

DIVIDER

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Insured Name: CITY OF MARSHALL
Quote Number: 318936-02
Policy No:
Trans Type: New Business Quote
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Company Abbr: BT
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Quote Proposal	01	PDF Only

Quote Proposal

SCHEDULE OF FORMS AND ENDORSEMENTS

NAMED INSURED <p style="text-align: center;">CITY OF MARSHALL</p>	POLICY NUMBER
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WORKERS COMPENSATION FORMS AND ENDORSEMENTS

WC000000C	01-15	WC AND EMPLOYERS LIABILITY INS POLICY
WC000414A	01-19	90-DAY RPTG REQ-NOTICE CHG IN OWNERSHIP
WC220001	09-02	MN PROOF OF COVERAGE FORM
GOX-2278WK	12-92	WORK COMP SCHEDULE OF NAMED INSUREDS
WC2308	05-93	WORKERS COMPENSATION SCHEDULE
GV-3000	01-00	QUOTE PROPOSAL
WKQTEDEC	01-03	WORK COMP QUOTE DEC
WC220000A	11-03	MINNESOTA AMENDATORY ENDT
WC220601D	08-06	MN CANCELLATION END.
WC000422C	01-21	TERRORISM RISK INS PROGRAM ENDT
GU-211A	08-00	NOTICE-MN
GU-2368	12-18	AUDIT INFORMATION NOTICE
GU-3076	04-16	PRIVACY STATEMENT
GU-4320	05-04	NOTICE-U.S. TREASURY DEPT ("OFAC")
P-419	04-16	INSTRUCTIONS FOR REPORTING WC CLAIMS
RC-1382	04-16	SAFETY SERVICES
UG106A	08-92	MN GUARANTY ASSOCIATION NOTICE
WC000406A	01-09	PREMIUM DISCOUNT ENDORSEMENT
WC000419	01-01	PREMIUM DUE DATE ENDT
WC000425	05-17	EXP RATING MOD FACTOR REV ENDMT

Quote Protected

WORKERS' COMPENSATION SCHEDULE

NAME CITY OF MARSHALL	EFFECTIVE DATE 03-01-23		POLICY NUMBER	
CLASSIFICATION	CODE	RATE PER \$100	ESTIMATED TOTAL ANNUAL REMUNERATION	ESTIMATED ANNUAL PREMIUMS
MINNESOTA Rating Group 0001-01				
STREET OR ROAD CONSTRUCTION: PAVING OR REPAVING & DRIVERS.	5506	5.40	522,404	\$ 28,210.00
AVIATION - AIRPORT OR HELIPORT OPERATOR - ALL EMPLOYEES & DRIVERS	7403	4.46	189,254	\$ 8,441.00
WATERWORKS OPERATION & DRIVERS.	7520	2.62	449,617	\$ 11,780.00
ELECTRIC & STEAM PLANT	7539	1.27	1,011,748	\$ 12,849.00
SEWAGE DISPOSAL PLANT OPERATION & DRIVERS	7580	2.58	715,541	\$ 18,461.00
RADIO OR TELEVISION BROADCASTING-FIELD ANNOUNCERS	7610	.46	126,415	\$ 582.00
FIREFIGHTERS & DRIVERS VOLUNTEER	7708	23.76	12,707	\$ 3,019.00
POLICE-NON SMOKING	7720	2.21	1,796,359	\$ 39,700.00
OFF SALE LIQUOR	8017	1.49	360,115	\$ 5,366.00
CLERICAL OFFICE EMPLOYEES NOC.	8810	.12	1,092,099	\$ 1,311.00
PUBLIC LIBRARY OR MUSEUM- PROFESSIONAL EMPLOYEES & CLERICAL	8810	.12	582,956	\$ 700.00
PUBLIC UTILITIES CLERICAL	8810	.12	1,240,255	\$ 1,488.00
ANIMAL CONTROL	8831	1.43	19,073	\$ 273.00

WORKERS' COMPENSATION SCHEDULE

NAME CITY OF MARSHALL	EFFECTIVE DATE 03-01-23		POLICY NUMBER	
CLASSIFICATION	CODE	RATE PER \$100	ESTIMATED TOTAL ANNUAL REMUNERATION	ESTIMATED ANNUAL PREMIUMS
SWIMMING POOL: PUBLIC-OPERATION	9015	3.08	75,420	\$ 2,323.00
BUILDINGS - OPER BY OWNER	9015	3.08	147,667	\$ 4,548.00
PU MAINENANCE	9015	3.08	45,218	\$ 1,393.00
COMMUNITY CENTERS - ALL EMPLOYEES & CLERICAL	9063	.99	51,657	\$ 511.00
PARK NOC-ALL EMPLOYEES & DRIVERS	9102	2.90	666,955	\$ 19,342.00
CITY BAND	9156	2.49	5,028	\$ 125.00
ATHLETIC SPORTS OR PARK: OPERATIONS & DRIVERS.	9182	2.46	216,820	\$ 5,334.00
MUNICIPAL, TOWNSHIP COUNTY OR STATE EMPLOYEE NOC.	9410	2.37	1,003,474	\$ 23,782.00
BOOKMOBILE DRIVERS	9410	2.37	1	\$ 0.00
TOTAL CLASS PREMIUM				\$ 189,538.00
INCREASE LIMITS 1.014	9816			\$ 2,654.00
TOTAL SUBJECT PREMIUM				\$ 192,192.00
TOTAL MODIFIED PREMIUM				\$ 192,192.00
SCHEDULE MODIFICATION 1.07	9889			\$ 13,453.00
STANDARD TOTAL				\$ 205,645.00
PREMIUM DISCOUNT .885	0063			\$ -23,649.00
EXPENSE CONSTANT	0900			\$ 71.00
TERRORISM .015	9740			\$ 1,550.00
TOTAL ESTIMATED PREMIUM				\$ 183,617.00
MN SPECIAL COMPENSATION FUND ASSESSMENT 1.0466	0174			\$ 9,583.00
FINAL TOTAL				\$ 193,200.00

QUOTE PROPOSAL

Item 1. Named Insured and Mailing Address

CITY OF MARSHALL
MARSHALL MUNICIPAL UTILITIES
344 WEST MAIN STREET
MARSHALL MN 56258

Producer Name and Address

NORTH RISK PARTNERS, LLC
622 ROOSEVELT RD., SUITE 240
ST. CLOUD MN 56301

Producer No. 0006271

This proposal does not bind coverage or obligate the company. This quote is valid for 30 days and subject to the following stipulations.

Item 2. Policy Period

From: 03-01-2023 To: 01-01-2024

at 12:01 A.M., Standard Time at your mailing address shown above.

Item 3. Business Description:

Form of Business:

Assn No.:

Item 4. In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

This quote consists of the following coverage parts for which a premium is indicated. Where no premium is shown, there is no coverage. This premium may be subject to adjustment.

Coverage Part(s)		Premium
Workers Compensation	\$	193,200.00
	Total Quote Premium	\$ 193,200.00

**WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY
FORM PROPOSAL**

1. The Insured/ Mailing address

CITY OF MARSHALL
MARSHALL MUNICIPAL UTILITIES
344 WEST MAIN STREET
MARSHALL MN 56258

Individual Partnership
 Corporation or

2. Proposed Policy Period: The policy period is from **03-01-2023** to **01-01-2024** 12:01 A.M. Standard time.
at the Insured's mailing address.

3. Coverage:

A. Workers compensation Insurance: Part One of the policy applies to the Workers compensation Law of the states listed here:
MINNESOTA

B. Employers liability Insurance; Part Two of the policy applies to work in each state listed in item 3.A. The limits of our liability under Part Two are:

Bodily Injury by Accident	\$	2,000,000	each accident
Bodily Injury by Disease	\$	2,000,000	each employee
Bodily Injury by Disease	\$	2,000,000	policy limit

C. Other States insurance: Part Three of the policy applies to the states, if any, listed here:

ALL STATES EXCEPT HAWAII, NEW HAMPSHIRE, NEW JERSEY, NORTH DAKOTA,
OHIO, WASHINGTON, WYOMING.

D. This policy includes these endorsements and schedules:

See schedule of forms and endorsements.

4. Premium: The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

Estimated Annual Premium	Rate Per \$100 of Remuneration	Premium Basis Total estimated Annual Remuneration	Code No.	Classifications
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See attached schedule

\$	193,200.00	Total Estimated Annual Premium	Deposit Premium	\$	193,200.00	Minimum Premium	\$	629.00
Premium Adjustment Period:		ANNUAL						