

Finance Committee Meeting

AGENDA

March 4, 2008

I. CALL TO ORDER

II. MATTERS BEFORE COMMITTEE

- 1. Renewal Health Insurance
- 2. Renewal Property & Casualty Insurance

III. ADJOURN



Finance Committee Meeting

AGENDA

March 4, 2008

| Item: |
|---|
| Renewal - Health Insurance |
| Department: |
| Additional Information: |
| A representative from Covenant will be present to review 2007 and make recommendations for renewal. |
| Financial Impact: |
| Budgeted Item: |
| Recommendation / Request: |
| |

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BeniComp Advantage

Covenant Admin Info





Administrative & Stop Loss Financial Projections

City of Monroe



City of Monroe April 1, 2008 Renewal Projections

| | Adminis | trative/Ser | vice Providers |
|---|-------------------|-------------|----------------|
| Third Party Administrator Medical PPO Provider Case Management/UR Services Pharmacy Benefit Manager Disease Management Provider CAST Providers: | Walgreens | | |
| Medical Benefit Program Dental Benefit Program | Current Me N/A | edical Plan | |
| Employee Count | Single | Family | Combined |
| | 127 | 81 | 208 |

| (ovenant | Ad | Administrative Fees | | |
|---|-----------------------------|-----------------------------------|-----------------------------------|--|
| Administrators A COVENANT SERVICES GROUP COMPANY Covenant Administrative Fees | Current Administrative Fees | Renewal Administrative Fees | Renewal Annual Fees Projection | |
| A Base Services | | | | |
| - Medical Management - Pharmacy Management - Dental Management - Vision Management - Disability Management | \$16.15 \$1.00 | \$16.15 \$1.00 | \$40,310 \$2,496 | |
| - PPO/UR & Stop-Loss Carrier Interface | \$3.45 | \$3.45 | \$8,611 | |
| 3 Optional Services | Ψ0.10 | V 0.10 | Ψο,σ | |
| COBRA Administrative Services HIPAA Administrative Services CEW Administrative/Enrollment Tool LARS Data Warehouse NYHCRA Administration/Filing | \$1.75 \$1.75 | \$1.75 \$1.75 | \$4,368 \$4,368 | |
| C Covenant CAST Initiatives | | BANGE CAAN | | |
| CareHere! BeniComp Administration Empowered Benefits Disease Management Data Warehouse Management HealthEOS Care Engine Total Covenant Administrative Fees | \$2.30 \$26.40 | \$2.30 \$26.40 | \$5,741 \$65,894 | |
| Additional Administrative Fees | | | | |
| - Case Management/Utilization Review - (1) Medical PPO Access - First Health - (2) Medical PPO Access - (3) Medical PPO Access - (4) Medical PPO Access - Broker Services Fee | \$3.50 \$3.10 | \$3.50 \$4.00 | \$8,736 \$9,984 | |
| Total Additional Administrative Fees | \$6.60 | \$7.50 | \$18,720 | |
| | | | | |
| Total Administrative Services Fees | \$33.00 | \$33.90 | \$84,614 | |
| Installation Fees - one time charge | | | | |
| Administrative Services Disease Management CEW Administration | | | \$0 \$0 \$0 | |
| Annual Administrative Costs | \$82,368 | | \$84,614 ten | |
| Percentage Change | | | 3% | |

City of Monroe

April 1, 2008 Renewal Projections

| Stop-Loss Parameters | | | | | |
|------------------------------|----------|--|--|--|--|
| - Specific Contract | 24/12 | | | | |
| - Aggregate Contract | 24/12 | | | | |
| - Lasers | See Note | | | | |
| - Lasers | | | | | |
| - Specific Coverage Medical | | | | | |
| - Aggregate Coverage Medical | | | | | |



| Stop-Loss Details | Projected Renewal Stop-Loss Rates & Factors | | | | | |
|--|--|----------------------------|----------------------------|--|--|--|
| Carrier/MGU | THE RESIDENCE AND ADDRESS OF THE PARTY OF TH | AIG | SLG Benefits | Best Re | | |
| A. M. Best Rating | P | (++ | A+ | A | | |
| Current/Renewal | Current | Renewal | Rene | ewal | | |
| Plan Design | | ledical Plan | Current Me | | | |
| Aggregating Specific Deductible | | 0,000 | \$80,000 | \$80,000 | | |
| Specific Deductible | | 0,000 | \$40,000 | \$40,000 | | |
| top-Loss Rates | 1 | NG . | American Fidelity | Standard Life | | |
| - Specific Stop-Loss | 4 | \$/80000 B S W | | | | |
| - Single | \$69.26 | \$104.41 | \$65.72 | \$59.27 | | |
| - Family | \$193.16 | \$284.45 | \$155.87 | \$165.29 | | |
| - Aggregate Stop-Loss (Composite) | \$6.64 | \$6.08 | \$6.25 | \$7.06 | | |
| dditional Coverages | | | | | | |
| - Monthly Accommodatiion | | | | | | |
| - AIG Transplant Coverage | 2000 | NOTE AN EXCENSE | 020000000 | 120-01-01 | | |
| - Single | \$4.20 | \$4.55 | \$4.55 | \$4.55 | | |
| - Family | \$9.65 | \$10.45 | \$10.45 | \$10.45 | | |
| otal Stop-Loss Rates | | | | | | |
| - Single | \$80.10 | \$115.04 | \$76.52 | \$70.88 | | |
| - Family | \$209.45 | \$300.98 | \$172.57 | \$182.80 | | |
| ggregate Factors | | | | | | |
| - Single | \$436.26 | \$454.80 | \$473.77 | \$458.60 | | |
| - Family | \$1,174.28 | \$1,203.19 | \$1,153.85 | \$1,234.42 | | |
| nnual Reinsurance Premium | \$325,658 | \$467,874 | \$284,355 | \$285,703 | | |
| axmium Claims Liability | \$1,806,260 | \$1,862,616 | \$1,843,568 | \$1,898,763 | | |
| - Expected Claims | \$1,445,008 | \$1,490,093 | \$1,474,854 | \$1,519,010 | | |
| - Claim Fluctuation Margin | \$361,252 | \$372,523 | \$368,714 | \$379,753 | | |
| | | | l Summary | | | |
| xed Costs | | | | | | |
| - Total Administrative Fees | \$82,368 | \$84,614 | \$84,614 | \$84,614 | | |
| - Total Stop-Loss Premium | \$325,658 | \$467,874 | \$284,355 | \$285,703 | | |
| | 45-0,000 | \$107,07 | \$20 1,000 | 4 200,100 | | |
| Total Fixed Costs | \$408,026 | \$552,488 | \$368,969 | \$370,317 | | |
| pected Costs | | | | | | |
| - Total Fixed Costs | \$408,026 | \$552,488 | \$368,969 | \$370,317 | | |
| - Expected Claims Liability | \$1,445,008 | \$1,490,093 | \$1,474,854 | \$1,519,010 | | |
| Total Expected Costs | \$1,853,034 | \$2,042,581 | \$1,843,823 | \$1,889,327 | | |
| Total Expedica Gosts | ψ1,000,00 4 | ΨZ,04Z,36 T | \$1,0 4 3,023 | Ψ1,009,321 | | |
| aximum Costs | | | | | | |
| | £400,000 | \$552,488 | \$368,969 | \$370,317 | | |
| - Total Fixed Costs | \$408,026 | ψυυΖ,400 | | | | |
| - Total Fixed Costs - Maximum Claims Liability | \$1,806,260 | | | A STATE OF THE PARTY OF THE PAR | | |
| | | \$1,862,616 \$2,415,104 | \$1,843,568 \$2,212,537 | \$1,898,763 \$2,269,080 | | |

City of Monroe

April 1, 2008 Renewal Projections

| Stop-Loss Parameters | | | | | |
|------------------------------|-------|--|--|--|--|
| - Specific Contract | 24/12 | | | | |
| - Aggregate Contract | 24/12 | | | | |
| - Lasers See Note | | | | | |
| - Lasers | | | | | |
| - Specific Coverage Medical | | | | | |
| - Aggregate Coverage Medical | | | | | |



| Stop-Loss Details | Proje | ected Renewal St | op-Loss Rates & Fa | ctors |
|-----------------------------------|---------------|--|--------------------|-----------------------|
| Carrier/MGU | | AIG . | SLG Benefits | Best Re |
| A. M. Best Rating | <i>P</i> | \++ | A+ | Α |
| Current/Renewal | Current | Renewal | Rene | |
| Plan Design | | ledical Plan | Current Me | |
| Aggregating Specific Deductible | | 0,000 | \$80,000 | \$80,000 |
| Specific Deductible | | 0,000 | \$50,000 | \$40,000 |
| Stop-Loss Rates | , | NG | American Fidelity | Standard Life |
| - Specific Stop-Loss | | Amilitary and the second secon | | Maria Service and Ass |
| - Single | \$69.26 | \$104.41 | \$49.16 | \$44.14 |
| - Family | \$193.16 | \$284.45 | \$118.92 | \$123.09 |
| - Aggregate Stop-Loss (Composite) | \$6.64 | \$6.08 | \$6.84 | \$7.29 |
| dditional Coverages | | | | |
| - Monthly Accommodatiion | | | | |
| - AIG Transplant Coverage | | | | |
| - Single | \$4.20 | \$4.55 | \$4.55 | \$4.55 |
| - Family | \$9.65 | \$10.45 | \$10.45 | \$10.45 |
| otal Stop-Loss Rates | | | | |
| - Single | \$80.10 | \$115.04 | \$60.55 | \$55.98 |
| - Family | \$209.45 | \$300.98 | \$136.21 | \$140.83 |
| Aggregate Factors | | | | |
| - Single | \$436.26 | \$454.80 | \$478.60 | \$476.30 |
| - Family | \$1,174.28 | \$1,203.19 | \$1,165.60 | \$1,282.07 |
| Annual Reinsurance Premium | \$325,658 | \$467,874 | \$224,674 | \$222,200 |
| Maxmium Claims Liability | \$1,806,260 | \$1,862,616 | \$1,862,350 | \$1,972,053 |
| - Expected Claims | \$1,445,008 | \$1,490,093 | \$1,489,880 | \$1,577,643 |
| - Claim Fluctuation Margin | \$361,252 | \$372,523 | \$372,470 | \$394,411 |
| | | | | V |
| ixed Costs | | Financia | l Summary | |
| - Total Administrative Fees | \$82,368 | \$84,614 | \$84,614 | \$84,614 |
| - Total Stop-Loss Premium | \$325,658 | \$467,874 | \$224,674 | \$222,200 |
| Total Fixed Costs | \$408,026 | \$552.488 | \$309,289 | \$306,815 |
| | \$400,020 | \$332,466 | \$509,269 | \$300,615 |
| xpected Costs | | | | |
| - Total Fixed Costs | \$408,026 | \$552,488 | \$309,289 | \$306,815 |
| - Expected Claims Liability | \$1,445,008 | \$1,490,093 | \$1,489,880 | \$1,577,643 |
| Total Expected Costs | \$1,853,034 | \$2,042,581 | \$1,799,168 | \$1,884,457 |
| laximum Costs | | | | |
| - Total Fixed Costs | \$408,026 | \$552,488 | \$309,289 | \$306,815 |
| - Maximum Claims Liability | \$1,806,260 | \$1,862,616 | \$1,862,350 | \$1,972,053 |
| Total Maximum Costs | \$2,214,286 | \$2,415,104 | \$2,171,638 | \$2,278,868 |
| Total maximalii 003t3 | | | | |

City of Monroe April 1, 2008 Renewal Projections

| Stop-Loss Parameters | | | | | |
|----------------------|----------|--|--|--|--|
| - Specific Contract | 24/12 | | | | |
| - Aggregate Contract | 24/12 | | | | |
| - Lasers | See Note | | | | |
| - Lasers | | | | | |
| - Specific Coverage | Medical | | | | |
| - Aggregate Coverage | Medical | | | | |



| - Aggregate Coverage Med | lical | | | | | |
|---|---|---|--|--|--|--|
| Stop-Loss Details | Projected Renewal Stop-Loss Rates & Factors | | | | | |
| Carrier/MGU Specific Deductible Current/Renewal | \$40 BCA @ 100% Claims | SLG B ,000 BCA @ 50% Claims | enefits \$50 BCA @ 100% Claims | ,000 BCA @ 50% Claims | | |
| Plan Design | DOA @ 100% Claims | | mp Plan | | | |
| Aggregating Specific Deductible | | | | | | |
| Stop-Loss Rates | | America | n Fidelity | | | |
| Specific Stop-LossSingleFamilyAggregate Stop-Loss (Composite) | \$64.08 \$151.97 \$6.25 | \$64.08 \$151.97 \$6.25 | \$47.93 \$115.95 \$6.84 | \$47.93 \$115.95 \$6.84 | | |
| Additional Coverages | | | r | | | |
| - Monthly Accommodatiion- AIG Transplant Coverage- Single- Family | \$4.55 \$10.45 | \$4.55 \$10.45 | \$4.55 \$10.45 | \$4.55 \$10.45 | | |
| Total Stop-Loss Rates | | | | | | |
| - Single - Family | \$74.88 \$168.67 | \$74.88 \$168.67 | \$59.32 \$133.24 | \$59.32 \$133.24 | | |
| Aggregate Factors | | | | | | |
| - Single - Family | \$407.44 \$992.31 | \$407.44 \$992.31 | \$411.60 \$990.76 | \$411.60 \$990.76 | | |
| Annual Reinsurance Premium | \$173,457 | \$173,457 | \$137,043 | \$137,043 | | |
| Maxmium Claims Liability | \$1,585,464 | \$1,585,464 | \$1,590,297 | \$1,590,297 | | |
| - Expected Claims | \$1,268,371 | \$1,268,371 | \$1,272,238 | \$1,272,238 | | |
| - Claim Fluctuation Margin | \$317,093 | \$317,093 | \$318,059 | \$318,059 | | |
| | | Financial | Summary | | | |
| Fixed Costs | | | | | | |
| Total Administrative Fees Total Stop-Loss Premium BeniComp Interface BeniComp Advantage Premium Total Fixed Costs | \$84,614 \$173,457 \$4,992 \$30,826 \$293,889 | \$84,614 \$173,457 \$4,992 \$30,826 \$293, 889 | \$84,614 \$137,043 \$4,992 \$30,826 \$257,475 | \$84,614 \$137,043 \$4,992 \$30,826 \$257,475 | | |
| Expected Costs | | | | | | |
| - Total Fixed Costs - Expected Claims Liability | \$293,889 \$1,268,371 | \$293,889 \$1,268,371 | \$257,475 \$1,272,238 | \$257,475 \$1,272,238 | | |
| Total Expected Costs | \$1,562,260 | \$1,562,260 | \$1,529,713 | \$1,529,713 | | |
| Maximum Costs | | | | | | |
| Total Fixed Costs Maximum Claims Liability BeniComp Max. Variable Premium | \$293,889 \$1,585,464 \$148,273 | \$293,889 \$1,585,464 \$74,137 | \$257,475 \$1,590,297 \$148,273 | \$257,475 \$1,590,297 \$74,137 | | |
| Total Maximum Costs % Increase to Current | \$2,027,626 -8% | \$1,953,489 -12% | \$1,996,045 -10% | \$1,921,909 -13% | | |

City of Monroe





BeniComp Advantage - Deductible Reimbursement Policy

| Health Screening Criteria | NIH Standard |
|---------------------------|--------------|
| - Body Mass | < 25.0 |
| - Blood Pressure | < 120/80 |
| - Tobacco/Nicotine | Negative |
| - Cholesterol (LDL) | < 100 |

| Fixed BCA | Single | Family | Total | Rate | Monthly Fixed | Annual Fixed |
|-----------|--------|--------|-------|---------|---------------|--------------|
| Premium | 121 | 77 | 198 | \$13.00 | \$2,569 | \$30,826 |

| Variable Premium | | Value Per | Total Insured | BCA | Maximum |
|----------------------------------|------------------|------------------|---------------|---------|------------------|
| | | Credit | Amount | Co-Ins. | Variable Premium |
| NIH (Avg. 2.5 credits earned) | Single Family | \$500 \$1,500 | \$342,500 | 100% | \$148,273 |

| BCA Rate/Premium Summary | | | | |
|--------------------------|------------------|--|--|--|
| - Fixed F | Rate - (PE/PM) | | | |
| - Variabl | e Rate - (PE/PM) | | | |
| - Total B | ase Rate/Premium | | | |

| Rate | Monthly Premium | Annual Premium | | |
|---------|-----------------|----------------|--|--|
| \$13.00 | \$2,569 | \$30,826 | | |
| \$62.53 | \$12,356 | \$148,273 | | |
| \$75.53 | \$14,925 | \$179,099 | | |

| BCA Additional Services | |
|--|--|
| - * Health Screenings | |
| - ** HRA/Survey - Paper/Mail | |
| - ** HRA/Survey - Internet Based | |
| - *** BeniComp's E-Learning Center | |
| - Expanded Blood Screening | |
| - Manual Claims Administration | |
| Claim Payments to Provider | |
| - Total Additional Services | |

| Rate | Monthly Premium | Annual Premium |
|------|-----------------|----------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

| Dort Fromain Fotalo | BCA | Premium Totals |
|---------------------|-----|----------------|
|---------------------|-----|----------------|

| Est | timated Savings |
|-----|--|
| - | Annual BCA Premium Variable Maximum Premium |
| | Total BCA Premium |
| • | PE/PM Cost |

| NIH Criteria | NIH Criteria Variable Premium - 50% L/R | | |
|--------------|--|--|--|
| \$30,826 | \$30,826 | | |
| \$148,273 | \$74,137 | | |
| \$179,099 | \$104,962 | | |
| \$75.53 | \$44.27 | | |

\$179,099

\$14,925

1) * Health Screens are based on a one-time charge and an average of \$67.00 per participant. Fees/Rates above are calculated on a monthly & annual basis for illustration purposes only.

\$75.53

- 2) ** Health Risk Appraisal/Surveys (HRA) is a one time fee of \$25.00 per paper/mail appraisal and \$10.00 per internet based appraisal. Fees/Rates calculated on a monthly & annual basis for illustration purposes only.

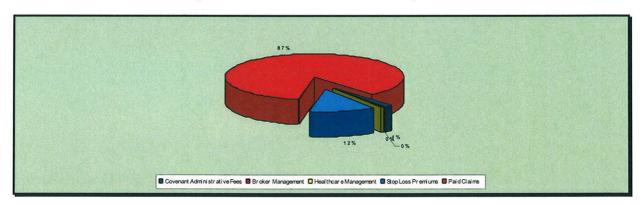
 Item # 1
- 3) *** If BeniComp's E-Learning Center is selected, it will include the internet based appraisal services.
- 4) The final premium factor is assigned when actual screening results are applied.





The Current Challenges in Managing Healthcare Programs

- Health plan costs are increasing at more than five times the rate of corporate profits and five times the rate of inflation!
- 15% of the population in a healthcare plan have acute, chronic conditions that represent 85% of the total claims cost, and 35% of the population in a healthcare plan are "At Risk" and 50% are considered Healthy, which it should be noted that 59% of next year's high cost population will come from this year's low cost population.
- Today's healthcare strategy to reduce costs:
 - * Raise Premiums
 - * Raise Deductibles
 - * Raise Co-Pays
 - Lower Benefits
- Plan Adverse Selection is a direct result of Cost-Shifting.
- "71 cents of the healthcare dollar is spent on treating conditions that are lifestyle related and potentially reducible by behavioral changes" - Professor Roger Seehafer, Purdue University
- "The CDC researchers estimate that one-third of all US deaths are due to diseases related to diet, physical inactivity and smoking. Experts believe that about 30% of cancers in the US are related in some way to obesity and diet."
 - Dr. Michael Thum, American Cancer Society
- Claims costs make up between 80%-90% of total plan costs.





True Fundamental Approach to Reducing Healthcare Costs

- A strategy that focuses on Risk-Shifting and not Cost-Shifting.
- Address the root cause of escalating healthcare costs—Lifestyle-related claims.
- Plan participants will be held accountable for their health/lifestyle choices they select.

The Proper Tool to Reducing Healthcare Costs BeniComp Advantage

- A unique, fully insured, completely legal, state-approved health plan supplement.
- BeniComp Advantage is a product that works in conjunction with the self funded plan to reward healthy lifestyle choices.
- Not a wellness program, a *life-changing* program that rewards healthy habits with real dollars.
- Self funded health plan will increase the plan deductible to stated amount such as \$2,000.
- BeniComp will serve as a deductible reimbursement policy. The plan deductible can be reduced by employees receiving credits for healthy lifestyles. The credits are based on employees reaching the proper targets for the following:
 - Controlled Cholesterol
 - Controlled Blood Pressure
 - Non-Tobacco/Nicotine Use
 - Proper Body Mass Index (BMI)

Results

- Immediate plan cost reduction of 5%-15% including the costs of implementing BeniComp.
- Claims costs will reduce.
- · Will reduce the impact of healthcare trend



Finance Committee Meeting

AGENDA

March 4, 2008

| Item: |
|--|
| Renewal - Property & Casualty Insurance |
| Department: |
| Additional Information: |
| Bob Saville will explain in detail renewal for 2008. The rates decreased this year while the exposures increased in the covered payroll, budget, number of employees, number of covered vehicles and contractors equipment. Even with these increases, the lower rates offset them to yield a lower overall premium. |
| Financial Impact: |
| Budgeted Item: |
| Recommendation / Request: |
| |

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Summary Sheet

City of Monroe 2008-2009 Insurance Summary

| COVERAGE | | | CARRIER | EXPIRING | RENEWAL | EXPIRING | RENEWAL |
|---|------------------------|------------------------|-------------------------------|------------------------------|----------------------------|-----------------------|--------------------|
| | EXPIRING | RENEWAL | | | LIMITS | | |
| (Effective 4/6/08-09) | PREMIUM | PREMIUM | | LIMITS | OCC / AGG | DEDUCTIBLE | DEDUCTIBLE |
| GENERAL LIABILITY | \$52,451.00 | \$53,428.00 | St. Paul (A:15) | \$1,000,000/2,000,000 | \$1,000,000/2,000,000 | \$10,000 | \$10,000 |
| Electric Utility | Included Above | Included Above | St. Paul (A:15) | \$1,000,000/2,000,000 | \$1,000,000/2,000,000 | \$10,000 | \$10,000 |
| CATV/Fiberoptics Utility | Included Above | Included Above | St. Paul (A:15) | \$1,000,000/2,000,000 | \$1,000,000/2,000,000 | \$10,000 | \$10,000 |
| Water and Sewer Utility | Included Above | Included Above | St. Paul (A:15) | \$1,000,000/2,000,000 | \$1,000,000/2,000,000 | \$10,000 | \$10,000 |
| Natural Gas Utility | Included Above | Included Above | St. Paul (A:15) | \$1,000,000/2,000,000 | \$1,000,000/2,000,000 | \$10,000 | \$10,000 |
| Sewer Backup | Included Above | Included Above | St. Paul (A:15) | \$500,000/500,000 | \$500,000/500,000 | \$10,000 | \$10,000 |
| Employee Benefits Liability | \$381.00 | \$381.00 | St. Paul (A:15) | \$1,000,000/3,000,000 | \$1,000,000/3,000,000 | \$1,000 | \$1,000 |
| Cyber Tech Liability | No Prior Coverage | \$1,000.00 | St. Paul (A:15) | No Prior Coverage | \$1,000,000/1,000,000 | No Prior Coverage | \$5,000 |
| LAW ENFORCEMENT LIABILITY | \$33,532.00 | \$32,728.00 | St. Paul (A:15) | \$1,000,000/2,000,000 | \$1,000,000/2,000,000 | \$25,000 | \$25,000 |
| PROPERTY | \$61,000.00 | Φ47.1 <i>CC</i> .00 | Ct D1 (A-15) | \$42,244,791 | \$38,361,080 | \$5,000 | ¢= 000 |
| | | \$47,166.00 | St. Paul (A:15) | | | | \$5,000 |
| PROPERTY - Functional Replacement Cc | Included Above | Included Above | St. Paul (A:15) | \$4,060,077 | \$2,890,077 | \$5,000 | \$5,000 |
| Boiler & Machinery | Included Above | Included Above | St. Paul (A:15) | Included | Included | \$5,000 | \$5,000 |
| Contractors Equipment | \$6,635.00 | \$11,444.00 | St. Paul (A:15) | \$1,502,784 | \$2,565,808 | \$5,000 | \$5,000 |
| Computer & EDP Equipment | Included Above | Included Above | St. Paul (A:15) | \$161,151 | \$161,151 | \$5,000 | \$5,000 |
| Contractors Equipment | Included Above | Included Above | St. Paul (A:15) | \$75,083 | \$75,083 | \$1,000 | \$1,000 |
| Earthquake & Flood | Included Above | Included Above | St. Paul (A:15) | \$1,000,000 | \$1,000,000 | \$25,000 | \$25,000 |
| TERRORISM | \$987.00 | \$1,043.00 | St. Paul (A:15) | (Flood excludes zor | ne A,B/Shaded X, V or D) | | |
| AUTOMOBILE | \$72,421.00 | \$63,989.00 | St. Paul (A:15) | \$1,000,000 | \$1,000,000 | \$10,000 | \$10,000 |
| Comprehensive/Collision | \$32,040.00 | \$30,198.00 | St. Paul (A:15) | ACV | ACV | \$2500 / 2500 | \$2500 / 2500 |
| Uninsured Motorist | Included Above | Included Above | St. Paul (A:15) | \$75,000 | \$75,000 | \$10,000 | \$10,000 |
| Medical Payments | Included Above | Included Above | St. Paul (A:15) | \$5,000 | \$5,000 | \$10,000 | \$10,000 |
| Rating Basis - # of Liability Vehicles | 155Units / 33 Trailers | 166Units / 36 Trailers | 5t. 1 ttal (1115) | \$5,000 | 45,000 | Ψ10,000 | Ψ10,000 |
| Rating Basis - # of Physical Damage Vel | 125 Vehicles | 143 Vehicles | | | | | |
| Rating basis - # 011 Hysical Damage Vel | 123 Vehicles | 145 Vehicles | | | | | |
| PUBLIC OFFICIALS LIABILITY Loss Control Fee | \$39,569.00 | \$46,346.00 | St. Paul (A:15) | \$1,000,000/1,000,000 | \$1,000,000/1,000,000 | \$25,000 | \$25,000 |
| Surplus Lines Tax EMPLOYMENT PRACTICES LIABILITY | Included | Included | St. Paul (A:15) | \$2,000,000/2,000,000 | \$2,000,000/2,000,000 | \$25,000 | \$25,000 |
| AIRPORT LIABILITY | \$5,950.00 | \$5,950.00 | XL Specialty Ins. Co. (A+:15) | \$5,000,000 per Occurrence | 5,000,000 per Occurrence | None | None |
| Personal Injury (sub-limit) | | (Estimated) | | \$1,000,000 Personal Injury | 1,000,000 Personal Injury | None | None |
| , , , , , | | | | \$10,000,000 Aggregate | \$10,000,000 Aggregate | None | None |
| | | | | | | | |
| FIDELITY BOND | \$1,494.00 | \$1,494.00 | Travelers (A:15) | \$200,000 | \$200,000 | \$2,500 | \$2,500 |
| Theft | Included Above | Included Above | Travelers (A:15) | \$50,000 | \$50,000 | \$2,500 | \$2,500 |
| Computer Fraud | Included Above | Included Above | Travelers (A:15) | \$200,000 | \$200,000 | \$2,500 | \$2,500 |
| Forgery Alterations | Included Above | Included Above | Travelers (A:15) | \$200,000 | \$200,000 | \$2,500 | \$2,500 |
| Identity Theft | \$600.00 | \$600.00 | Travelers (A:15) | \$5,000 | \$5,000 | None | None |
| Julian Jackson Bond | \$175.00 | \$175.00 | Travelers (A:15) | \$50,000 | \$50,000 | None | None |
| Debbie Kirk Bond | \$175.00 | \$175.00 | Travelers (A:15) | \$50,000 | \$50,000 | None | None |
| Consent Linkilita Hashardla (Occurrent) | #21 7/E 00 | ¢24.002.00 | Ct D1 (A.1E) | ¢1 000 000 /1 000 000 | ¢1 000 000 /1 000 000 | ¢10,000 | ¢10,000 |
| General Liability Umbrella (Occurrence) | \$21,765.00 | \$24,902.00 | St. Paul (A:15) | \$1,000,000/1,000,000 | \$1,000,000/1,000,000 | \$10,000 | \$10,000 |
| General Liability Umbrella (Claims-Made) | Included Above | Included Above | St. Paul (A:15) | \$1,000,000/1,000,000 | \$1,000,000/1,000,000 | \$10,000 | \$10,000 |
| SUB-TOTAL PREMIUM | \$329,175.00 | \$321,019.00 | Excess of A | All Casualty Except Employme | ent Fractices (Occurrence) | rublic Official Liabi | uity (Claims-Made) |
| 1 | • | , | <u>I</u> | | | | |
| EXCESS WORKERS COMPENSATION* | \$58,647.00 | \$63,496.00 | Safety National (A:8) | Statutory | Statutory | \$350,000 | \$350,000 |
| | P/R \$8,714,337 | P/R \$9,344,047 | | | | | |
| Loss Control Fee | \$10,000.00 | \$10,000.00 | _ | | | | |
| TOTAL PREMIUM | \$397,822.00 | \$394,515.00 | | | | | |
| - | | | | | | | |