

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 up to \$25,000

HOKAH, CITY OF
 BOX 311
 HOKAH

MN 55941-0311

Agreement No.: 0200001036
 Agreement Period: From: 5/01/2016
 To: 5/01/2017

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 PAYROLL	DEPOSIT PREMIUM
SEE ATTACHED SCHEDULE FOR DETAILS				

Manual Premium	12302.
Experience Modification 1.55	
Standard Premium	19068.
Deductible Credit 0%	.
Premium Discount	1336.
Net Deposit Premium	17732.

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"/> Regular Premium Option	<u>NET DEPOSIT PREMIUM</u> 17732.
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145 University Avenue West
St. Paul, MN 55103-2044
(651)215-4173

The "City"

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CONTINUATION SCHEDULE FOR QUOTATION PAGE

REMUNERATION	RATE	CODE	DESCRIPTION	EST. PREM
	19953.	4.21	7520 WATERWORKS	840.
	23794.	4.66	7580 SEWAGE DISPOSAL PLANT	1109.
POP	1572.	206.56	7708 FIREFIGHTERS (VOLUNTEER)	3247.
	56700.	4.20	7721 POLICE-NON SMOKING	2381.
	27834.	.69	8810 CLERICAL OFFICE EMPLOYEES NOC	192.
	7322.	4.98	9015 BUILDINGS-OPER BY OWNER	365.
	7058.	5.01	9102 PARKS	354.
	55114.	.52	9410 MUNICIPAL EMPLOYEES	287.
	18200.	.40	9411 ELECTED OR APPOINTED OFFICIALS	73.
	26132.	9.20	5506 GENERAL MAINTENANCE	2404.
	21086.	4.98	9015 SWIMMING POOL OR BEACH OPERATI	1050.
			Manual Premium	12302.

Agent: 411926706
 00866: DANIELSON INS AGENCY
 PO BOX 428
 CALEDONIA MN 55921-0428

2. **Deductible Premium Option**

Deductible options are available in return for a premium credit applied to your estimated standard premium of \$ 19068. 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>
_____	\$250	1.00%	191.	17541.
_____	\$500	1.90%	362.	17370.
_____	\$1,000	3.20%	610.	17122.
_____	\$2,500	5.50%	1049.	16683.
_____	\$5,000	8.50%	1621.	16111.
_____	\$10,000	12.00%	2288.	15444.
_____	\$25,000	18.50%	3528.	14204.
_____	\$50,000	25.00%	4767.	12965.

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