# Safety National Casualty Corporation 1832 Schuetz Road St. Louis, MO 63146

PHONE # (314) 995-5300 FAX # (314) 995-3843

TO:	MARSH USA INC.	ATTN:	Mr. Jim Poggio
PHONE:	(713) 276-8000	FAX:	(713) 273-8777
FROM:	Len Eslinger	DATE:	05/10/2011

# **EXCESS WORKERS' COMPENSATION INSURANCE QUOTATION**

Name of Risk: <b>DENTON INDEPENDENT SCHOOL DISTRICT</b>						
Account: 6008969	Previous Policy Number: AGC4042188					
		Specific & Aggregate Excess				

Contract Terms		Option 128334451	
Liability Period		07/01/2010 - 07/01/2012	
Payroll Reporting Period		07/01/2011 - 07/01/2012	
Payroll		\$ 166,519,726	
Manual Premium		\$ 2,053,934	
Experience Modification Factor		1.000	
Standard Premium		\$ 2,053,934	
Self-Insured Retention		\$ 450,000	
Specific Limit		Statutory	
Employers Liability Limit	Per Occ	\$ 1,000,000	
Loss Fund Rate	Rate % Std Premium	75.00 %	
Estimated Loss Fund		\$ 3,239,651	
Minimum Loss Fund	Est. x 104.900188 %	\$ 3,398,400	
Aggregate Excess Limit		\$ 1,000,000	
Loss Limitation		\$ 450,000	
Premium Rate	Rate % Std Premium	2.515 %	
Deposit Premium		\$ 56,980	
Minimum Premium		\$ 113,960	
Commission	Net	0.00 %	
Pay Plan		ANNUAL PAYMENT	

<sup>\*</sup>Quote expires 1 day after Payroll Reporting Period effective date for each Quote Option.

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#### **Endorsements:**

#### General Endorsements applicable to all quote options:

XWC 0276 02 0408 BROAD FORM ALL STATES FOR EMPLOYEE TRAVEL

XWC 0293 00 0906 FOREIGN VOLUNTARY WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY

XWC 0322 00 1291 90-DAYS NOTICE OF CANCELLATION

TEXAS MANDATORY ENDORSEMENT(S), IF APPLICABLE

XWC 0226 00 1291 EMPLOYERS' LIABILITY EXCLUSION

XWC 1061 10 1207 POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

#### **Contingencies:**

# The quote is subject to the following: Option 128334451

- 1. Subject to receipt, review and acceptance of information contained in SNCC's Employee Concentration Supplemental Information (08/04) form prior to binding.
- 2. This Agreement will include coverage for Workers' Compensation loss caused by acts of terrorism as defined in the Agreement. Coverage for such losses will still be subject to all terms, definitions, exclusions, and conditions in the Agreement, & any applicable federal and/or state laws, rules, or regulations. Be advised that, under the Terrorism Risk Insurance Act of 2002 as amended, terrorism losses would be partially reimbursed by the U.S. Government under a formula established by the Act. Under this formula, the U.S. Government would generally reimburse 85% of covered terrorism losses exceeding a deductible paid by us. The Act contains \$100 billion cap that limits the reimbursement from the U.S. Government as well as from all insurers. If aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced. The portion of the EMPLOYER's annual premium attributable to coverage for losses caused by a certified act of terrorism is: 0.5%

#### **Comments:**

- 1. Included in our quote are the MAP Client Services. These resources consist of both risk control and claim services including: Safety Essentials On-line; Safety Self-Assessments; Safety Training Source; and Best Doctors Catcare and Ask Best Doctors programs which provide in-depth case review by world-renowned doctors.
- 2. INCLUDED IN OUR QUOTE ARE THE RESOURCES OF THE BEST DOCTORS CATCARE PROGRAM, WHICH PROVIDES IN-DEPTH CASE REVIEW BY WORLD-RENOWNED DOCTORS.

Name of appointed Coordinator	Authorized signature	
Date		