service Department at 877.528.7878. We are sure there is a payment plan that is right for you.

Online Payment

Busy schedules call for flexibility. AmTrust offers that flexibility with 24/7 online payment for insurance premiums.

Signing up is simple. Go to AmTrust Online at www.amtrustfinancial.com, click "LOGIN" in the upper right corner and click "Register." All of the information needed to register can be found on the insured's invoice. Once registered, payments can be made by paying the minimum payment or full balance with a credit card or electronic check.

Additional Ways to Pay

If the aforementioned payment options do not fit your needs, you can also pay by check, phone (credit card or electronic check) or by providing a monthly self report.

To pay by phone, call our Customer Service Department at 866.513.5650:

- Monday - Thursday: 8 a.m. - 8 p.m. EST
- Friday: 8 a.m. - 7 p.m. EST

Our Interactive Voice Response (IVR) automated system is also available 24-7 at 866.513.5650, and can be selected during regular business hours if preferred.

To pay Direct Bill invoices by check, submit payment to:

AmTrust North America
P.O. Box 6939
Cleveland, OH 44101-1939

For monthly self-reporting policies, the insured can submit their payroll by class code and make payment online at www.amtrustfinancial.com or by completing the monthly self-reporting form that is mailed to them and submitting it to the address below with a check.

AmTrust North America
P.O. Box 5849
Cleveland, OH 44101-0849



AmTrust North America
An AmTrust Financial Company

877.528.7878
www.amtrustnorthamerica.com



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Trigg County Board
MAC Account #: **22994978**

Proposal Date: **4/26/2018** Proposed Policy Period: **7/1/2018 - 7/1/2019**

Amtrust North America, Inc.

Authorization Agreement for Direct Payments

I (we) hereby authorize AmTrust North America, Inc. to initiate monthly deductions from my (our) account, identified below, for payment of premium on the insurance policy issued to me (us) by AmTrust North America, Inc.. I (we) authorize the financial institution named to accept and post entries to my (our) account.

I (we) understand that the first payment will be debited by electronic funds transfer on the policy effective date or the date the policy issued, whichever is later. All subsequent payments will be processed as an electronic funds transfer and will be made based on the Payment Schedule. If the Due Date falls on a date that is not a business day, the applicable date shall be the following business day. If the policy is set up on the Pay As You Go (Payo) program, the electronic funds transfer will occur upon transmission from the Payroll Company assigned to the policy.

I (we) understand that this authorization allows AmTrust North America, Inc. to adjust the monthly deductions to reflect any premium changes with the exception of the final premium audit. Any additional premiums resulting from the final premium audit will be invoiced directly to me (us).

I (we) understand that any refunds due on the policy listed below will be refunded by check and not through electronic transfer.

I (we) understand that if renewal policies are issued, that this authorization will extend to that policy term unless I (we) provide written notice to AmTrust North America, Inc. of a request to terminate this authorization.

I (we) understand that if payment is dishonored by the bank designated below from the account specified this agreement may be considered cancelled and the dishonored payment and all remaining payments may be required to be made by check or other negotiable instrument to ensure the continuance of my (our) coverage. All payments must be paid as invoiced.

Master Account Number: **22994978**

*If requesting the direct debit payment plan for the master account above, all policies assigned to that master account must be on direct debit.

Bank Information

Banking information must be received for payments to begin to withdraw automatically. If banking information is not received timely, the policies listed below could be cancelled for non-payment.

Policy Number	Name on Account	Type of Account	Bank Name	Bank Routing #	Bank Account #

This authorization will remain in effect until I (we) provide written notice to AmTrust North America, Inc. of its termination in such time and in such manner as to afford AmTrust North America, Inc. a reasonable opportunity to act on it.

Signature of Insured / Policy Holder

Date

Insured Email Address (for email notification of funds transfer)

Please allow five (5) business days for processing of this authorization.

To ensure accuracy, please attach a sample check marked 'VOID'.

Please fax, e-mail or mail this form to:

Secure Accounting Fax Only – (216)520-3178
E-mail – AmtrustAR@amtrustgroup.com
Mail to –
Amtrust North America, Inc.
Attn: Accounts Receivable
800 Superior Avenue East, 21st Floor
Cleveland, OH 44114

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Higgins
INSURANCE

Employers Mutual Insurance Bid

Workers Compensation

Trigg County School Board

April 4th 2018

Please see details enclosed

Price: \$88,878

4057 Lafayette Road
P.O. Box 552
Hopkinsville, KY 42241

Phone: 270.886.3939
Fax: 270.886.8177
www.higgins-ins.com



EIG Services, Inc.
In California, dba
EIG Insurance Services

Quotation for Workers' Compensation and Employers Liability Insurance

Date: 05/03/2018

Applicant/First Named Insured: TRIGG COUNTY BOARD OF

Insurance Company: Employers Assurance Company

Underwriting Contact: Deborah Hardesty

Underwriter Phone: +1 704 2643127

Underwriter Email: DHARDESTY@EMPLOYERS.COM

Quote Number: FIG 2491209-01

Proposed Effective Date: 07/01/2018

Proposed Expiration Date: 07/01/2019

Agency: Higgins Insurance Inc

Agency Number: 6413300

Payment Plan: 100% DP

Down Payment: \$88,878.00

Installments of: \$0.00

We are pleased to offer the following quotation for your workers' compensation insurance. The estimated annual premium is \$88,878. This quotation is valid until the Proposed Effective Date noted above. Coverage must be bound prior to the Proposed Effective Date. You may accept this quotation and request policy issuance by selecting **Bind Request** in the quoting system and making a timely payment. The requested payment plan is based on estimated annual premium (EAP) and is subject to change after policy issuance and final audit. We will send the First Named Insured an invoice when the policy is issued. Please do not make payment from this quotation.

This quotation has been prepared based on the information submitted by you and/or your agency. If, prior to binding, the information we received and relied on to generate this quotation changes, we may rescind the existing quote or offer a new quote. A new quote may contain changes in rates, premium, and/or conditions. This quotation and any subsequently issued policy and estimated premium, may also be subject to change based on changes in rates, assessments, bureau promulgated experience modifiers or any other item issued by controlling jurisdictions.

This quotation applies solely to the above-referenced First Named Insured and any legally combinable, additionally scheduled Named Insureds listed herein. This quotation is based on submitted information including legal name(s), legal entity type(s), federal tax identification number(s) (FEIN), ownership structure, and the legal combinability of any additionally scheduled Named Insureds. Legal combinability requires the First Named Insured to have majority interest of all additionally scheduled Named Insureds.

We are relying upon the accuracy of the information provided. Any irregularity, inaccuracy, or misrepresentation of information may result in modification, cancellation or rescission of a policy issued based upon such information.

This quotation is for illustrative purposes only and thus the policy terms and conditions will supersede this quotation. Additionally, the premium calculation details are estimates. The final premium will be determined after the policy ends using the actual, not estimated, payroll/remuneration to calculate the premium basis using the proper classifications and rates that lawfully apply to the business and exposures covered by the policy.

This quotation does not amend or otherwise affect the provisions of coverage of any resulting insurance policy issued by Employers Assurance Company. It is not a representation that coverage does or does not exist for any particular claim or loss under any policy issued. Coverage depends on the applicable provisions of the actual policy issued, the facts and circumstances involved in the claim or loss and any applicable law.

America's small business insurance specialist®

tel 888 682-6671 | 10375 PROFESSIONAL CIRCLE | RENO, NV 89521-4802 | www.employers.com

EIG Services, Inc. an affiliated agency and adjuster

Employers Preferred Insurance Company | Employers Assurance Company
Employers Compensation Insurance Company | Employers Insurance Company of Nevada





America's small business insurance specialist.™

Employers Assurance Company, rated A- (excellent) by A.M. Best Company provides insurance protection, loss control and claims management services for our policyholders.

Workers' Compensation/Employers Liability

Coverage		Limits
Workers' Compensation Employers Liability	Bodily Injury by Accident	Statutory
	Each Accident	\$1,000,000
	Bodily Injury by Disease	
	Policy Limit	\$1,000,000
	Each Employee	\$1,000,000

Policy Declarations	
Item 1.	First Named Insured: TRIGG COUNTY BOARD OF
Item 3.A. Workers' Compensation Insurance: Part One of the policy applies to the workers' compensation law(s) in:	States of: KY
Item 3.C. Other States Insurance: Part Three of the policy applies to:	All states except AK, AR, DE, HI, ND, NH, OH, RI, WA, WV, WY self-insured states, those states insured under other policies and states listed in item 3.A.

Estimated Annual Premium Schedule

State	Class Code	Loc	Class Description	Payroll	Rate	Estimated Annual Premium
KY	8868	1	SCHOOL: PROFESSIONAL EMPLOYEES & CLERICAL	\$10,860,639	0.33	\$35,840
KY	9101	1	SCHOOL: ALL OTHER EMPLOYEES	\$877,794	3.11	\$27,299
KY	7380	1	DRIVERS, CHAUFFEURS, MESSENGERS, AND THEIR HELPERS NOC - COMMERCIAL	\$595,486	5.27	\$31,382
			SubTotal			\$94,521
KY	8868	2	SCHOOL: PROFESSIONAL EMPLOYEES & CLERICAL	\$0	0.33	(\$0)



America's small business insurance specialist.®

State	Class Code	Loc	Class Description	Payroll	Rate	Estimated Annual Premium
KY	9101	2	SCHOOL: ALL OTHER EMPLOYEES	\$0	3.11	(\$0)
KY	7380	2	DRIVERS, CHAUFFEURS, MESSENGERS, AND THEIR HELPERS NOC - COMMERCIAL	\$0	5.27	(\$0)
			SubTotal			(\$0)
KY	8868	3	SCHOOL: PROFESSIONAL EMPLOYEES & CLERICAL	\$0	0.33	(\$0)
KY	9101	3	SCHOOL: ALL OTHER EMPLOYEES	\$0	3.11	(\$0)
KY	7380	3	DRIVERS, CHAUFFEURS, MESSENGERS, AND THEIR HELPERS NOC - COMMERCIAL	\$0	5.27	(\$0)
			SubTotal			(\$0)
KY	8868	4	SCHOOL: PROFESSIONAL EMPLOYEES & CLERICAL	\$0	0.33	(\$0)
KY	9101	4	SCHOOL: ALL OTHER EMPLOYEES	\$0	3.11	(\$0)
KY	7380	4	DRIVERS, CHAUFFEURS, MESSENGERS, AND THEIR HELPERS NOC - COMMERCIAL	\$0	5.27	(\$0)
			SubTotal			(\$0)
KY	8868	5	SCHOOL: PROFESSIONAL EMPLOYEES & CLERICAL	\$0	0.33	(\$0)
KY	9101	5	SCHOOL: ALL OTHER EMPLOYEES	\$0	3.11	(\$0)
KY	7380	5	DRIVERS, CHAUFFEURS, MESSENGERS, AND THEIR HELPERS NOC - COMMERCIAL	\$0	5.27	(\$0)
			SubTotal			(\$0)
KY	8868	6	SCHOOL: PROFESSIONAL EMPLOYEES & CLERICAL	\$0	0.33	(\$0)
KY	9101	6	SCHOOL: ALL OTHER EMPLOYEES	\$0	3.11	(\$0)
KY	7380	6	DRIVERS, CHAUFFEURS, MESSENGERS, AND THEIR HELPERS NOC - COMMERCIAL	\$0	5.27	(\$0)
			SubTotal			(\$0)



America's small business insurance specialist.*

State	Class Code	Loc	Class Description	Payroll	Rate	Estimated Annual Premium
KY	8868	7	SCHOOL: PROFESSIONAL EMPLOYEES & CLERICAL	\$0	0.33	(\$0)
KY	9101	7	SCHOOL: ALL OTHER EMPLOYEES	\$0	3.11	(\$0)
KY	7380	7	DRIVERS, CHAUFFEURS, MESSENGERS, AND THEIR HELPERS NOC - COMMERCIAL	\$0	5.27	(\$0)
			SubTotal			(\$0)
KY	9812		INCREASED COVERAGE II	\$94,521	0.011	\$1,040
KY	9898		EXPERIENCE MODIFICATION	\$95,561	1.19	\$18,157
KY	9887		SCHEDULE CREDIT	\$113,718	0.25	(\$28,430)
KY	0063		PREMIUM DISCOUNT	\$85,288	0.08	(\$6,823)
KY	0900		EXPENSE CONSTANT			\$220
KY	9684		KY-SPEC FUND ASSESSMENT NO DED	\$83,618	0.0629	\$5,260
KY	9740		TERRORISM PREMIUM	\$12,333,919	0.01	\$1,233
KY	9741		CATASTROPHE PREMIUM	\$12,333,919	0.03	\$3,700
			SubTotal			(\$5,643)
			Total For State			\$88,878
			Total For Policy			\$88,878
			Minimum Premium			\$750

Coverage for acts of terrorism is included in your policy. You are hereby notified that under the Terrorism Risk Insurance Act, as amended in 2015, the definition of act of terrorism has changed. As defined in Section 102(1) of the Act: The term "act of terrorism" means any act or acts that are certified by the Secretary of the Treasury-in consultation with the Secretary of Homeland Security, and the Attorney General of the United States-to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Under your coverage, any losses resulting from certified acts of terrorism may be partially reimbursed by the United States Government under a formula established by the Terrorism Risk Insurance Act, as amended. However, your policy may contain other exclusions which might affect your coverage, such as an exclusion for nuclear events. Under the formula, the United States Government generally reimburses 85% through 2015; 84% beginning on January 1, 2016; 83% beginning on January 1, 2017; 82% beginning on January 1, 2018; 81% beginning on January 1, 2019 and 80% beginning on January 1, 2020, of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The Terrorism Risk Insurance Act, as amended, contains a \$100 billion cap that limits U.S. Government reimbursement as well as insurers' liability for losses resulting from certified acts of terrorism when the amount of such losses exceeds \$100 billion in any one calendar year. If the aggregate insured losses for all insurers



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exceed \$100 billion, your coverage may be reduced.

The portion of your annual premium that is attributable to coverage for acts of terrorism is: \$1,233, and does not include any charges for the portion of losses covered by the United States government under the Act.

Earthquake, Catastrophic Industrial Accidents and Noncertified Acts of Terrorism

Coverage for earthquake, catastrophic industrial accidents and noncertified acts of terrorism is included in your quote. This coverage applies to any single event resulting from an earthquake, catastrophic industrial accident, or noncertified act of terrorism which results in aggregate workers' compensation losses in excess of \$50 million. The portion of your quoted premium that is attributable to this coverage is: \$3,700.

This quote includes coverage for the following additional scheduled Named Insureds:

DBA: N/A

Named Insured: N/A

Officers, Sole Proprietors, Members and/or Partners (or others) Coverage Exclusion:

We will accommodate requests for exclusion (rejection of coverage) of employees to the extent permitted by the applicable workers' compensation laws of the states shown in Item 3.A of the information page, but only upon receipt of the following documentation:

Kentucky	Kentucky Form No 4, Employee's Notice of Rejection of Workers' Compensation Act must be filed with the Kentucky Dept. of Workers Claims and a copy provided to EMPLOYERS. We will contact the state to confirm filing.
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Any policy issued will include all state mandated endorsements. If the required form(s) were previously submitted, they will be honored until rescinded.

This quote includes the following optional endorsements:

N/A

Conditions of binding:

Focus on reporting all claims within 24 hours of occurrence. Seven of twelve claims in the 2017 policy period were reported more than five days after occurrence



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Commission%
8.0

Note: Agency is responsible for notifying the Applicant Legal Name/First Named Insured of its commission and other compensation we pay, if any, as may be required by law.



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Insurance Company: Employers Assurance Company

Applicant/First Named Insured: TRIGG COUNTY BOARD OF

Date Issued: 05/03/2018

Quote Number: EIG 2491209-01

Effective Date: 07/01/2018

**NOTICE OF ELECTION TO ACCEPT OR REJECT AN INSURANCE DEDUCTIBLE
FOR KENTUCKY WORKERS' COMPENSATION INSURANCE**

KY law permits an employer to purchase workers' compensation with a deductible applicable to medical and indemnity benefits. The deductible applies separately to each claim for bodily injury by accident or disease.

To accept or reject an insurance benefits deductible, please check one of the following options:

_____ Quoted premium includes a stated deductible selection and I accept.

_____ Quoted premium does not include a deductible selection and I accept.

_____ I reject the quoted deductible or no deductible selection and accept the alternative indicated below. This alternative election will result in a new quotation with a revised Estimated Annual Premium (EAP).

Selected Option	Deductible Amount
	No Deductible
	\$100
	\$200
	\$300
	\$400
	\$500
	\$1,000
	\$1,500
	\$2,500
	\$5,000
	\$7,500
	\$10,000

PLEASE COMPLETE, SIGN AND DATE THE FIRST PAGE OF THIS FORM AND RETURN IT PROMPTLY TO THE INSURANCE COMPANY. IF THIS FORM IS NOT RETURNED PRIOR TO THE EFFECTIVE DATE OF AN ISSUED POLICY, IT WILL BE CONSTRUED TO MEAN THAT YOU HAVE ACCEPTED THE DEDUCTIBLE AS OFFERED IN THE QUOTATION.

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT YOUR AGENT OR BROKER.

APPLICANT/FIRST NAMED INSURED'S AUTHORIZED REPRESENTATIVE
SIGNATURE & TITLE

DATE