



SOUTH SAN ANTONIO INDEPENDENT SCHOOL DISTRICT

Agenda Item Summary

Meeting Date: October 21, 2020

Purpose:  Presentation/Report  Recognition  Discussion/ Possible Action

Closed/Executive Session  Work Session  Discussion Only  Consent

From: Chad Doucet, Director of Purchasing

Item Title: Approval of District's Self-Funded Excess Workers' Compensation Insurance provider.

Description: Excess Workers Compensation Insurance is required for the District's Self-Funded Workers Compensation Program that covers the District for both specific and aggregate liabilities related to Workers Compensation claims.

Historical Data: The District solicited proposals for Excess Workers Compensation Insurance (RFP 2020-01) in October 2019. The District recommended and the Board of Trustees approved the selection of Safety National Casualty Corporation for a term of one (1) year with the option of one (1) additional one-year term.

Recommendation: Approve the renewal of Safety National Casualty Corporation to provide Self-Funded Excess Workers Compensation Insurance coverage.

District Goal/Strategy:

Strategy 1 We will engage all school community members through transparency and effective communication to promote a positive perception and create a strong brand.

Funding Budget Code and Amount: 753 E 41 6429 00 727 0 99 0 00 \$80,000

APPROVED BY:

SIGNATURE

DATE

Chief Officer:

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CFO Funding Approval:

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Superintendent:

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

PHONE # (314) 995-5300

FAX # (314) 995-3843

TO:	BARNARD-DONEGAN INSURANCE	ATTN:	Mr. Gwen Crouch
PHONE:	(830) 303-8300	FAX:	(830) 303-8383
FROM:	Jim Thomas	DATE:	08/13/2020

**EXCESS WORKERS' COMPENSATION INSURANCE QUOTATION**

Name of Risk: <b>SOUTH SAN ANTONIO INDEPENDENT SCHOOL DISTRICT</b>	
Account: 6003634 Previous Policy Number: AGC4061517	
	Specific & Aggregate Excess

Contract Terms	Option 8279341146	Option 7903387618
Liability Period	11/01/2020 - 11/01/2021	11/01/2020 - 11/01/2021
Payroll Reporting Period	11/01/2020 - 11/01/2021	11/01/2020 - 11/01/2021
Payroll	\$ 64,302,649	\$ 64,302,649
Manual Premium	\$ 268,060	\$ 268,060
Experience Modification Factor	1.000	1.000
Standard Premium	\$ 268,060	\$ 268,060
Self-Insured Retention	\$ 500,000	\$ 400,000
Specific Limit	Statutory	Statutory
Employers Liability Limit	Per Occ \$ 1,000,000	Per Occ \$ 1,000,000
Loss Fund Rate	Rate \$100 Payroll \$ 2.378	Rate \$100 Payroll \$ 2.059
Estimated Loss Fund	\$ 1,529,117	\$ 1,323,992
Minimum Loss Fund	Est. x 100.00 % \$ 1,529,117	Est. x 100.00 % \$ 1,323,992
Aggregate Excess Limit	\$ 1,000,000	\$ 1,000,000
Loss Limitation	\$ 500,000	\$ 400,000
Premium Rate	Rate \$100 Payroll \$ 0.1199	Rate \$100 Payroll \$ 0.1434
Deposit Premium	\$ 77,099	\$ 92,210
Minimum Premium	\$ 77,099	\$ 92,210
Pay Plan	ANNUAL PAYMENT	ANNUAL PAYMENT
Audit Type	Voluntary	Voluntary

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

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**EXCESS WORKERS' COMPENSATION INSURANCE QUOTATION**

**Endorsements:**

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

0243 00 1291 (XWC) LONGSHOREMEN'S AND HARBOR WORKERS' COMPENSATION ACT COVERAGE  
ENDORSEMENT - NO KNOWN EXPOSURE  
0256 00 0313 (XWC) DEFINITION OF LOSS FUND  
0276 02 0408 (XWC) BROAD FORM ALL STATES FOR EMPLOYEE TRAVEL  
0291 00 0708 (XWC) VOLUNTARY COMPENSATION ENDORSEMENT-PREMIUM DELINEATION

**Option 7903387618**

TEXAS MANDATORY ENDORSEMENT(S), IF APPLICABLE  
1061 15 0519 (XWC) POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE

**Option 8279341146**

TEXAS MANDATORY ENDORSEMENT(S), IF APPLICABLE  
1061 15 0519 (XWC) POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE

**Contingencies:**

**The quote is subject to the following:**

1. Terms are subject to details surrounding the Employee Transportation exposure. The question regarding providing transportation of employees to/from work was answered "YES", but no details were given.

**Option 7903387618**

1. Commission shall be fully earned by the Broker of Record at the inception of the Payroll Reporting Period as identified on the bound Excess Workers Compensation Insurance Quotation.

**Option 8279341146**

1. Commission shall be fully earned by the Broker of Record at the inception of the Payroll Reporting Period as identified on the bound Excess Workers Compensation Insurance Quotation.

**Comments:**

1. Endorsements mandated by the coverage state(s) will automatically be added to your policy regardless of whether they are shown in the above schedule. In addition, a change in an endorsement form number may occur as a result of state filing requirements/updates arising subsequent to this quote.
2. Included in our quote: MAP Client Services. These resources consist of both risk control and claim services, including resources like Safety Essentials Online, Workers' Comp Kit, and Safety Training Source. Medical Management Program. These services help facilitate complicated claims towards the best-possible outcome. Available services include Catastrophic Claims Consulting, Impartial Medical Review, Long-Term Claims Evaluation, and Chronic Pain & Opioid Dependency Programs.
3. Cash Flow endorsement will be discontinued at this renewal.
4. 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 and extended by the Terrorism Risk Insurance Program Reauthorization of 2015 (collectively, the Act), 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 80% to 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%



## Your Service Team

Safety National is committed to providing industry leading services to our policyholders. The Service Team is the keystone to that promise. This highly experienced team is identified now and established early in the policy term so there is a seamless transition and efficient delivery of service for your client's needs. The Service Team consists of a one point contact in underwriting, claims, risk control, policy services, audit, legal, and finance.

We welcome the opportunity for you to experience our commitment to your success by contacting any member of our team with your questions or requests.

Jim Thomas Underwriter	(470) 266-2143	jim.thomas@safetynational.com
Sonya Hudson Coordinator - Underwriting - Stand Alone Operations	(314) 810-5452	Sonya.Hudson@safetynational.com
Don Enke Risk Control	(314) 810-5427	don.enke@safetynational.com
Joanna Pallardy MAP Client Services	(314) 692-9507	joanna.pallardy@safetynational.com
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