

May 15, 2024

Muhlenberg County Water District  
 PO Box 348  
 Greenville, KY 42345

**Kentucky Employers Mutual Insurance**  
**250 W Main Street, Suite 900**  
**Lexington, KY 40507**  
[www.kemi.com](http://www.kemi.com)  
**859-425-7800 / 800-640-5364**

Quote Date: May 15, 2024

Prospective Insured:	Legal Entity:	Municipality
Name: Muhlenberg County Water District	FEIN:	610667958
Address: PO Box 348		
City: Greenville, KY 42345		

Agency:	Solutions First LLC DbA Lawton Insurance
Agent Number:	5858
Address:	PO Box 231
City:	Central City, KY 42330
Phone:	(270)754-4881

Renewal Quote for Workers Compensation Coverage  
 421342-06/19/2024-06/19/2025

Proposed Effective Date: 06/19/2024      Proposed Expiration Date: 06/19/2025

Employer's Liability Limits: (3.B)	Bodily Injury by Accident	\$500,000 each accident
	Bodily Injury by Disease	\$500,000 policy limit
	Bodily Injury by Disease	\$500,000 each employee



Quote for Workers Compensation Coverage  
421342-- 06/19/2024-06/19/2025

7520-000	Waterworks Operation & Drivers
8810-000	Clerical Office Employees NOC

CLASS RATING AND MANUAL PREMIUM DETAIL	EXPOSURE	RATE	PREMIUM
Muhlenberg County Water District 06/19/2024 - 06/19/2025			
8810-000	219,106	.2	\$438.00
7520-000	636,857	2.8	\$17,832.00

PREMIUM CALCULATION DETAIL	TYPE	FACTOR	AMOUNT
06/19/2024 - 06/19/2025	Total Manual Premium		\$18,270.00
	Employers Liability Limits	.008	\$146.00
	Total Subject Premium		\$18,416.00
	Experience Modification Premium	.860	-\$2,578.00
	Total Modified Premium		\$15,838.00
	Schedule Rating Premium	.800	-\$3,168.00
Final Estimate	Total Standard Premium		\$12,670.00
	Premium Discount		-\$836.00
	Expense Constant		\$260.00
	Terrorism Charge		\$86.00
	Catastrophe Charge		\$86.00
	Estimated Annual Premium		\$12,266.00
	Kentucky Special Fund Assessment		\$800.97
	Total Premium & Assessment		\$13,066.97

TOTAL ESTIMATED ANNUAL POLICY PREMIUM **\$13,066.97**

Payment Plan Eligibility: Ten-Payment Plan

**Required Initial Installment Premium:**

BILLING SCHEDULE BILL DATE	BILLING SCHEDULE BILL AMOUNT
05/15/2024	\$3,266.74
07/20/2024	\$1,089.78
08/20/2024	\$1,089.78
09/20/2024	\$1,089.78
10/20/2024	\$1,088.48
11/20/2024	\$1,088.48
12/20/2024	\$1,088.48
01/20/2025	\$1,088.48
02/20/2025	\$1,088.48



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BILLING SCHEDULE BILL DATE	BILLING SCHEDULE BILL AMOUNT
03/20/2025	\$1,088.49

**This renewal quotation is based on the information provided by the expiring policy. Any changes in this information unknown at the time of this quotation could change the policy premium. Notify KEMI immediately of any and all changes. If not paid by the renewal date, coverage will expire.**

cc: Solutions First LLC Dba Lawton Insurance