

May 27, 2025

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: May 27, 2025

Prospective Insured:	Legal Entity:	School Board
Name: Paintsville Independent Schools	FEIN:	616001429
Address: 305 Second St		
City: Paintsville, KY 41240		

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 410314- 07/01/2025-07/01/2026
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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

010323000
01033Quote for Workers Compensation Coverage
410314-- 07/01/2025-07/01/2026

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
Paintsville Independent Schools			
07/01/2025 - 07/01/2026			
7380-000	50,936	5.98	\$3,046.00
8868-000	5,000,000	.33	\$16,500.00
9101-000	460,000	2.73	\$12,558.00

PREMIUM CALCULATION DETAIL	TYPE	FACTOR	AMOUNT
07/01/2025 - 07/01/2026	Total Manual Premium		\$32,104.00
	Employers Liability Limits	.011	\$353.00
	Total Subject Premium		\$32,457.00
	Experience Modification Premium	1.090	\$2,921.00
	Total Modified Premium		\$35,378.00
	Schedule Rating Premium	.750	-\$8,844.00
Final Estimate	Total Standard Premium		\$26,534.00
	Premium Discount		-\$2,347.00
	Expense Constant		\$260.00
	Terrorism Charge		\$551.00
	Catastrophe Charge		\$551.00
	Estimated Annual Premium		\$25,549.00
	Kentucky Special Fund Assessment		\$1,412.86
	Total Premium & Assessment		\$26,961.86

TOTAL ESTIMATED ANNUAL POLICY PREMIUM **\$26,961.86**

Payment Plan Eligibility: Annual Plan

Required Initial Installment Premium:

BILLING SCHEDULE BILL DATE	BILLING SCHEDULE BILL AMOUNT
05/27/2025	\$26,961.86

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.



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01033

cc: Peoples Insurance Agency LLC

INVOICE

01032



Paintsville Independent Schools
305 Second St
Paintsville, KY 41240

Invoice Date
May 27, 2025
Invoice Number
3056710
Policy Number
410314
Current Balance
\$26,961.86
Due Date
07/01/2025

AGENT: PEOPLES INSURANCE AGENCY LLC

Current Transactions

Explanation		Policy Period		Amount
		From	To	
Premium Installment	#1	07/01/2025	07/01/2026	\$25,549.00
Special Fund Assessment Installment	#1	07/01/2025	07/01/2026	\$1,412.86
Current Charges				\$26,961.86

Previous Balance		Payment Received		Current Charges		Current Balance
\$0.00	-	\$0.00	+	\$26,961.86	=	\$26,961.86

RETURN PAYMENT STUB

For billing inquiries, please call your agent or (859) 425-7800.

Policy Number
410314

Invoice Number
3056710

To make a payment instantly, visit

www.kemi.com/quikpay

If mailing payment, please:

1. Include payment stub with check.
2. Make checks payable to KEMI.
3. Include your policy number on check.
4. E-mail change of address to answers@kemi.com.
5. Write questions or comments on separate enclosure.
6. Do not staple payment to stub.

Kentucky Employers' Mutual Insurance
Dept #100
P.O. Box 32160
Louisville, KY 40232-2160

Due Date: 07/01/2025

Amount Due: \$26,961.86