

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

March 27, 2024

Russellville Independent Board of Education 355 S Summer St Russellville, KY 42276

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 27, 2024

616001174

Legal Entity: School Board Prospective Insured: FEIN: Name Russellville Independent Board of Education Address 355 S Summer St City Russellville, KY 42276

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: 01402712/00

Proposed Effective Date: 07/01/2	Proposed Expiration Date:	: 07/01/2025
Employer's Liability Limits: (3.B)	Bodily Injury by Accident Bodily Injury by Disease Bodily Injury by Disease	\$1,000,000 each accident \$1,000,000 policy limit \$1,000,000 each employee

Quote Date: March 27, 2024

Quote for Workers Compensation Cov	erage
Quote Number : 01402712/00	

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

	EXPOSURE	RATE	PREMIUM
Russellville Independent			
Board of Education			
07/01/2024 - 07/01/2025			
7380-000	235,000	3.37	\$7,920.00
8868-000	7,000,000	.2	\$14,000.00
9101-000	380,000	1.73	\$6,574.00

	TYPE	FACTOR	AMOUNT
07/01/2024 - 07/01/2025	Total Manual Premium		\$28,494.00
	Employers Liability Limits	.011	\$313.00
	Total Subject Premium		\$28,807.00
	Experience Modification	.740	-\$7,490.00
	Premium		
	Total Modified Premium		\$21,317.00
	Schedule Rating Premium	.800	-\$4,263.00
Final Estimate	Total Standard Premium		\$17,054.00
	Premium Discount		-\$1,314.00
	Expense Constant		\$260.00
	Terrorism Charge		\$762.00
	Catastrophe Charge		\$762.00
	Estimated Annual Premium		\$17,524.00
	Kentucky Special Fund		\$1,144.32
	Assessment		
	Total Amount Due		\$18,668.32

TOTAL ESTIMATED ANNUAL POLICY PREMIUM

\$18,668.32

Payment Plan Eligibility: Annual Plan

Required Initial Installment Premium: \$18,668.32

BILL DATE	BILL AMOUNT
05/27/2024	\$18,668.32

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