

December 3, 2025

Jackie Wallace  
Epic Insurance Midwest

**Submission: 68196**

**Client: Franklin Community School Corporation**

Thank you for your submission. We are pleased to offer this workers' compensation quote for coverage through **Bridgefield Casualty Insurance Company** and look forward to working together to serve your client.

### **Let's get started**

Enclosed you'll find the details of our quote for your client's workers' compensation coverage. To write this account with Summit, please collect the required documentation detailed on the next page and return it to Summit on or before the policy effective date.

### **Questions?**

With Summit, you have a dedicated team responsible for our shared success. If you have any questions about this quote, feel free to reach out to any of your Summit representatives.

**Underwriter: Julie Truett**

[julie.truett@summitholdings.com](mailto:julie.truett@summitholdings.com)

1-800-971-2667, extension 54706

**Underwriter Assistant: Shelly Hatfield**

[shelly.hatfield@summitholdings.com](mailto:shelly.hatfield@summitholdings.com)

1-800-971-2667, extension 54708

**Agency Executive: Olivia Skeens**

[olivia.skeens@summitholdings.com](mailto:olivia.skeens@summitholdings.com)

1-800-971-2667, extension

We look forward to working with you to serve your client.

Sincerely,

Julie Truett  
Underwriter

## Effective Date and Required Documentation

For coverage through Bridgefield Casualty Insurance Company

Client: Franklin Community School Corporation

Submission: 68196

Policy term: January 01, 2026 - January 01, 2027

***This document does not bind coverage nor does it authorize binding authority to any agent or agency. The enclosed quotation for workers' compensation insurance coverage is valid for 60 days from the effective date.***

### Important information about the effective date

We understand that not all required information can be made available on or before the effective date. To request that we hold the effective date for six additional days, contact us on or before the effective date by:

- Emailing [summitSE@summitholdings.com](mailto:summitSE@summitholdings.com) or
- Clicking on **Request to Bind** after logging into the WriteNow® Online Quoting Service from Summit's Online Business Center.

If we do not receive the required documentation by January 7, 2026, the date received will be used to determine the effective date. The client will be invoiced for the down-payment if not received along with the required documentation. To request a different effective date, contact your underwriter.

Email all documentation to [summitSE@summitholdings.com](mailto:summitSE@summitholdings.com) and mail down-payment checks to:

Summit Accounts Receivable  
PO Box 32034  
Lakeland, FL 33802-2034

### Be sure to return the following required documentation to us by January 7, 2026.

- ACORD 130 application and total number of employees for each physical location
- Currently valued loss runs, if prior coverage exists
- Applicable owner, officer, partner inclusion or exclusion form for each entity

### Please note the additional stipulations placed on this account.

- Please note continuance of coverage is contingent upon a favorable evaluation to be completed by our Loss Prevention Department.
- Agency and producer must be licensed in the governing state on or before the desired policy effective date.



FRANKLIN COMMUNITY SCHOOL CORPORATION  
POLICY TERM: JANUARY 01, 2026 - JANUARY 01, 2027

PRESENTED BY

EPIC INSURANCE MIDWEST  
PO BOX 80159  
INDIANAPOLIS, IN 46280  
(317)706-9500



MEMBER OF GREAT AMERICAN INSURANCE GROUP



## WORKERS' COMPENSATION INSURANCE PROPOSAL

**[EXPERIENCE.]**  
The Summit Advantage.®

# Workers' Compensation Insurance Proposal Summary

For coverage through Bridgefield Casualty Insurance Company

Client: Franklin Community School Corporation

Submission: 68196

Policy term: January 01, 2026 - January 01, 2027

Total Estimated Premium: \$199,867.53

## Item 3. Coverage

- A. Workers' Compensation Insurance Part One will apply to the workers' compensation law(s) of the state(s) listed here:

Indiana

- B. Employers Liability Insurance Part Two will apply to work in each state listed in Item 3A. The limits of 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 policy limit

- C. Other States Insurance: Part Three of the policy will apply to the states, if any, listed here:  
Alabama, Arkansas, Florida, Georgia, Illinois, Kentucky, Louisiana, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia



## Total Estimated Premium

For coverage through Bridgefield Casualty Insurance Company

Client: Franklin Community School Corporation

Submission: 68196

Policy term: January 01, 2026 - January 01, 2027

Rating period: January 1, 2026 – January 1, 2027

IN-Indiana

Work Code	Classification	Payroll	Rate	Premium
7380	DRIVERS, CHAUFFEURS, MESSENGERS & HELPERS NOC	1,859,369.00	1.992	37,038.63
7720	POLICE OFFICERS & DRIVERS	227,675.00	1.206	2,745.76
8868	COLLEGE: PROFESSIONAL EMPLOYEES & CLERICAL	30,005,935.00	.270	81,016.02
9101	COLLEGE: ALL OTHER EMPLOYEES	5,159,818.00	1.544	79,667.59
Total Manual Premium				200,468.00
Increased Employers Liability 1,000,000/1,000,000/1,000,000				2,205.15
				202,673.15
Experience Mod-1.00				.00
Total Modified Premium				202,673.15
Schedule Rating 3%				6,080.19
Standard Premium				208,753.34
Discount				-18,279.13
				190,474.21
Expense Constant				160.00
Terrorism				3,725.28
Catastrophe Charge				3,725.28
Second Injury Fund Surcharge 0.90%				1,782.76
<b>Total Cost</b>				<b>199,867.53</b>

### Minimum Premium: \$787.00

*This is a quotation only and is not a binder of insurance or guarantee of insurability. Coverage remains contingent upon inspections and underwriting review. All quotations and coverage are subject to OFAC clearance. Please visit our website at [www.summitholdings.com](http://www.summitholdings.com) for more information on OFAC requirements*

*Price quoted is based on the loss and other information received at the time of this quote. Price is subject to change based on updated information.*





# Eligible Programs

Please review our various programs with your agent, and choose the plan most appropriate for your business.

- Guaranteed cost plan

## Flexible Payment Options

### Electronic funds transfer

Summit will automatically withdraw the correct workers' compensation premium payment from your bank account each month, so you never have to worry about remembering to pay your invoice on time. Complete the enclosed form to enroll in this option.

### Invoicing

You'll receive an invoice from us each month. You can either mail a check with your payment or pay online using a personal or corporate checking account with Summit's pay online service, powered by Bank of America. To pay online, log into the Online Business Center, click the Pay Now button and follow the prompts.

### WebCAP

WebCAP is Summit's payroll reporting and payment program that lets you pay your premium more accurately throughout the year. By completing an online report each month, you calculate your premium payment based on your actual payroll—not an estimate.

Guaranteed Cost				
	Down Payment		Installments	
Electronic funds transfer	0%	\$0.00	11	\$18,155.23
Monthly invoicing	15%	\$30,116.12	9	\$18,861.26
WebCAP	0%	\$0.00	Pay as you go.	

Installments are subject to change if charges are made that affect premium  
0% down payment options will include the expense constant shown on the quote in the first invoice



## Disclosures

State-authorized deductible plan-A per-claim deductible plan is available to employers in the state of Indiana unless such employers participate in a retrospectively rated program. Deductibles are available for medical and indemnity benefits in amounts of \$500, \$1,000, \$1500, \$2,000, or \$2,500, \$3,000, \$4,000, \$4,500 or \$5,000 per claim. The deductible shall apply separately to each claim for bodily injury by accident or disease. The employer may choose only one deductible amount. The insurance provider will pay the deductible amount for the employer and invoice the employer for reimbursement. The employer is liable for the reimbursement up to the deductible chosen. Ask your agent about the premium reduction for the deductible coverage. The employer must be financially stable to be responsible for the payment of the deductible amounts and may be subject to a credit investigation.



# DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

## **The Terrorism Risk Insurance Act, as amended & Terrorism Risk Insurance Program Reauthorization Acts ("Act"):**

Coverage for acts of terrorism is included in your insurance policy. "The term act of terrorism means any act that is certified by the Secretary [of the U.S. Department of the Treasury], in consultation with the Attorney General of the United States and the Secretary of Homeland Security." 31 C.F.R. § 50.4(b)(1) (2020). Under your policy, any losses resulting from certified acts of terrorism may be partially reimbursed by the United States Government under a formula established by the Act. However, your policy may contain other exclusions which might affect your coverage. Under this 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.

**\$100 Billion Cap Disclosure:** Subsection 103(e)(2) of the Act contains a \$100 billion cap that limits U.S. Government reimbursement and limits our liability to you under this policy, for losses resulting from certified acts of terrorism. "[I]f the aggregate insured losses exceed \$100,000,000,000 during any calendar year, the Secretary shall not make any payment for any portion of the amount of such losses that exceeds \$100,000,000,000, and no insurer that has met its insurer deductible shall be liable for the payment of any portion of the amount of such losses that exceeds \$100,000,000,000." 31 C.F.R. § 50.15(a) (2020).

**Premium Disclosure Statement:** Your insurance policy does not contain an exclusion for losses resulting from "certified acts of terrorism." Coverage for such losses is still subject to, and may be limited by, all other terms, conditions and exclusions in your policy/insuring agreement.

THE PREMIUM CHARGE(S) FOR THIS COVERAGE FOR THE POLICY PERIOD APPEARS ON THE ATTACHED QUOTE, NEXT TO THE SEPARATE LINE ITEM CHARGE(S) FOR "TERRORISM", AND WHERE APPLICABLE, "CATASTROPHE CHARGE" AND DOES NOT INCLUDE ANY CHANGES FOR THE PORTION OF LOSSES COVERED BY THE UNITED STATES GOVERNMENT UNDER THIS ACT.

**You need not do anything further at this time:** The summary of the Act and the coverage under your insurance policy contained in this notice is necessarily general in nature. Your policy contains specific terms, definitions, exclusions and conditions. In case of any conflict, your policy language will control the resolution of all coverage questions. Please read your policy. If you have any questions regarding this notice, please contact your sales representative or agent.



## When you choose Summit for your business, you are choosing the *people who know workers' comp*®

Summit was formed in 1977 as a third-party administrator for workers' compensation self-insurance funds in Florida. After 40 years of growth and evolution, Summit today provides workers' compensation insurance programs to approximately 35,000 employers throughout the southeastern United States. When you choose Summit to manage your business's workers' compensation coverage, you get:

**Specialized attention.** As a monoline insurance company, we are able to focus solely on your workers' comp needs

**Experienced claims management.** With 40 years of experience in workers' compensation claims handling, we understand the costs that drive workers' comp. We are committed to making sure that injured workers get the right care while developing innovative ways to stay on top of growing costs.

**Below-average adjustor caseloads.** Our average adjustor case load average is just 110 claims per adjustor, which is well below industry average. That means they can devote the time necessary to manage a claim properly.

**Focused safety consultations.** Our loss prevention consultants are available to evaluate your business to help identify potential risks and recommend solutions to lessen exposures.

**Return-to-work assistance.** Back2work®, Summit's return-to-work program, is designed to help you create a manageable, successful plan to get employees back to work as soon as possible. Back2work coordinators can help you create a customized program specific to your business.

**Nurse case management and physician review.** Summit's on-staff nurse case managers and medical directors help ensure that medical treatment is appropriate.

**In-house claims management.** Summit staff are responsible for all claims decisions.

**24-hour claims reporting.** You can report an injury 24 hours a day, 7 days a week by phone, fax or online. Reports are handled by Summit staff, who begin our hands-on process for managing claims.

**Competitive payment options.** We offer several payment options, including electronic transfer capabilities, online bill pay and monthly online self-reporting, so you can pay your premium in the way most appropriate for your business. Plus, we offer low down payments.

**Provider network.** Injured employees have access to medical provider networks which consist of doctors, specialists and medical facilities and ancillary service providers that are focused on getting injured workers back on their feet—and back on the job.



# ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION

Summit's electronic funds transfer (EFT) option will simplify your payment practices significantly. Summit will automatically withdraw the correct workers' compensation premium payment from your bank account each month, so you never have to worry about remembering to pay your invoice on time! EFT drafts will begin with the first policy instalment and will continue through future renewals during participation in the program.

## EFT benefits

- Saves time
- No down payment
- You always know when your premium withdrawal will be made. It will be withdrawn on the effective day of your policy each month. [For example, if your policy was effective March 8, the withdrawal would occur on the 8th of each month.]
- You'll be reminded of your EFT in your monthly invoice.
- Any fluctuation in the amount of withdrawal will be reported to you in advance of the transfer on your invoice.
- You can end your participation in the EFT program at any time with a minimum 10-day notice.
- You can also have claims charges and audit payments transferred electronically. Simply check the appropriate boxes below.

## Authorization agreement for preauthorized payments

By signing below, you are agreeing to the following:

- We hereby authorize our workers' compensation carrier to initiate the electronic transfer of funds from the bank account referenced on this agreement. We also authorize the financial institution to process such transactions to our account.
- We understand that the withdrawal will be made on the effective day of our policy each month in an amount equal to our regular premium billing for workers' compensation coverage. We understand that we will be notified when our request has been processed and when the transfers begin.
- We acknowledge that this agreement will remain in effect until we terminate this contract, and we agree to notify Summit and the financial institution no fewer than 10 days prior to the date we wish to discontinue participation in the program.

Authorize transfer of funds for claims payments. <input type="checkbox"/>		Authorize transfer of funds for audit balances. <input type="checkbox"/>
Company name	Policy/submission number	Date
Financial institution	ABA/Routing number	Bank account number
Officer/owner signature	Officer/owner printed name	Officer/owner title

To enroll, complete this form and mail to Summit Underwriting at PO Box 32034, Lakeland, FL 33802-2034 or email to [UnderwritingSupport@summitholdings.com](mailto:UnderwritingSupport@summitholdings.com).



1-800-282-7648 | [summitholdings.com](http://summitholdings.com)