

Workers' compensation quotation

Quote Issued: 06/08/2021

Quote Number: 824251

Renewal of Policy No.: 31208.215

Applicant mailing address

ISD 2167 Lakeview
875 Barstad Rd N
Cottonwood, MN 56229

Agent address

Insurance Service Agency
PO Box 216
Cottonwood, MN 56229-0216

Quote period: 07/01/2021 to 07/01/2022

Coverage

Workers' Compensation Insurance: Applies to the Workers' Compensation Law of MN.

Employers' Liability Insurance: The limits of our liability are:

Bodily Injury by Accident

\$500,000 each accident

Bodily Injury by Disease

\$500,000 policy limit

Bodily Injury by Disease

\$500,000 each employee

Other States Insurance: Insurance applies to the states, if any, listed here: AK, AL, AZ, CO, CT, FL, GA, IA, ID, IL, IN, KS, KY, LA, MD, MI, MO, MS, MT, NC, NE, NM, OK, PA, SC, SD, TN, TX, UT, VA, VT, WI

Premium

The premium is determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change.

Minnesota - SFM Mutual Insurance

| Classification Description | Class Code | Premium Basis Total Estimated Annual Remuneration | Rate per \$100 of Remuneration | Estimated Annual Premium |
|----------------------------------------------------------------|-------------|---------------------------------------------------------|--------------------------------------|--------------------------|
| Colleges Or Schools Profession | 8868 | 4,349,473 | 0.59 | 25,662 |
| Colleges Or Schools All Other | 9101 | 397,186 | 5.76 | 22,878 |
| Manual Premium | | | | 48,540 |
| Coverage B | 9807 | | 1.008 | 388 |
| Experience Mod | | | 0.71 | -14,189 |
| Premium Discount | 0063 | | | -2,706 |
| Expense Constant | 0900 | | | 205 |
| Terrorism Risk Insurance | 9740 | | | 237 |
| Total Estimated Annual Premium | | | | \$32,475 |
| State of MN Special Compensation Fund Assessment - 0174 | | | | \$967 |
| Minnesota Total Estimated Cost | | | | \$33,442 |

Installment Summary
ISD 2167 Lakeview

| Installment Date | Installment Premium | Assessments/Fees | Total Cost |
|-------------------------|----------------------------|-------------------------|-------------------|
| 07/01/2021 | \$32,475.00 | \$967.00 | \$33,442.00 |
| Totals | \$32,475.00 | \$967.00 | \$33,442.00 |

**Please refer to the actual invoice for the amount due, which may include other associated fees.
To avoid the installment fee use ePay, SFM's secure online payment system.**