

April 9, 2018

Carroll County Board of Education  
813 Hawkins Blvd  
Carrollton, KY 41008

**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 9, 2018

Prospective Insured:	Legal Entity:	Municipality
Name: Carroll County Board of Education	FEIN:	616001259
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 416559- 07/01/2018-07/01/2019
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Proposed Effective Date: 07/01/2018      Proposed Expiration Date: 07/01/2019

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 for Workers Compensation Coverage  
416559-- 07/01/2018-07/01/2019

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			
07/01/2018 - 07/01/2019			
8868-000	10,933,898	.46	\$50,296.00
9101-000	1,174,435	4.58	\$53,789.00
7380-000	457,395	6.16	\$28,176.00

PREMIUM CALCULATION DETAIL	TYPE	FACTOR	AMOUNT
07/01/2018 - 07/01/2019	Total Manual Premium		\$132,261.00
	Employers Liability Limits	.011	\$1,455.00
	Total Subject Premium		\$133,716.00
	Experience Modification Premium	1.530	\$70,869.00
	Total Modified Premium		\$204,585.00
	Schedule Rating Premium	1.200	\$40,917.00
Final Estimate	Total Standard Premium		\$245,502.00
	Premium Discount		-\$28,688.00
	Expense Constant		\$260.00
	Terrorism Charge		\$1,257.00
	Estimated Annual Premium		\$218,331.00
	Kentucky Special Fund Assessment		\$13,733.02
	Total Amount Due		\$232,064.02

TOTAL ESTIMATED ANNUAL POLICY PREMIUM \$232,064.02

Payment Plan Eligibility: Annual Plan

Required Initial Installment Premium:

BILLING SCHEDULE BILL DATE	BILLING SCHEDULE BILL AMOUNT
05/27/2018	\$232,064.02