

May 27, 2021

Dawson Springs Independent School District
118 E Arcadia Av
Dawson Springs, KY 42408

Kentucky Employers Mutual Insurance
250 W Main Street, Suite 900
Lexington, KY 40507
www.kemi.com
859-425-7800 / 800-640-5364

Quote Date: May 27, 2021

Prospective Insured:	Legal Entity:	School Board
Name: Dawson Springs Independent School District	FEIN:	616001400
Address: 118 E Arcadia Av		
City: Dawson Springs, KY 42408		

Agency:	Higgins Insurance Inc
Agent Number:	464
Address:	PO Box 552
City:	Hopkinsville, KY 42241
Phone:	(270)886-3939<>

Renewal Quote for Workers Compensation Coverage 392446- 07/01/2021-07/01/2022
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Proposed Effective Date: 07/01/2021 Proposed Expiration Date: 07/01/2022

Employer's Liability Limits:	Bodily Injury by Accident	\$500,000 each accident
(3.B)	Bodily Injury by Disease	\$500,000 policy limit
	Bodily Injury by Disease	\$500,000 each employee

Quote for Workers Compensation Coverage 392446-- 07/01/2021-07/01/2022

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
Dawson Springs Independent School District			
07/01/2021 - 07/01/2022			
7380-000	57,698	5.23	\$3,018.00
9101-000	268,492	3.85	\$10,337.00
8868-000	3,526,095	.45	\$15,867.00

PREMIUM CALCULATION DETAIL	TYPE	FACTOR	AMOUNT
07/01/2021 - 07/01/2022	Total Manual Premium		\$29,222.00
	Employers Liability Limits	.008	\$234.00
	Total Subject Premium		\$29,456.00
	Experience Modification Premium	1.230	\$6,775.00
	Total Modified Premium		\$36,231.00
	Schedule Rating Premium	.650	-\$12,681.00
Final Estimate	Total Standard Premium		\$23,550.00
	Premium Discount		-\$2,022.00
	Expense Constant		\$260.00
	Terrorism Charge		\$385.00
	Catastrophe Charge		\$385.00
	Estimated Annual Premium		\$22,558.00
	Kentucky Special Fund Assessment		\$1,583.57
	Total Premium & Assessment		\$24,141.57

TOTAL ESTIMATED ANNUAL POLICY PREMIUM **\$24,141.57**

Payment Plan Eligibility: Annual Plan

Required Initial Installment Premium:

BILLING SCHEDULE BILL DATE	BILLING SCHEDULE BILL AMOUNT
05/27/2021	\$24,141.57

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: Higgins Insurance Inc