

**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 \$300,000 - \$500,000**

MARSHALL, CITY OF  
 344 WEST MAIN ST  
 MARSHALL, MN 56258-1313

Agreement No.: WC 1001144\_Q-7  
 Agreement Period:  
 From: 01/01/2023  
 To: 01/01/2024

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	591,244
Experience Modification	0.77	-135,986
	Standard Premium	455,258
Deductible Credit	<del>0.00%</del> 5.50%	-25,039 0
	Premium Discount	-51,301
	Net Deposit Premium \$378,918	<del>\$403,957</del>
	Adjustment for Commission*	0
	Total Net Deposit Premium \$378,918	<del>\$403,957</del>

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

**Agent:**  
 00449 North Risk Partners LLC  
 622 Roosevelt Rd Ste 240  
 Saint Cloud, MN 56301-6363

## Notice of Premium Options for Standard Premiums of \$300,000 - \$500,000 (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.	<input type="checkbox"/> <b>Regular Premium Option</b>	<b>Net Deposit Premium</b>	<b>Commission Adjustment</b>	<b>Total Net Deposit Premium</b>
		403,957	0	403,957

2.  **Deductible Premium Option**  
 Deductible options are available in return for a premium credit applied to your estimated standard Premium of \$ 455,258. The deductible will apply per occurrence to paid medical costs only. There is no aggregate limit.

	<b>Deductible per Occurrence</b>	<b>Premium Credit</b>	<b>Credit Amount</b>	<b>Net Deposit Premium</b>	<b>Commission Adjustment</b>	<b>Total Net Deposit Premium</b>
<input type="checkbox"/>	\$250	0.70%	-3,187	400,770	0	400,770
<input type="checkbox"/>	\$500	1.20%	-5,463	398,494	0	398,494
<input type="checkbox"/>	\$1,000	2.00%	-9,105	394,852	0	394,852
<input type="checkbox"/>	\$2,500	3.50%	-15,934	388,023	0	388,023
<input checked="" type="checkbox"/>	\$5,000	5.50%	-25,039	378,918	0	378,918
<input type="checkbox"/>	\$10,000	8.00%	-36,421	367,536	0	367,536
<input type="checkbox"/>	\$25,000	12.50%	-56,907	347,050	0	347,050
<input type="checkbox"/>	\$50,000	17.50%	-79,670	324,287	0	324,287

3.  **Retrospective Rates Premium Option**

	<b>Retro-Rated Minimum Factor</b>	<b>Est. Minimum Premium</b>	<b>Retro-Rated Maximum Factor</b>	<b>Est. Maximum Premium</b>
<input type="checkbox"/>	0.431 %	196,216	1.300 %	591,835
<input type="checkbox"/>	0.384 %	174,819	1.500 %	682,887
<input type="checkbox"/>	0.311 %	141,585	2.000 %	910,516

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	Mayor Title	Date
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(Con't)**

CONTINUATION SCHEDULE FOR QUOTATION PAGE

<u>REMUNERATION</u>	<u>RATE</u>	<u>CODE</u>	<u>DESCRIPTION</u>	<u>EST. PREM</u>
623,394	9.66	5506	STREET CONSTRUCTION	60,220
225,840	6.85	7403	AIRPORT OPERATIONS	15,470
536,536	4.06	7520	WATERWORKS	21,783
1,207,336	3.52	7539	ELECTRIC & STEAM PLANT	42,498
853,867	4.87	7580	SEWAGE DISPOSAL PLANT	41,583
150,853	0.38	7610	RADIO OR TELE BRDCSTING STATION-ALL EMPLOYEES	573
POP 15,163	253.34	7718	FIREFIGHTERS (VOLUNTEER)NON SMOKING	38,414
2,143,627	9.97	7721	POLICE-NON SMOKING	213,720
429,731	4.24	8017	OFF SALE LIQUOR STORE	18,221
695,651	0.76	8810	LIBRARY OR MUSEUM-PROF & CLERICAL	5,287
1,480,018	0.76	8810	PUBLIC UTILITIES CLERICAL	11,248
1,303,221	0.76	8810	CLERICAL OFFICE EMPLOYEES NOC	9,904
22,760	4.00	8831	ANIMAL CONTROL	910
53,959	7.54	9015	PU MAINTENANCE	4,069
90,000	7.54	9015	SWIMMING POOL OR BEACH OPERATIONS	6,786
176,214	7.54	9015	BUILDINGS-OPER BY OWNER	13,287
61,643	2.66	9063	COMM. CENTERS-ALL EMPLOYEES & CLERICAL	1,640
795,889	7.91	9102	PARKS	62,955
6,000	6.23	9156	CITY BAND	374
258,734	4.38	9182	CITY ARENA-OPERATIONS	11,333
1,144,674	0.95	9410	MUNICIPAL EMPLOYEES	10,874
18,200	0.52	9411	ELECTED OR APPOINTED OFFICIALS	95
Manual Premium				591,244

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**DEFINITION OF CITY ENDORSEMENT**

It is agreed and understood the "City" named in item 1 of the Information Page is amended to include:

Marshall Municipal Utilities