

250 West Main Street, Suite 900 Lexington, KY 40507-1724 859-425-7800 www.kemi.com

March 24, 2021

Estill County Board Of Education PO Box 930 Irvine, KY 40336

Kentucky Employers Mutual Insurance 250 W Main Street, Suite 900 Lexington, KY 40507 www.kemi.com

859-425-7800 / 800-640-5364

Quote Date: March 24, 2021

Legal Entity: Other

Prospective Insured: FEIN: 616001303

Name Estill County Board Of Education

Address PO Box 930 City Irvine, KY 40336

Agency: AssuredPartners NL LLC

Agent Number: 633

Address: 2305 River Rd

City: Louisville, KY 40206 Phone (502) 894-2100

> Renewal Quote for Workers Compensation Coverage Renewal Quote Number: 01355058/00

Proposed Effective Date: 07/01/2021 Proposed Expiration Date: 07/01/2022

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 poincy limit

\$1,000,000 each employee

Quote Date: March 24, 2021

Quote for Workers Compensation Coverage Quote Number: 01355058/00

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

	EXPOSURE	RATE	PREMIUM
Estill County Board Of			
Education			
07/01/2021 - 07/01/2022			
7380-000	937,132	3.24	\$30,363.00
8868-000	12,138,009	.28	\$33,986.00
9101-000	1,070,844	2.31	\$24,736.00

	TYPE	FACTOR	AMOUNT
07/01/2021 - 07/01/2022	Total Manual Premium		\$89,085.00
	Employers Liability Limits	.011	\$980.00
	Total Subject Premium		\$90,065.00
	Experience Modification	.630	-\$33,324.00
	Premium		
	Total Modified Premium		\$56,741.00
	Schedule Rating Premium	.800	-\$11,348.00
Final Estimate	Total Standard Premium		\$45,393.00
	Premium Discount		-\$4,403.00
	Expense Constant		\$260.00
	Terrorism Charge		\$1,415.00
	Catastrophe Charge		\$1,415.00
	Estimated Annual Premium		\$44,080.00
	Kentucky Special Fund		\$3,094.42
	Assessment		
	Total Amount Due		\$47,174.42

TOTAL ESTIMATED ANNUAL POLICY PREMIUM

\$47,174.42

Payment Plan Eligibility: Annual Plan

Required Initial Installment Premium: \$47,174.42

BILL DATE	BILL AMOUNT		
05/27/2021	\$47,174.42		