

Indiana Public Employers' Plan Kokomo, IN

WORKERS COMPENSATION AND EMPLOYERS LIABILITY SUBSCRIBED COVERAGE

INFORMATION PAGE CARRIER CODE:

Item 1. Name and Address of Insured: **Tell City Troy Township Schools**
837 17th Street
Tell City, IN 47586 NUMBER **119399-1**

Form of Business: **School** RISK ID# **130181538** FEDERAL ID# **35-1184876**

Locations—All usual workplaces of the insured at or from which operations covered by this subscription are conducted are located at the above address unless otherwise stated herein: **See Attached Schedule for Location(s)**

Item 2. Coverage Period: From **11/01/2018 - 11/01/2019** 12:01 A.M. standard time at the member's mailing address.

Item 3.

- A. Workers Compensation Coverage: Part One of the subscription applies to the Workers Compensation Law of the States listed here: **Indiana**
- B. Employer Liability Coverage: Part two of the subscription applies to work in each state listed in Item 3.A. The limits of our liability under Part Two are:
Bodily Injury by Accident \$ 1,000,000 each accident
Bodily Injury by Disease \$ 1,000,000 each employee
Bodily Injury by Disease \$ 1,000,000 coverage limit
- C. Other States Coverage: Part Three of the subscription applies to the states, if any, listed here:
- D. This coverage includes these endorsements and schedules:

Item 4. The contribution for this coverage will be determined by our Manuals and Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit:

**** See Attached Schedule for Classifications****

Dated Issued: **09/18/2018**

Attorney-in-fact: **Public Risk Underwriters of Indiana, Inc.**
PO Box 1247
Kokomo, IN 46901

Countersignature Date 9/18/2018 By Public Risk Underwriters of Indiana, Inc.

Name of Participant:	Tell City Troy Township Schools
Certificate #:	119399-1
Coverage Period:	11/01/2018 – 11/01/2019

SCHEDULE OF OPERATIONS

MANUAL CONTRIBUTION CALCULATION
ESTIMATED PAYROLL
POLICY PERIOD: 11/01/2018 - 11/01/2019

Payroll Class & Description	Estimated Payroll	Rate	Manual Contribution
5645 - Carpentry Detached	44,303		
7380 - Drivers	40,654		
8868 - School Professional	6,170,659		
9101 - School All Other	602,196		
TOTALS	\$ 6,857,812		

SEE NEXT PAGE FOR TOTAL CONTRIBUTION SUMMARY

Name of Participant:	Tell City Troy Township Schools
Certificate #:	119399-1
Coverage Period:	11/01/2018 – 11/01/2019

SCHEDULE OF OPERATIONS

CONTRIBUTION SUMMARY ESTIMATED PAYROLL

PERIOD: 11/01/2018 – 11/01/2019 BOTH DAYS AT
12:01 AM STANDARD TIME

Indiana: 11/01/2018 - 11/01/2019

Total Contribution Subject to Experience Rating
Experience Modification
Total Contribution Adjusted by Experience Modification

Indiana Contribution

Total Contribution Subject to Schedule Debit/Credit
Schedule Debit/Credit
Total Contribution Adjusted by Application of Modification(s)

Total Estimated Annual Contribution
Subject to Minimum Contribution of
Estimated Coverage Total