

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

April 2, 2025

COPY

Education Risk Solutions LLC PO Box 7500 Bowling Green, KY 42102

## 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: 616001174

Prospective Insured:
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: 01417991/00

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

Employer's Liability Limits: Bodily Injury by Accident \$1,000,000 each accident (3.B) 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: 01417991/00

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				
07/01/2025 - 07/01/2026				
7380-000	277,049	3.59	\$9,946.00	
8868-000	6,963,929	.2	\$13,928.00	
9101-000	452,989	1.64	\$7,429.00	

	ТҮРЕ	FACTOR	AMOUNT
07/01/2025 - 07/01/2026	Total Manual Premium		\$31,303.00
	Employers Liability Limits	.011	\$344.00
	Total Subject Premium		\$31,647.00
	Experience Modification Premium	.980	-\$633.00
	Total Modified Premium		\$31,014.00
	Schedule Rating Premium	.700	-\$9,304.00
Final Estimate	Total Standard Premium		\$21,710.00
	Premium Discount		-\$1,821.00
	Expense Constant		\$260.00
	Terrorism Charge		\$769.00
	Catastrophe Charge		\$769.00
	Estimated Annual Premium		\$21,687.00
	Kentucky Special Fund Assessment		\$1,199.29
	Total Amount Due		\$22,886.29

TOTAL ESTIMATED ANNUAL POLICY PREMIUM

\$22,886.29

Payment Plan Eligibility: Annual Plan

**Required Initial Installment Premium:** \$22,886.29

BILL DATE	BILL AMOUNT
05/27/2025	\$22,886.29

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.