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

April 2, 2025

Menifee County Board of Education
202 Back St
Frenchburg, KY 40322

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

Quote Date: April 2, 2025

Legal Entity: School Board
FEIN: 616001279

Prospective Insured:
Name Menifee County Board of Education
Address 202 Back St
City Frenchburg, KY 40322

Agency: AssuredPartners NL Insurance LLC
Agent Number: 5542
Address: 1792 Alysheba Way Ste 300
City: Lexington, KY 40509
Phone (859) 543-1716

Renewal Quote for Workers Compensation Coverage
Renewal Quote Number : 01418123/ 00

Proposed Effective Date: 07/01/2025 Proposed Expiration Date: 07/01/2026

| | | | |
|---|---|---|---|
| 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: April 2, 2025

Quote for Workers Compensation Coverage
Quote Number : 01418123/00

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

| | EXPOSURE | RATE | PREMIUM |
|---|---|---|---|
| Menifee County Board of Education | | | |
| 07/01/2025 - 07/01/2026 | | | |
| 7380-000 | 277,879 | 3.59 | $9,976.00 |
| 8868-000 | 6,930,220 | .2 | $13,860.00 |
| 9101-000 | 827,513 | 1.64 | $13,571.00 |

| | TYPE | FACTOR | AMOUNT |
|---|---|---|---|
| 07/01/2025 - 07/01/2026 | Total Manual Premium | | $37,407.00 |
| | Employers Liability Limits | .011 | $411.00 |
| | Total Subject Premium | | $37,818.00 |
| | Experience Modification Premium | .890 | -$4,160.00 |
| | Total Modified Premium | | $33,658.00 |
| | Schedule Rating Premium | .950 | -$1,683.00 |
| Final Estimate | Total Standard Premium | | $31,975.00 |
| | Premium Discount | | -$2,940.00 |
| | Expense Constant | | $260.00 |
| | Terrorism Charge | | $804.00 |
| | Catastrophe Charge | | $804.00 |
| | Estimated Annual Premium | | $30,903.00 |
| | Kentucky Special Fund Assessment | | $1,708.94 |
| | Total Amount Due | | $32,611.94 |

TOTAL ESTIMATED ANNUAL POLICY PREMIUM **$32,611.94**

Payment Plan Eligibility: Annual Plan

**Required Initial Installment Premium: $32,611.94**

| BILL DATE | BILL AMOUNT |
|---|---|
| 05/27/2025 | $32,611.94 |

**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: AssuredPartners NL Insurance LLC