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 & MARSHALL MUNICIPAL UTILITIES

344 WEST MAIN ST

MARSHALL, MN 56258-1313

Agreement No.: WC 1001144 Q-4

Agreement Period:

From: 01/01/2020 To: 01/01/2021

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

Manual	Premium	430,112
Experience Modification	0.63	-159,141
Standard	Premium	270,971
Deductible Credit	0.00%	0
Premium	Discount	-29,371
Net Deposit	Premium	\$241,600
Adjustment for Cor	nmission*	0
Total Net Deposit	\$241,600	

^{*}Workers compensation rates assume a 2% standard commission. The commission adjustment accounts for the commission difference, above or below 2%.

Agent:

00382

Bremer Insurance Agencies Inc 208 E College Dr Marshall. MN 56258-1818

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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 DE	POSIT PREMIUM 241,600	
2.		Deductible Premium Option Deductible options are available in return for a premium credit applied to your estimated standard Premium of \$ 270,971. 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	
			\$250	0.90%	-2,439	239,161	
			\$500	1.60%	-4,336	237,264	
			\$1,000	2.60%	-7,045	234,555	
			\$2,500	4.50%	-12,194	229,406	
			\$5,000	6.50%	-17,613	223,987	
			\$10,000	9.00%	-24,387	217,213	
			\$25,000	15.00%	-40,646	200,954	
			\$50,000	20.00%	-54,194	187,406	
3.		Retrospective	Rates Premium Optior	1			
			Retro-Rated Minimum Factor	Est. Minimum Premium	Retro-Rated MaximumFactor	Est. Maximum Premium	
			0.415 %	112,453	1.300 %	352,262	
			0.364 %	98,633	1.500 %	406,456	
			0.280 %	75,872	2.000%	541,942	
presub Cor exp	mium ject to npens eriend ou des	will be computed or revisions in rate sation Plan, you ce and earnings or sire the coverage tation should be s	offered above, please r	roll subsequent to the nee modification. Whence modification who sipate in divident distribution this signed documents.	ne close of your agree nile you are a member stributions from the Trucument for the option you city requesting covera	ment year and will be of the LMCIT Workers' ust based upon claims ou have selected.	
		Sign	ature		Title	Date	

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CONTINUATION SCHEDULE FOR QUOTATION PAGE

REMUNERATION	RATE	CODE	DESCRIPTION	EST. PREM
603,249	9.96	5506	STREET CONSTRUCTION	60,084
178,561	5.87	7403	AIRPORT OPERATIONS	10,482
405,918	4.19	7520	WATERWORKS	17,008
1,177,469	3.53	7539	ELECTRIC & STEAM PLANT	41,565
784,312	5.02	7580	SEWEAGE DISPOSAL PLANT	39,372
120,519	0.28	7610	RADIO OR TELE BRDCSTING STATION-ALL EMPLOYEES	337
POP 15,150	228.70	7718	FIREFIGHTERS (VOLUNTEER)NON SMOKING	34,648
1,838,668	5.52	7721	POLICE-NON SMOKING	101,494
302,978	4.37	8017	OFF SALE LIQUOR STORE	13,240
1,650,689	0.78	8810	PUBLIC UTILITIES CLERICAL	12,875
611,905	0.78	8810	LIBRARY OR MUSEUM-PROF & CLERICAL	4,773
1,190,622	0.78	8810	CLERICAL OFFICE EMPLOYEES NOC	9,287
19,741	2.86	8831	ANIMAL CONTROL	565
49,379		9015	PU MAINTENANCE	3,669
105,996		9015	SWIMMING POOL OR BEACH OPERATIONS	7,876
131,837	7.43	9015	BUILDINGS-OPER BY OWNER	9,795
68,515		9063	COMM. CENTERS-ALL EMPLOYEES & CLERICAL	1,877
742,696		9102	PARKS	44,859
10,490		9156	CITY BAND	630
237,917	3.67	9182	CITY ARENA-OPERATIONS	8,732
27,177		9410	BOOKMOBILE DRIVERS	182
994,583		9410	MUNICIPAL EMPLOYEES	6,664
18,200	0.54	9411	ELECTED OR APPOINTED OFFICIALS	98