



March 21, 2024

Paintsville Independent Schools  
305 Second St  
Paintsville, KY 41240

**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 21, 2024

Prospective Insured:  
Name Paintsville Independent Schools  
Address 305 Second St  
City Paintsville, KY 41240

Legal Entity: School Board  
FEIN: 616001429

Agency: Peoples Insurance Agency LLC  
Agent Number: 4582  
Address: PO Box 210  
City: Marietta, OH 45750  
Phone (606) 329-2200

Renewal Quote for Workers Compensation Coverage  
Renewal Quote Number : 01402772/ 00

Proposed Effective Date: 07/01/2024 Proposed Expiration Date: 07/01/2025

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: March 21, 2024

Quote for Workers Compensation Coverage  
Quote Number : 01402772/00

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

	EXPOSURE	RATE	PREMIUM
Paintsville Independent Schools			
07/01/2024 - 07/01/2025			
7380-000	50,936	5.44	\$2,771.00
8868-000	5,000,000	.34	\$17,000.00
9101-000	460,000	2.88	\$13,248.00

	TYPE	FACTOR	AMOUNT
07/01/2024 - 07/01/2025	Total Manual Premium		\$33,019.00
	Employers Liability Limits	.011	\$363.00
	Total Subject Premium		\$33,382.00
	Experience Modification Premium	.780	-\$7,344.00
	Total Modified Premium		\$26,038.00
	Schedule Rating Premium	.900	-\$2,604.00
Final Estimate	Total Standard Premium		\$23,434.00
	Premium Discount		-\$2,009.00
	Expense Constant		\$260.00
	Terrorism Charge		\$551.00
	Catastrophe Charge		\$551.00
	Estimated Annual Premium		\$22,787.00
	Kentucky Special Fund Assessment		\$1,487.99
	Total Amount Due		\$24,274.99

TOTAL ESTIMATED ANNUAL POLICY PREMIUM **\$24,274.99**

Payment Plan Eligibility: Annual Plan

**Required Initial Installment Premium: \$24,274.99**

BILL DATE	BILL AMOUNT
05/27/2024	\$24,274.99

**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: Peoples Insurance Agency LLC