

April 1, 2020

Allen County Board of Education  
570 Oliver St  
Scottsville, KY 42164

**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 1, 2020

Prospective Insured:  
Name Allen County Board of Education  
Address 570 Oliver St  
City Scottsville, KY 42164

Legal Entity: School Board  
FEIN: 616001355

Agency: Education Risk Solutions LLC  
Agent Number: 6276  
Address: PO Box 7500  
City: Bowling Green, KY 42102  
Phone (270) 843-9054

Renewal Quote for Workers Compensation Coverage Renewal Quote Number : 01342442/ 00
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Proposed Effective Date: 07/01/2020 Proposed Expiration Date: 07/01/2021

Employer's Liability Limits: (3.B)	Bodily Injury by Accident	\$1,000,000 each accident
	Bodily Injury by Disease	\$1,000,000 policy limit
	Bodily Injury by Disease	\$1,000,000 each employee

Quote Date: April 1, 2020

Quote for Workers Compensation Coverage Quote Number : 01342442/00
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7380-000	Drivers Chauffeurs & Their Helpers NOC - Commercial
8868-000	College: Professional Employees & Clerical
9101-000	College: All Other Employees

	EXPOSURE	RATE	PREMIUM
Allen County Board of Education			
07/01/2020 - 07/01/2021			
7380-000	1,018,483	3.24	\$32,999.00
8868-000	15,381,268	.29	\$44,606.00
9101-000	1,179,636	2.53	\$29,845.00

	TYPE	FACTOR	AMOUNT
07/01/2020 - 07/01/2021	Total Manual Premium		\$107,450.00
	Employers Liability Limits	.011	\$1,182.00
	Total Subject Premium		\$108,632.00
	Experience Modification Premium	.700	-\$32,590.00
	Total Modified Premium		\$76,042.00
	Schedule Rating Premium	.900	-\$7,604.00
Final Estimate	Total Standard Premium		\$68,438.00
	Premium Discount		-\$6,915.00
	Expense Constant		\$260.00
	Terrorism Charge		\$1,758.00
	Catastrophe Charge		\$1,758.00
	Estimated Annual Premium		\$65,299.00
	Kentucky Special Fund Assessment		\$4,185.67
	Total Amount Due		\$69,484.67

TOTAL ESTIMATED ANNUAL POLICY PREMIUM

**\$69,484.67**

Payment Plan Eligibility: Annual Plan

**Required Initial Installment Premium: \$69,484.67**

BILL DATE	BILL AMOUNT
05/27/2020	\$69,484.67

**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. Please notify underwriting of any and all changes.**

cc: Education Risk Solutions LLC