



April 22, 2025

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](http://www.kemi.com)  
**859-425-7800 / 800-640-5364**

Quote Date: April 22, 2025

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

Renewal Quote for Workers Compensation Coverage  
Renewal Quote Number : 01418185/ 00

Proposed Effective Date: 07/01/2025

Proposed Expiration Date: 07/01/2026

Employer's Liability Limits:	Bodily Injury by Accident	\$4,000,000 each accident
(3.B)	Bodily Injury by Disease	\$4,000,000 policy limit
	Bodily Injury by Disease	\$4,000,000 each employee

Quote Date: April 22, 2025

Quote for Workers Compensation Coverage Quote Number : 01418185/00
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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			
07/01/2025 - 07/01/2026			
7380-000	650,875	3.59	\$23,366.00
8868-000	18,962,500	.2	\$37,925.00
9101-000	1,742,500	1.64	\$28,577.00

	TYPE	FACTOR	AMOUNT
07/01/2025 - 07/01/2026	Total Manual Premium		\$89,868.00
	Employers Liability Limits	.018	\$1,618.00
	Total Subject Premium		\$91,486.00
	Experience Modification Premium	.810	-\$17,382.00
	Total Modified Premium		\$74,104.00
	Schedule Rating Premium	.970	-\$2,223.00
Final Estimate	Total Standard Premium		\$71,881.00
	Premium Discount		-\$7,290.00
	Expense Constant		\$260.00
	Terrorism Charge		\$2,136.00
	Catastrophe Charge		\$2,136.00
	Estimated Annual Premium		\$69,123.00
	Kentucky Special Fund Assessment		\$3,822.50
	Total Amount Due		\$72,945.50

TOTAL ESTIMATED ANNUAL POLICY PREMIUM

**\$72,945.50**

Payment Plan Eligibility: Ten-Payment Plan

**Required Initial Installment Premium: \$18,236.38**

BILL DATE	BILL AMOUNT
05/27/2025	\$18,236.38
08/01/2025	\$6,083.66
09/01/2025	\$6,083.66
10/01/2025	\$6,083.66

BILL DATE	BILL AMOUNT
11/01/2025	\$6,076.36
12/01/2025	\$6,076.36
01/01/2026	\$6,076.36
02/01/2026	\$6,076.36
03/01/2026	\$6,076.36
04/01/2026	\$6,076.34

**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: Franklin Insurance Inc