AN ORDINANCE OF THE CITY OF PARK HILLS, MISSOURI, AUTHORIZING THE CITY ADMINISTRATOR TO PURCHASE WORKER'S COMPENSATION INSURANCE

WHEREAS, the City of Park Hills, Missouri advertised and received bids for various insurance services, including for a Worker's Compensation insurance policy.

WHEREAS, the best bid for Worker's Compensation insurance was from Missouri Employers Mutual (MEM) as shown on "EXHIBIT A."

BE IT ORDAINED BY THE COUNCIL OF THE CITY OF PARK HILLS, MISSOURI, AS FOLLOWS:

Section 1. Worker's Compensation Insurance. The Park Hills City Council hereby authorizes the City Administration to purchase Worker's Compensation insurance from Missouri Employers Mutual (MEM) as further described in "EXHIBIT A,"

Section 2. <u>Authorizations</u>. The Mayor, City Administrator and/or any other necessary employees are hereby authorized to execute an agreement/policy for said Worker's Compensation insurance and any other necessary documents to carry out the intent of this ordinance; and the City Clerk is hereby authorized to attest any such signatures on any such documents and to affix the City's seal thereto to the extent required by such documents. All officials and employees of the City are authorized and empowered, collectively or individually, to take all other actions and steps and to execute all instruments, documents, agreements and contracts on behalf of the City as they shall deem necessary or desirable in connection with the purchase of said insurance and the carrying out of the intention of this Ordinance.

Section 3. Severability. The portions of this Ordinance shall be severable. In the event that any portion of this Ordinance is found by a court of competent jurisdiction to be invalid, the remaining portions of this Ordinance are valid, unless the court finds the valid portions of this Ordinance are so essential and inseparably connected with and dependent upon the void portion that it cannot be presumed that the City Council would have enacted the valid portions without the invalid ones, or unless the court finds that the valid portions standing alone are incomplete and are incapable of being executed in accordance with the legislative intent.

Section 4. <u>Effective Date and Budget amendment</u>. This Ordinance shall take effect immediately.

DULY READ TWO TIMES AND PASSED THIS 12 DAY OF DENIMOR, 2023.

Stacy Easter Presiding Officer

ATTEST:

Blandy Mailh
City Clerk

APPROVED THIS 12 DAY OF SCENDE, 2023.

Stacy Easter Mayor

SEAL

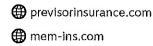
ATTEST:

Blandy Warle
City Clerk









December 4, 2023

First State Insurance Agency, Inc 3061-2 204 E Liberty St Farmington, MO 63640

Re: City of Park Hills | Account No.: 10000460602 | Submission No.: 60602990

Workers Compensation Quote

Dear Agency Partner,

Thank you for choosing us to serve as your client's workers compensation provider. We look forward to our partnership and strive to provide unmatched value-added services supported by our safety and risk resources, exceptional claims management, and customer care.

A quote for City of Park Hills effective 01/01/2024 is included for your review. Please see the quote information below. If issued the policy is subject to any changes recommended by our Safety and Risk Services or Premium Consultation teams.

Missouri Employers Mutual (MEM) guote:

- Effective 01/01/2024 to 01/01/2025
 - This is a quotation only and not a binder of insurance
- Includes schedule rating
 - Refer to the premium details for more information
- Uses our Preserve Rates

Payment

Information on payment plans can be obtained by logging into your portal account, selecting Resources and searching for Payment Plan Options

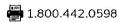
If you have any questions, please contact our Customer Care team at 800.442.0593 or customercare@memins.com,

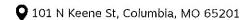
We appreciate your support in creating safe, healthy, and injury-free workplaces.

Sincerely,

John Whitesides Underwriting











previsorinsurance.com

mem-ins.com

WORKERS COMPENSATION AND EMPLOYERS' LIABILITY QUOTE

Applicant:

City of Park Hills

9 BENNETT ST

PARK HILLS, MO 63601-2033

Agency: 3061-2

First State Insurance Agency, Inc (1)

Premium Basis

204 E Liberty St

Farmington, MO 63640

Employers Liability:

Proposed Effective Date: 01/01/2024

Quote Date:

12/04/2023

Quote Good Through:

01/01/2024 60602990

Bodily Injury by Accident

Bodily Injury by Disease

\$1,000,000 \$ 1,000,000 each accident

policy limit Bodily Injury by Disease \$1,000,000 each employee

Submission No: City of Park Hills

01/01/2024 to 01/01/2025

			i icitilatti basis		
			Total Estimated	Rate Per	Estimated
		Code	Annual	\$100 of	Annual
	Classifications	No.	Remuneration	Remuneration	Premium
	Missouri				
	Location 1: 9 BENNETT ST PARK HILLS MO 63601-2033				
	STREET OR ROAD CONSTRUCTION Paving or Repaving	5506	304,360.00	7.39	\$22,492.00
	DRIVERS, CHAUFFEURS, MESSENGERS, AND THEIR HEL	7380	11,100.00	9.47	\$1,051.00
	WATERWORKS OPERATION & DRIVERS.	7520	278,042.00	4.12	\$11,455.00
	SEWAGE DISPOSAL PLANT OPERATION & DRIVERS	7580	367,630.00	3.81	\$14,007.00
	FIREFIGHTERS & DRIVERS	7710	33,328.00	7.99	\$2,663.00
	FIREFIGHTERS & DRIVERS-VOLUNTEER	7711	41,600.00	8.07	\$3,357.00
	POLICE OFFICERS & DRIVERS	7720	995,442.00	5.82	\$57,935.00
	AUTOMOBILE REPAIR SHOP & PARTS DEPARTMENT EMPL	8391	44,325.00	3.87	\$1,715.00
	CLERICAL OFFICE EMPLOYEES NOC.	8810	741,729.00	0.20	\$1,483.00
	ATTORNEY-ALL EMPLOYEES & CLERICAL, MESSENGERS,	8820	0.00	0.17	\$0.00
	HOSPITAL-VETERINARY & DRIVERS	8831	0.00	1.78	\$0.00
	BUILDING OR PROPERTY MANAGEMENT-ALL OTHER	9015	24,450.00	4.89	\$1,196.00
	EMPL				
	RESTAURANT NOC.	9082	138,475.00	2.18	\$3,019.00
١	LAWN MAINTENANCE-COMMERCIAL OR DOMESTIC &	9102	358,194.00	3.99	\$14,292.00
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WORKERS COMPENSATION AND EMPLOYERS' LIABILITY QUOTE

Applicant:

City of Park Hills 9 BENNETT ST

PARK HILLS, MO 63601-2033

Agency: 3061-2

First State Insurance Agency, Inc (1)

204 E Liberty St

Farmington, MO 63640

GARBAGE Ashes or Refuse Collection & Drivers.

9403

41,087.00

12.21

\$5,017.00

MUNICIPAL, TOWNSHIP, COUNTY, OR STATE EMPLOYEE

9410

101,746.00

5.13

\$5,220.00

Manual Premium

Increased Employers Liability 1.011

144,902.00

Subject Premium

Modified Premium Schedule Rating Credit/Debit -15.0%

Standard Premium Premium Discount 0.9347

Expense Constant Terrorism Risk Act

Catastrophe Surcharge **Total Estimated Premium**

Missouri SIF 0.03

Total Premium and Surcharges

1,594.00

146,496.00 146,496.00

(21,974.00)

124,522.00

(8,130.00)

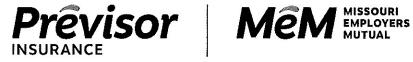
240.00

348,00

696.00 117,676.00

3,530.00

121,206.00





previsorInsurance.com

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WORKERS COMPENSATION AND EMPLOYERS' LIABILITY QUOTE

Applicant:

City of Park Hills

9 BENNETT ST

PARK HILLS, MO 63601-2033

Agency: 3061-2

First State Insurance Agency, Inc (1)

204 E Liberty St

Farmington, MO 63640

Employers Liability:

Proposed Effective Date: 01/01/2024

Quote Date: 12/04/2023 01/01/2024

Quote Good Through: Submission No:

60602990

Bodily Injury by Accident

Bodily Injury by Disease

\$ 1,000,000 \$ 1,000,000 each accident policy limit

Bodily Injury by Disease \$1,000,000 each employee

City of Park Hills

Policy Term: 01/01/2024 to 01/01/2025

Billing Payment Mode:

Nine installment

Initial Payment Items

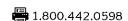
Down Payment/Collateral 17,458.80 MO Second Injury Fund 3,530.00 **Expense Constant** 240.00 Terrorism Risk Act 348.00 Catastrophe Surcharge 696.00 Collateral Transfer -0.00

Total to Remit 22,272,80

Each invoice may also include a \$5.00 service fee.

Auto EFT Payment Options

- Available for MEM and Previsor Insurance annual and installment pay plans on all premium sizes, as well as monthly and quarterly reporting payment plans on premiums over \$1,000
- Advantages include waived service fees, automatic payments with no late fees, flexible payment schedules for installment plans, waived collateral for reporting payment plan
- To enroll, complete the enclosed Auto EFT Enrollment Form or contact Customer Care at 800,442,0593 or customercare@mem-ins.com







mprevisorinsurance.com mem-ins.com

AUTOMATIC ELECTRONIC FUNDS TRANSFER (EFT) ENROLLMENT FORM

With Auto EFT you avoid service fees and your payments will always be on time, so there's never a late payment fee, either. It's an easy, money-saving way to pay your work comp premium to MEM. Use this enrollment form to sign up today!

I hereby authorize Missour	i Employers Mutual (MEM) to initiate	ACCOUNT TYPE								
debit entries using the acco	ount information provided below.	(Please select one)								
		Personal								
FINANCIAL INSTITUTION		Checking Savings								
		Business								
ACCOUNT NUMBER		Checking Savings								
I understand that MEM will debit the provided account for all sums due in connection with my workers										
compensation insurance policy or policies, which includes MEM and any policies through Previsor Insurance Company that MEM is charged with administering. I understand that MEM will automatically debit all due										
							sums from the provided account in accordance with my selected payment plan starting on my next invoice			
due date. I am aware that all payable amounts will be invoiced to me and debited from the provided account										
on the due date of each invoice. I acknowledge that if the debit is returned to MEM due to insufficient funds, there will be a \$20.00 service fee charged to the account by MEM per policy. This authority to debit the										
							bank account on this form is to remain in full force and effect until MEM has received a written termination request or a new Automatic Electronic Funds Transfer enrollment form from me and has had a reasonable opportunity, a minimum of five (5) business days, to act on it. If the EFT authority is deactivated, my account			
		ions, which may accelerate the due date(s)								
for the remainder of my outstanding annual premium.										
Policy Name:		-								
Account Number:										
Date:	Signed:									
Please return completed t	form to Customer Care									
Fax: 800.442.0598										
Email: customercare@men										
Mail: Missouri Employers N	Iutual P.O. Box 1464 Columbia, MO	65205-1464								

Please include a voided check with this document for processing.