

**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 \$150,000 - \$300,000**

MARSHALL, CITY OF  
344 WEST MAIN ST  
MARSHALL, MN 56258

Agreement No.: WC 1001144\_Q-3  
Agreement Period:  
From: 01/01/2019  
To: 01/01/2020

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.**

<u>PAYROLL DESCRIPTION</u>	<u>CODE</u>	<u>RATE</u>	<u>ESTIMATED PAYROLL</u>	<u>DEPOSIT PREMIUM</u>
----------------------------	-------------	-------------	------------------------------	----------------------------

SEE ATTACHED SCHEDULE FOR DETAILS

	Manual Premium	387,718
Experience Modification	0.68	-124,070
	Standard Premium	263,648
Deductible Credit	0.00%	0
	Premium Discount	-28,499
	Net Deposit Premium	235,149

**Agent:**  
01397 City of Marshall  
344 W Main St  
Marshall, MN 56258-1313

# **Notice of Premium Options for Standard Premiums of \$150,000 - \$300,000 (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.

- |   |                                   |
|---|-----------------------------------|
|   | <b><u>NET DEPOSIT PREMIUM</u></b> |
| 1. <input type="checkbox"/> <b>Regular Premium Option</b>   | 235,149                           |
|   |                                   |
| 2. <input checked="" type="checkbox"/> <b>Deductible Premium Option</b>   |                                   |
| Deductible options are available in return for a premium credit applied to your estimated standard Premium of \$ 263,648. The deductible will apply per occurrence to paid medical costs only. There is no aggregate limit. |                                   |

	<u>Deductible per Occurrence</u>	<u>Premium Credit</u>	<u>Credit Amount</u>	<u>Net Deposit Premium</u>
<input type="checkbox"/>	\$250	1.00%	-2,636	232,513
<input type="checkbox"/>	\$500	1.70%	-4,482	230,667
<input type="checkbox"/>	\$1,000	2.90%	-7,646	227,503
<input type="checkbox"/>	\$2,500	5.00%	-13,182	221,967
<input checked="" type="checkbox"/>	\$5,000	7.50%	-19,774	215,375
<input type="checkbox"/>	\$10,000	10.50%	-27,683	207,466
<input type="checkbox"/>	\$25,000	17.00%	-44,820	190,329
<input type="checkbox"/>	\$50,000	22.50%	-59,321	175,828

3. ☐ **Retrospective Rates Premium Option**

	<u>Retro-Rated Minimum Factor</u>	<u>Est. Minimum Premium</u>	<u>Retro-Rated Maximum Factor</u>	<u>Est. Maximum Premium</u>
<input type="checkbox"/>	0.392 %	103,350	1.300 %	342,742
<input type="checkbox"/>	0.344 %	90,695	1.500 %	395,472
<input type="checkbox"/>	0.266 %	70,130	2.000 %	527,296

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 city requesting coverage.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**Notice of Premium Options for Standard Premiums of \$150,000 - \$300,000  
(Con't)**

**CONTINUATION SCHEDULE FOR QUOTATION PAGE**

<b>REMUNERATION</b>	<b>RATE</b>	<b>CODE</b>	<b>DESCRIPTION</b>	<b>EST. PREM</b>
579,216	9.14	5506	STREET CONSTRUCTION	52,940
161,811	5.38	7403	AIRPORT OPERATIONS	8,705
400,261	3.85	7520	WATERWORKS	15,410
1,155,248	3.24	7539	ELECTRIC & STEAM PLANT	37,430
766,961	4.61	7580	SEWAGE DISPOSAL PLANT	35,357
113,706	0.25	7610	RADIO OR TELE BRDCSTING STATION-ALL EMPLOYEES	284
POP 15,150	209.82	7718	FIREFIGHTERS (VOLUNTEER)NON SMOKING	31,788
1,683,795	5.62	7720	POLICE	94,629
286,446	4.01	8017	OFF SALE LIQUOR STORE	11,486
1,661,231	0.72	8810	PUBLIC UTILITIES CLERICAL	11,961
600,536	0.72	8810	LIBRARY OR MUSEUM-PROF & CLERICAL	4,324
1,184,447	0.72	8810	CLERICAL OFFICE EMPLOYEES NOC	8,528
19,118	2.63	8831	ANIMAL CONTROL	503
45,552	6.82	9015	PU MAINTENANCE	3,107
102,660	6.82	9015	SWIMMING POOL OR BEACH OPERATIONS	7,001
146,079	6.82	9015	BUILDINGS-OPER BY OWNER	9,963
66,342	2.51	9063	COMM. CENTERS-ALL EMPLOYEES & CLERICAL	1,665
704,391	5.54	9102	PARKS	39,023
9,870	5.51	9156	CITY BAND	544
225,712	3.36	9182	CITY ARENA-OPERATIONS	7,584
10,507	0.62	9410	BOOKMOBILE DRIVERS	65
860,021	0.62	9410	MUNICIPAL EMPLOYEES	5,332
18,200	0.49	9411	ELECTED OR APPOINTED OFFICIALS	89
Manual Premium				387,718