



Pay-As-You-Go Payment Option

State Auto's Pay-As-You-Go payment option for qualifying Workers' Compensation policies means you pay premium based on actual payroll instead of an estimate.

When you elect Pay-As-You-Go, only taxes and applicable fees are due when you purchase your policy, instead of a down payment. Then, you pay only what you need as you go!

If your policy qualifies for Pay-As-You-Go, you can select this option at the time of policy issuance.

Eligibility requirements for Pay-As-You-Go include:

1. Policies with premium greater than or equal to \$2,500.
2. No more than 25 locations.
3. Account set up for automatic payment option via a credit/debit card or ACH account.

Please review the procedures for Pay-As-You-Go:

1. The Primary Contact listed on the policy must register for a State Auto Customer Connect account for access to policy information and to enter payroll information when due.
2. The policy issued with Pay-As-You-Go will be set up for automatic payments, and premium will be charged to the credit/debit card or ACH account on file.
3. Applicable taxes and fees are paid at the time of policy issuance.
4. The Primary Contact listed on the policy is responsible for entering payroll information by the due date for each reporting period. The due date will be 10 days after the end of the payroll reporting period.
5. When it is time to enter payroll, the Primary Contact listed on the policy will receive notifications and reminders at the email address provided on the policy.
6. If you do not enter payroll by the due date, your preferred method of payment will be charged a premium amount based on estimated monthly payroll.
7. All policies are subject to final audit at the end of the policy term at which time premium adjustments may be made.

If you have questions, please ask your agent.



Workers' Compensation And Employers' Liability

Quote Proposal

Quote is provided by the following State Auto Company:
State Auto Property and Casualty Insurance Company

Heartman Agency, Inc.
1635 Greenview Dr SW
Rochester, MN 55902-4306
(507) 288-3834

Quote Date: 06/03/2022
Quote Number: 159106410J
Effective Date: 07/01/2022
Expiration Date: 07/01/2023

Total Policy Premium

\$274,410.00

Named Insured:
INDEPENDENT SCHOOL DISTRICT #656

Contact your independent
agent at (507) 288-3834.

Workers' Compensation Insurance

Part One of the policy applies to the Workers' Compensation Law of the states listed here:
MN

Employers' Liability Insurance

Part Two of the policy applies to work in each state listed in Item 3.A. The limits of our liability under Part Two are:

Coverage	Limit	
Bodily Injury By Accident	\$500,000	Each Accident
Bodily Injury By Disease	\$500,000	Each Employeee
Bodily Injury By Disease	\$500,000	Policy Limit

Other States Insurance

Part Three of the policy applies to the states, if any, listed here:
All states except AK, CA, HI, LA, ME, ND, NH, NY, OH, OR, RI, VT, WA, WY and states designated in Item 3.A. of the Information Page.

Classification and Premium Schedule

Locations

Loc #	Location Address
1	2800 1ST AVE NW, FARIBAULT, MN 55021-1909
2	330 9TH AVE SW, FARIBAULT, MN 55021-5958
3	930 4TH AVE NW, FARIBAULT, MN 55021-4234
4	922 HOME PL, FARIBAULT, MN 55021-6633

Loc #	Location Address
5	205 2ND ST N, NERSTRAND, MN 55053-4404
6	704 17TH ST SW, FARIBAULT, MN 55021-5518
7	2855 1ST AVE NW, FARIBAULT, MN 55021-1908
8	925 PARSHALL ST, FARIBAULT, MN 55021-3921
9	510 LINCOLN AVE NW, FARIBAULT, MN 55021-4722
10	1051 FARIBAULT RD, FARIBAULT, MN 55021-6665
11	710 17TH ST SW, FARIBAULT, MN 55021-5518
12	1805 ALEXANDER DRIVE, FARIBAULT, MN 55021

Minnesota

INDEPENDENT SCHOOL DISTRICT #656 - Unemployment ID: 000007973431000

Rate Period: 07/01/2022 to 07/01/2023

Loc #	Description	Code	Basis	Rate	Estimated Premium
1	School - Professional Employees & Clerical	8868	If Any	\$0.55	\$0.00
	School - All Other Employees	9101	If Any	\$5.21	\$0.00
Total By Location					\$0.00
Loc #	Description	Code	Basis	Rate	Estimated Premium
2	School - Professional Employees & Clerical	8868	\$7,015,475	\$0.55	\$38,585.00
	School - All Other Employees	9101	\$403,310	\$5.21	\$21,012.00
Total By Location					\$59,597.00
Loc #	Description	Code	Basis	Rate	Estimated Premium
3	School - Professional Employees & Clerical	8868	\$1,858,009	\$0.55	\$10,219.00
	School - All Other Employees	9101	\$48,019	\$5.21	\$2,502.00
Total By Location					\$12,721.00
Loc #	Description	Code	Basis	Rate	Estimated Premium
4	School - Professional Employees & Clerical	8868	\$3,400,291	\$0.55	\$18,702.00
	School - All Other Employees	9101	\$46,280	\$5.21	\$2,411.00
Total By Location					\$21,113.00
Loc #	Description	Code	Basis	Rate	Estimated Premium
5	School - Professional Employees & Clerical	8868	If Any	\$0.55	\$0.00
	School - All Other Employees	9101	If Any	\$5.21	\$0.00
Total By Location					\$0.00

Loc #	Description	Code	Basis	Rate	Estimated Premium
6	School - Professional Employees & Clerical	8868	\$5,260,829	\$0.55	\$28,935.00
	School - All Other Employees	9101	\$158,019	\$5.21	\$8,233.00
	Total By Location				\$37,168.00
Loc #	Description	Code	Basis	Rate	Estimated Premium
7	School - Professional Employees & Clerical	8868	\$700,055	\$0.55	\$3,850.00
	School - All Other Employees	9101	\$45,739	\$5.21	\$2,383.00
	Total By Location				\$6,233.00
Loc #	Description	Code	Basis	Rate	Estimated Premium
8	School - Professional Employees & Clerical	8868	\$3,778,464	\$0.55	\$20,782.00
	School - All Other Employees	9101	\$178,122	\$5.21	\$9,280.00
	Total By Location				\$30,062.00
Loc #	Description	Code	Basis	Rate	Estimated Premium
9	School - Professional Employees & Clerical	8868	\$4,116,151	\$0.55	\$22,639.00
	School - All Other Employees	9101	\$98,021	\$5.21	\$5,107.00
	Total By Location				\$27,746.00
Loc #	Description	Code	Basis	Rate	Estimated Premium
10	School - Professional Employees & Clerical	8868	\$10,000	\$0.55	\$55.00
	School - All Other Employees	9101	If Any	\$5.21	\$0.00
	Total By Location				\$55.00
Loc #	Description	Code	Basis	Rate	Estimated Premium
11	School - Professional Employees & Clerical	8868	\$4,674,181	\$0.55	\$25,708.00
	School - All Other Employees	9101	\$327,163	\$5.21	\$17,045.00
	Total By Location				\$42,753.00
Loc #	Description	Code	Basis	Rate	Estimated Premium
12	School - Professional Employees & Clerical	8868	If Any	\$0.55	\$0.00
	School - All Other Employees	9101	If Any	\$5.21	\$0.00
	Total By Location				\$0.00
Loc #	Description	Code	Basis	Rate	Estimated Premium
	Total Manual Premium				\$237,448.00
	Employers' Liability Increased Limits Factor	9807		0.80%	\$1,900.00
	Total Subject Premium				\$239,348.00
	Experience Modifier	9898		1.430	\$102,920.00
	Total Modified Premium				\$342,268.00
	Schedule Rating Modifier	9887		0.850	(\$51,340.00)
	Total Standard Premium				\$290,928.00

Loc #	Description	Code	Basis	Rate	Estimated Premium
	Premium Discount	0063		9.47%	(\$27,565.00)
	Expense Constant	0900			\$200.00
	Terrorism	9740	\$32,118,128	\$0.005	\$1,606.00
	Estimated Annual Premium				\$265,169.00
	State Surcharges /Assessments				
	MN SCF Surcharge	0174			\$9,241.00
	MN WCRA Assessment	0988		0.0000%	\$0.00
Minnesota Total Premium					\$274,410.00

The premium shown above is based on the data you have provided us and information we gathered from third parties. Please be advised the quoted premium is subject to change if any information is amended prior to issuing the policy.

The premium for this policy will be determined by our manual rules, classifications, rates, and rating plans. All information is subject to verification and change by audit.

This is only a short example of Coverages and limits that are available. This is not a contract, policy, binder, nor a recommendation of coverages. The policy and endorsements provide a complete statement of the terms and conditions applicable to all coverages and limits. If you have any questions, please contact my office.

Payment Options

Due Now \$22,885.79

Full Pay

Semi-Annual Pay

Quarterly Pay

Monthly Pay



**POLICYHOLDER DISCLOSURE NOTICE OF
TERRORISM INSURANCE COVERAGE**

Coverage for acts of terrorism is included in your policy. You are hereby notified that the Terrorism Risk Insurance Act, as amended in 2019, defines an act of terrorism 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 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 “*Refer to Classification and Premium Schedule*”, and does not include any charges for the portion of losses covered by the United States government under the Act.

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