

Prescott USD No. 1 Guaranteed Cost Rating Plan Coverage Acceptance Form (CAF)

Date Generated: 4/28/2025

Contribution Terms: 7/1/2025 until 6/30/2026 Alliance Agreement Number: 217-2025

Workers' Compensation Coverage				
Exposure Unit	Payroll	Rate	Contribution	
8868	\$22,251,762	\$0.73 per \$100 of payroll	\$162,438	
9101	\$1,514,469	\$3.73 per \$100 of payroll	\$56,490	
8417	\$9,600	\$1.23 per \$100 of payroll	\$118	

Workers' Compensation Limit: Statutory Deductible: None

The Terrorism Risk Insurance Act, DTEC surcharges, and adjustments are included. Contribution is subject to an annual payroll audit.

Employer's Liability Limit:			
	Bodily Injury by Accident:	\$500,000 each accident	
	Bodily Injury by Disease:	\$500,000 each employee	
	Bodily Injury by Disease:	\$500,000 coverage or policy limit	
Deductible:	None		
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Additional Coverage(s)	Not Applicable		
Out-of-State Worker Coverage:	Not Applicable		
•	erage is included when there is a ut not for injuries that occur durin	written agreement approved by the Alliance, bet g a law enforcement action.	ween the District
	An	nual Alliance Contribution Grand Total:	\$219,046
named District, the coverages and dependent upon the coverage sel	d pricing indicated above, pendin lected by the School District. By s n Agreement through June 30, 2	escott USD No. 1 do hereby accept, on behalf of g final board approval, for the guaranteed cost p signing this Coverage Acceptance Form, I agree 026. I further represent and confirm that, to the te.	rogram that are to the terms
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Signature:		Date:	

Nothing in this document is intended to expand the coverage provided pursuant to the Alliance's Coverage Agreements, and the terms, limits, conditions, definitions, and exclusions of such coverage agreements will control the scope of the coverage provided by the Alliance.