

**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-2  
Agreement Period:  
From: 01/01/2018  
To: 01/01/2019

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>
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SEE ATTACHED SCHEDULE FOR DETAILS

	Manual Premium	377,639
Credit	0.67	-124,621
	Standard Premium	253,018
	Deductible Credit 7.50%	-18,976
	Premium Discount	-27,234
	Net Deposit Premium	206,808

**Agent:**  
00382 Bremer Insurance Agencies Inc  
208 E College Dr  
Marshall, MN 56258-1818

# 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.

### NET DEPOSIT PREMIUM

1. ☐ Regular Premium Option

206,808

2. ☒ Deductible Premium Option

Deductible options are available in return for a premium credit applied to your estimated standard Premium of \$ 253,018. 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%	-2,530	223,254
<input type="checkbox"/>	\$500	1.80%	-4,554	221,230
<input type="checkbox"/>	\$1,000	2.90%	-7,338	218,446
<input type="checkbox"/>	\$2,500	5.50%	-13,916	211,868
<input checked="" type="checkbox"/>	\$5,000	7.50%	-18,976	206,808
<input type="checkbox"/>	\$10,000	11.00%	-27,832	197,952
<input type="checkbox"/>	\$25,000	17.50%	-44,278	181,506
<input type="checkbox"/>	\$50,000	23.00%	-58,194	167,590

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"/>	0.386 %	97,665	1.300 %	328,923
<input type="checkbox"/>	0.339 %	85,773	1.500 %	379,527
<input type="checkbox"/>	0.262 %	66,291	2.000 %	506,036

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

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(Con't)**

**CONTINUATION SCHEDULE FOR QUOTATION PAGE**

<b>REMUNERATION</b>	<b>RATE</b>	<b>CODE</b>	<b>DESCRIPTION</b>	<b>EST. PREM</b>
502,655	9.67	5506	STREET CONSTRUCTION	48,607
228,287	6.03	7403	AIRPORT OPERATIONS	13,766
405,686	4.43	7520	WATERWORKS	17,972
1,090,817	4.26	7539	ELECTRIC & STEAM PLANT	46,469
768,389	4.90	7580	SEWAGE DISPOSAL PLANT	37,651
116,821	0.29	7610	RADIO OR TELE BRDCSTING STATION-ALL EMPLOYEES	339
POP 14,637	203.02	7718	FIREFIGHTERS (VOLUNTEER)NON SMOKING	29,716
1,645,761	4.91	7720	POLICE	80,807
310,355	4.39	8017	OFF SALE LIQUOR STORE	13,625
1,737,666	0.72	8810	PUBLIC UTILITIES CLERICAL	12,511
537,841	0.72	8810	LIBRARY OR MUSEUM-PROF & CLERICAL	3,872
1,222,475	0.72	8810	CLERICAL OFFICE EMPLOYEES NOC	8,802
57,612	2.71	8831	ANIMAL CONTROL	1,561
246,355	5.23	9015	SWIMMING POOL OR BEACH OPERATIONS	12,884
143,208	5.23	9015	BUILDINGS-OPER BY OWNER	7,490
215,774	2.79	9063	COMM. CENTERS-ALL EMPLOYEES & CLERICAL	6,020
582,110	5.26	9102	PARKS	30,619
23,612	0.55	9410	BOOKMOBILE DRIVERS	130
858,527	0.55	9410	MUNICIPAL EMPLOYEES	4,722
18,200	0.42	9411	ELECTED OR APPOINTED OFFICIALS	76
Manual Premium				377,639

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

**DEDUCTIBLE ENDORSEMENT**

The "City"  
Marshall, City Of  
344 West Main St  
Marshall, MN 56258

Agreement No.: WC  
Agreement Period From: 1001144\_Q-2  
To: 01/01/2018  
01/01/2019

In consideration of the Estimated Deductible Premium, We agree with you that:

1. This agreement is between you and us. It does not change the rights of others under this Agreement.
2. A Deductible Per Occurrence of \$ 5,000 in medical benefits because of bodily injury arising out of any one accident or disease applies to this Agreement. The amount indicated above as a Deductible Per Occurrence applies separately to each accident or disease, regardless of the number of people who sustain injury by such accident or disease.
3. We will pay the deductible amounts shown above for you but you must reimburse us within 30 days after we send you notice that payment is due. If you fail to fully reimburse us, we may cancel the Agreement as provided in Part Seven (Conditions), Section F. Cancellation, of the Agreement. We may keep the amount of unearned premium that will reimburse us for the payments we made. These rights are in addition to other rights we have to be reimbursed.
4. This endorsement applies only to the coverage provided by Part One - Workers Compensation Coverage of the Agreement.
5. We shall provide investigation, administration, adjustment and settlement services, and shall provide for the defense of claims or suits.
6. We have your rights and the rights of persons entitled to the benefits of this coverage to recover all advances and payments, including those within the deductible amount, from anyone liable for the injury or obligated to make payments regarding the injury. You will do everything necessary to protect those rights for us and to help us enforce them.  
If we recover any advance or payment made under this Agreement from anyone liable for the injury, the amount we recover will first be applied to any payments made by us in excess of the deductible amount paid.
7. Each Named City is jointly and severally liable for all deductible amounts under this Agreement.
8. All other terms of this Agreement, including those which govern (a) our right and duty to defend any claim, proceeding or suit against you, and (b) your duties if injury occurs, apply.

Nothing herein contained shall be held to vary, alter, waive or extend any of the terms, conditions, provisions, agreements or limitations of the above mentioned Agreement, other than as stated above.

Agent:  
00382 Bremer Insurance Agencies Inc  
208 E College Dr  
Marshall, MN 56258-1818