



May 16, 2024

Simpson County Board of Education
430 S College St
Franklin, KY 42134

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 16, 2024

Prospective Insured:
Name: Simpson County Board of Education
Address: 430 S College St
City: Franklin, KY 42134

Legal Entity: School Board
FEIN: 616001281

Agency: Franklin Insurance Inc
Agent Number: 353
Address: PO Box 505
City: Franklin, KY 421350505
Phone: (270) 586-8246

Quote for Workers Compensation Coverage
Quote Number : 01403479/ 00

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

Employer's Liability

Limits: (3.B)	Bodily Injury by Accident Bodily Injury by Disease Bodily Injury by Disease	\$4,000,000 each accident \$4,000,000 policy limit \$4,000,000 each employee
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Quote for Workers Compensation Coverage
Quote Number : 01403479 /00

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

	EXPOSURE	RATE	PREMIUM
Simpson County Board of Education			
07/01/2024 - 07/01/2025			
7380-000	650,875	3.37	\$21,934.00
8868-000	18,962,500	.2	\$37,925.00
9101-000	1,742,500	1.73	\$30,145.00

	TYPE	FACTOR	AMOUNT
07/01/2024 - 07/01/2025	Total Manual Premium		\$90,004.00
	Employers Liability Limits	.018	\$1,620.00
	Total Subject Premium		\$91,624.00
	Experience Modification Premium	1.000	\$.00
	Total Modified Premium		\$91,624.00
	Schedule Rating Premium	.760	-\$21,990.00
Final Estimate	Total Standard Premium		\$69,634.00
	Premium Discount		-\$7,045.00
	Expense Constant		\$260.00
	Terrorism Charge		\$2,136.00
	Catastrophe Charge		\$2,136.00
	Estimated Annual Premium		\$67,121.00
	Kentucky Special Fund Assessment		\$4,383.00
	Total Amount Due		\$71,504.00

TOTAL ESTIMATED ANNUAL POLICY PREMIUM \$71,504.00

Payment Plan Eligibility: Ten-Payment Plan

Required Initial Installment Premium: \$17,876.00

BILL DATE	BILL AMOUNT
05/27/2024	\$17,876.00
08/01/2024	\$5,963.43
09/01/2024	\$5,963.43
10/01/2024	\$5,963.43
11/01/2024	\$5,956.28
12/01/2024	\$5,956.28
01/01/2025	\$5,956.28
02/01/2025	\$5,956.28

BILL DATE	BILL AMOUNT
03/01/2025	\$5,956.28
04/01/2025	\$5,956.31

This premium quotation is for pricing purposes only and is subject to our final approval. It no way implies that coverage has been afforded by Kentucky Employers' Mutual Insurance.

Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

The undersigned is an authorized representative of the applicant and represents that reasonable inquiry has been made to obtain the answers to questions on this application. He/She represents that the answers are true, correct and complete to the best of his/her knowledge.

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE

cc: Franklin Insurance Inc