

April 3, 2019

Simpson County Board of Education  
430 S College St  
Franklin, KY 42134

**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: April 3, 2019

Prospective Insured:	Legal Entity:	School Board
Name: Simpson County Board of Education	FEIN:	616001281
Address: 430 S College St		
City: Franklin, KY 42134		

Agency:	Franklin Insurance Inc
Agent Number:	353
Address:	PO Box 505
City:	Franklin, KY 42135-0505
Phone:	(270)586-8246<>

<p>Renewal Quote for Workers Compensation Coverage 421425- 07/01/2019-07/01/2020</p>
--

Proposed Effective Date: 07/01/2019      Proposed Expiration Date: 07/01/2020

Employer's Liability Limits:	Bodily Injury by Accident	\$4,000,000	each accident
(3.B)	Bodily Injury by Disease	\$4,000,000	policy limit
	Bodily Injury by Disease	\$4,000,000	each employee

Quote for Workers Compensation Coverage  
421425-- 07/01/2019-07/01/2020

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
Simpson County Board of Education			
07/01/2019 - 07/01/2020			
9101-000	1,154,192	4.35	\$50,207.00
7380-000	679,327	5.23	\$35,529.00
8868-000	15,451,806	.46	\$71,078.00

PREMIUM CALCULATION DETAIL	TYPE	FACTOR	AMOUNT
07/01/2019 - 07/01/2020	Total Manual Premium		\$156,814.00
	Employers Liability Limits	.018	\$2,823.00
	Total Subject Premium		\$159,637.00
	Experience Modification Premium	.840	-\$25,542.00
	Total Modified Premium		\$134,095.00
Final Estimate	Total Standard Premium		\$134,095.00
	Premium Discount		-\$14,651.00
	Expense Constant		\$260.00
	Terrorism Charge		\$1,729.00
	Estimated Annual Premium		\$121,433.00
	Kentucky Special Fund Assessment		\$7,783.86
	Total Amount Due		\$129,216.86

TOTAL ESTIMATED ANNUAL POLICY PREMIUM **\$129,216.86**

Payment Plan Eligibility: Ten-Payment Plan

**Required Initial Installment Premium:**

BILLING SCHEDULE BILL DATE	BILLING SCHEDULE BILL AMOUNT
05/27/2019	\$32,304.22
08/01/2019	\$10,776.68
09/01/2019	\$10,776.68
10/01/2019	\$10,776.68
11/01/2019	\$10,763.77
12/01/2019	\$10,763.77
01/01/2020	\$10,763.77
02/01/2020	\$10,763.77
03/01/2020	\$10,763.77

BILLING SCHEDULE BILL DATE	BILLING SCHEDULE BILL AMOUNT
04/01/2020	\$10,763.75

**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: Franklin Insurance Inc