## **League of Minnesota Cities Insurance Trust**

Group Self-Insured Workers' Compensation Plan 145 University Avenue West St. Paul, MN 55103-2044 Phone (651) 215-4173

### Notice of Premium Options for Standard Premiums of \$50,000 - \$100,000

**GRAND RAPIDS PUBLIC UTILITIES** 500 SE 4TH STREET

GRAND RAPIDS, MN 55744

Agreement No.: WC 1000947 Q-9

Agreement Period:

From: 01/01/2025

To: 01/01/2026

Enclosed is a quotation for workers' compensation deposit premium. Note: Renewal Coverage will be bound as per the expiring coverage arrangement, including coverage for elected and appointed officials, with the premium indicated on the quote, unless the member or agent sends a written request not to bind renewal coverage.

PAYROLL DESCRIPTION

CODE

RATE

**ESTIMATED** 

**DEPOSIT** 

**PREMIUM** PAYROLL

SEE ATTACHED SCHEDULE FOR DETAILS

58,026
580
58,606
0
-5,093
\$53,513
-1,070
\$52,443

<sup>\*</sup>Workers compensation rates assume a 2% standard commission. The commission adjustment accounts for the commission difference, above or below 2%.

Agent:

00456 City Of Grand Rapids

420 N Pokegama Ave, Attn: City Clerk Grand Rapids, MN 55744-2658

# Notice of Premium Options for Standard Premiums of \$50,000 - \$100,000 (Con't)

#### **OPTIONS**

Please indicate below the premium option you wish to select. You may choose only one option and you cannot change options during the agreement period.

1.	☐ Regular Premium Option	Net Deposit Premium	Adjustment	Deposit Premium	
		53,513	-1.070	52.443	

#### 2. Deductible Premium Option

Deductible options are available in return for a premium credit applied to your estimated standard Premium of \$ 58,606. The deductible will apply per occurrence to paid medical costs only. There is no aggregate limit.

Deductible per Occurrence	Premium Credit	Credit Amount	Net Deposit Premium	Commission Adjustment	Total Net Deposit Premium
\$250	0.50%	-293	53,220	-1,064	52,156
\$500	1.00%	-586	52,927	-1,059	51,868
\$1,000	1.60%	-938	52,575	-1,052	51,523
\$2,500	3.00%	-1,758	51,755	-1,035	50,720
\$5,000	4.50%	-2,637	50,876	-1,018	49,858
\$10,000	6.00%	-3,516	49,997	-1,000	48,997
\$25,000	9.50%	-5,568	47,945	-959	46,986
\$50,000	13.50%	-7,912	45,601	-912	44,689

#### 3. Retrospective Rates Premium Option

Retro-Rated Minimum Factor	Est. Minimum Premium	Retro-Rated MaximumFactor	Est. Maximum Premium
0.680 %	39,852	1.300 %	76,188
0.646 %	37,859	1.500 %	87,909
0.581 %	34,050	2.000 %	117,212

This quotation is for a deposit premium based on your estimate of payroll and selected options. Your final actual premium will be computed after an audit of payroll subsequent to the close of your agreement year and will be subject to revisions in rates, payrolls and experience modification. While you are a member of the LMCIT Workers' Compensation Plan, you will be eligible to participate in dividend distributions from the Trust based upon claims experience and earnings of the Trust.

If you desire the coverage offered above, please return this signed document for the option you have selected.

This quotation should be signed by an authorized representative of the member requesting coverage.

# Notice of Premium Options for Standard Premiums of \$50,000 - \$100,000 (Con't) Signature Title Date

# Notice of Premium Options for Standard Premiums of \$50,000 - \$100,000 (Con't)

## CONTINUATION SCHEDULE FOR QUOTATION PAGE

REMUNERATION	RATE	CODE	DESCRIPTION	EST. PREM
546,461	2.57	7520	WATERWORKS	14,044
1,058,809	1.85	7539	ELECTRIC & STEAM PLANT	19,588
745,397	2.28	7580	SEWEAGE DISPOSAL PLANT	16,995
1,200,254	0.41	8810	PUBLIC UTILITIES CLERICAL	4,921
67,371	3.53	9015	PU MAINTENANCE	2,378
18,200	0.55	9411	ELECTED OR APPOINTED OFFICIALS	100
			Manual Premiun	58026.0