April 25, 2013

COPY

Insurance Associates Inc PO Box 248 La Grange, KY 40031-0248

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 25, 2013

Legal Entity:

Municipality

Prospective Insured:

FEIN:

616001259

Name: Carroll County Board of Education

Address: 813 Hawkins Blvd City: Carrollton, KY 41008

Agency:

Insurance Associates Inc

Agent Number:

537

Address:

PO Box 248

City:

La Grange, KY 40031-0248

Phone:

(502)222-9558

Renewal Quote for Workers Compensation Coverage 386914-07/01/2013-07/01/2014

Proposed Effective Date: 07/01/2013

Proposed Expiration Date: 07/01/2014

Employer's Liability Limits:

(3.B)

Bodily Injury by Accident

Bodily Injury by Disease

\$1,000,000 each accident \$1,000,000 policy limit

Bodily Injury by Disease

\$1,000,000 each employee

Quote for Workers Compensation Coverage 386914-- 07/01/2013-07/01/2014

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
Carroll County Board of Education	 		
07/01/2013 - 07/01/2014	T-11	FW #	
7380-000	433,182	9	\$38,986.00
9101-000	996,927	4	\$39,877.00
8868-000	10,513,154	.5	\$52,566.00

PREMIUM CALCULATION DETAIL	ТҮРЕ	FACTOR	AMOUNT
07/01/2013 - 07/01/2014	Total Manual Premium		\$131,429.00
	Employers Liability Limits	.011	\$1,446.00
	Total Subject Premium		\$132,875.00
	Experience Modification Premium	.920	-\$10,630.00
	Total Modified Premium		\$122,245.00
	Schedule Rating Premium	.600	-\$48,898.00
Final Estimate	Total Standard Premium		\$73,347.00
	Premium Discount		-\$7,450.00
	Expense Constant		\$240.00
	Estimated Annual Premium		\$66,137.00
	Kentucky Special Fund Assessment		\$4,153.40
	Total Amount Due		\$70,290.40

TOTAL ESTIMATED ANNUAL POLICY PREMIUM

\$70,290.40



Payment Plan Eligibility: Ten-Payment Plan

Required Initial Installment Premium:

BILLING SCHEDULE BILL DATE	BILLING SCHEDULE BILL AMOUNT
06/01/2013	\$17,572.60
08/01/2013	\$5,862.22
09/01/2013	\$5,862.22
10/01/2013	\$5,862.22
11/01/2013	\$5,855.19
12/01/2013	\$5,855.19