



Illinois Midwest Insurance Agency, LLC

WORKERS' COMPENSATION QUOTE

PO Box 9560
Springfield, IL 62791-9560
Phone: (217) 726-6811
Fax: (217) 726-6820
Email: imia@midins.com

Agency Information		Client Information	
Name:	WALTER MORTENSEN INSURANCE	Name:	Tulare Puiblic Cemetery District
Agent:	Mayra Hernandez	FEIN:	94-6001459
Address:	8500 STOCKDALE HIGHWAY, SUITE 200 Bakersfield, CA 93311	Address:	900 East Kern Ave Tulare, CA 93274
Phone/Fax:	(661) 834-6222 / (661) 834-6662	Phone:	(559) 686-5544

Thank you for giving us the opportunity to provide the following workers' compensation quote for the captioned insured with the Illinois Midwest Insurance Agency, LLC. This quote is for the coverage period **07/01/2020** to **07/01/2021** and expires on **07/01/2020**.

National Casualty Company, Number WCNCCQ102681900, EL Limits 1,000,000/1,000,000/1,000,000					
California					
Code	Description	Payroll	Net Rate	Rate	Premium
9220	CEMETERY OPERATION - all employees	201,032	4.73	7.34	14,756
8810	CLERICAL OFFICE EMPLOYEES - N.O.C.	122,720	0.19	0.30	368
	Total Manual Premium				15,124
9812	Employers Liability Limits			0.028	423
9898	Experience Modification Premium			0.85	-2,332
	Total Modified Premium				13,215
9887	Schedule Rating Premium			0.75	-3,304
	Total Standard Premium				9,911
0063	Premium Discount			0.017	-168
0900	Expense Constant				125
9741	Catastrophe (other than Certified Acts of Terrorism)			0.01	32
9740	Terrorism			0.01	32
	Estimated Annual Premium for California				9,932
9687	California Guarantee Fund Assessment			0.	0
9682	California Fraud Surcharge Assessment			0.003349	33
9681	California Workers' Compensation Admin Fund Assessment			0.01704	169
9684	California Uninsured Employer's Benefits Fund Assessment			0.001274	13
9683	California Subsequent Injury Benefits Trust Fund Assessment			0.004829	48
9685	California Workers' Occupational Safety & Health Education Assessment			0.003918	39
9686	California Labor Enforcement & Compliance Fund Assessment			0.003813	38
	Total Amount Due for California				10,272

Included/Excluded Owners and Officers

See attached schedule

If coverage is desired, please log on to <http://www.midins.com> and bind online prior to the effective date. Then sign and fax this form to (217) 726-6820. Please bind policy effective **07/01/2020** for the total of \$10,272 with payment plan of Monthly (17/9), **\$2,028 deposit**, Deposit down, installments bill 1st of month for 9 months. Make checks payable to Illinois Midwest Insurance Agency, LLC.

Signed and Accepted by: _____ **Applicant/Insured**

Agent Signature: _____ **Date:** _____

This quote is only valid until 07/01/2020. The information used to generate this quote was submitted by you using the Illinois Midwest Insurance Agency, LLC online application. All information is subject to verification. The terms of the quote are subject to change upon such verification. A signed quote is required with the bind order if coverage is taken, no exceptions. We will include or exclude owners and officers per your direction on this application as long as your request is compliant with state law and labor code. Changes may not be allowed once coverage is issued. Where state law mandates signed waiver(s), the waiver(s) will be required. All information presented on this application is considered factual and will be the producers' and/or policyholder's responsibility if an error or omission is discovered.

Estimated Annual Premium Schedule

State	Class Code	Loc	Class Description	Payroll	Rate	Estimated Annual Premium
CA	8810	1	CLERICAL OFFICE EMPLOYEES-N.O.C.	\$122,720.00	0.43	\$528.00
CA	9220	1	CEMETERY OPERATION-ALL EMPLOYEES	\$100,516.00	8.96	\$9,006.00
CA			SubTotal			\$9,534.00
CA	9220	2	CEMETERY OPERATION-ALL EMPLOYEES	\$100,516.00	8.96	\$9,006.00
CA			SubTotal			\$9,006.00
CA	9898		EXPERIENCE MODIFICATION	\$18,540.00	0.85	(\$2,781.00)
CA	9887		SCHEDULE CREDIT	\$15,759.00	0.1	(\$1,576.00)
CA	0063		PREMIUM DISCOUNT	\$14,183.00	0.027	(\$383.00)
CA	0900		EXPENSE CONSTANT			\$160.00
CA	0936		STATE W.C. FRAUD ASSESSMENT	\$14,122.00	0.003	\$47.00
CA	0935		STATE W.C. ADMINISTRATIVE ASSESSMENT	\$14,122.00	0.017	\$241.00
CA	0937		CA INSURANCE GUARANTY	\$14,122.00		\$0.00
CA	0938		CA UNINSURED EMPLOYERS FUND	\$14,122.00	0.001	\$18.00
CA	0939		CA SUBSEQUENT INJURY FUND	\$14,122.00	0.005	\$68.00
CA	0940		OSHF ASSESSMENT	\$14,122.00	0.004	\$55.00
CA	0943		LABOR ENFORCEMENT & COMPLIANCE	\$14,122.00	0.004	\$54.00
CA	9741		CATASTROPHE PREMIUM	\$323,752.00	0.02	\$65.00
CA	9740		TERRORISM PREMIUM	\$323,752.00	0.03	\$97.00
CA			SubTotal			(\$3,935.00)
CA			Total For State			\$14,605.00
CA			Total For Policy			\$14,605.00
CA			Minimum Premium			\$750.00

If during the policy term or at final audit, the Zip Code for any California location is determined to be other than the corresponding Zip Code upon which premium was originally calculated, the premium will be subject to adjustment to reflect exposures in the actual Zip Code.

Coverage for acts of terrorism is included in your policy. You are hereby notified that under the Terrorism Risk Insurance Act, as amended in 2015, the definition of act of terrorism has changed. As defined in Section 102(1) of the Act: The term "act of terrorism" means any act or acts that are certified by the Secretary of the Treasury-in consultation with the Secretary of Homeland Security, and the Attorney General of the United States-to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Under your coverage, any losses resulting from certified acts of terrorism may be partially reimbursed by the United States Government under a formula established by the Terrorism Risk Insurance Act, as amended. However, your policy may contain other exclusions which might affect your coverage, such as an exclusion for nuclear events. Under the formula, the United States Government generally reimburses 85% through 2015; 84% beginning on January 1, 2016; 83% beginning on January 1, 2017; 82% beginning on January 1, 2018; 81% beginning on January 1, 2019 and 80% beginning on January 1, 2020, of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The Terrorism Risk Insurance Act, as amended, contains a \$100 billion cap that limits U.S. Government reimbursement as well as insurers' liability for losses resulting from certified acts of terrorism when the amount of such losses exceeds \$100 billion in any one calendar year. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

The portion of your annual premium that is attributable to coverage for acts of terrorism is: \$97.00 , and does not include any charges for the portion of losses covered by the United States government under the Act.





Before you Bind Checklist

Please have the below required information ready when requesting to bind coverage online:

- Collect the Mailing Address for the First Named Insured, and the physical address (es) of all locations entered into the policy.
- Know the names and titles of Owners/Officers that will be included or excluded from the policy as an optional endorsement.
- Confirm desired payment plan.

Plan Selection	Down Payment	Installments
100% Deposit Payment	\$14,605.00	
30% Deposit Payment & 3 Quarterly Payments	\$4,719.60	+ 3 installments* of \$3,295.13
10% Deposit Payment & 9 Monthly Payments	\$1,895.20	+ 9 installments* of \$1,412.20
Zero Deposit Payment - Precise Pay		Pay as you go, every payroll period.

*Each installment will be charged a \$5.00 fee. Avoid installment fees by enrolling in Automatic Payments. Visit www.employers.com/auto-payments to get started.

- Know the number of employees per shift, if the Insured utilizes a shift schedule and has a location with over 500 total employees.