

**Pana CUSD #8 - Renewal Date: 02/16/2023**  
**Worker's Compensation Renewal Form**

<b>Insurance Agency Name</b>	<b>Ramza Insurance Group</b>		<b>Ramza Insurance Group</b>	
<b>Insurance Carrier Name</b>	<b>Star Insurance</b>		<b>Star Insurance</b>	
<b>Employers Liability Limits</b>	<b>Current</b>		<b>Renewal</b>	
Bodily Injury Accident	1,000,000		1,000,000	
Bodily Injury Disease	1,000,000		1,000,000	
Bodily Injury Disease - Employee	1,000,000		1,000,000	
<b>Codes</b>	<b>Estimated Payroll</b>	<b>Rate Per \$100</b>	<b>Estimated Payroll</b>	<b>Rate Per \$100</b>
8868: Colleges or Schools, Teachers	\$7,110,077	0.38	\$7,460,254	0.36
7380: Drivers, Chauffeurs, and Their Helpers	\$422,111	9.63	\$410,946	9.45
9101: All Other Employees	\$906,501	3.96	\$934,163	3.82
<b>Total Worker's Compensation Premium</b>	<b>\$60,408.00</b>		<b>\$63,830.00</b>	
<b>Savings</b>			(\$3,422.00)	
<b>Percentage of Increase</b>			5.66%	
	Experience Modification <u>0.75</u>		Experience Modification <u>0.76</u>	

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