

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. Authorizations.** 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. Effective Date and Budget amendment.** This Ordinance shall take effect immediately.

BILL NO. 1617

ORDINANCE NO. 1505-23

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

Stacey Easter  
Presiding Officer

ATTEST:

Brandy Maulk  
City Clerk

APPROVED THIS 12 DAY OF December, 2023.

Stacey Easter  
Mayor

ATTEST:

Brandy Maulk  
City Clerk



Ex A

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) quote:

- 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 [customer care@mem-ins.com](mailto:customer care@mem-ins.com).

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

Sincerely,

John Whitesides  
Underwriting

**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

Proposed Effective Date: 01/01/2024  
Quote Date: 12/04/2023  
Quote Good Through: 01/01/2024  
Submission No: 60602990

**Employers Liability:**  
Bodily Injury by Accident \$ 1,000,000 each accident  
Bodily Injury by Disease \$ 1,000,000 policy limit  
Bodily Injury by Disease \$ 1,000,000 each employee

**City of Park Hills**  
01/01/2024 to 01/01/2025

Classifications	Code No.	Premium Basis		
		Total Estimated Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium
<b>Missouri</b>				
<b>Location 1: 9 BENNETT ST PARK HILLS MO 63601-2033</b>				
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
LAWN MAINTENANCE-COMMERCIAL OR DOMESTIC &	9102	358,194.00	3.99	\$14,292.00
DRIV				

**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
<b>Manual Premium</b>				<b>144,902.00</b>
Increased Employers Liability 1.011				1,594.00
<b>Subject Premium</b>				<b>146,496.00</b>
<b>Modified Premium</b>				<b>146,496.00</b>
Schedule Rating Credit/Debit -15.0%				(21,974.00)
<b>Standard Premium</b>				<b>124,522.00</b>
Premium Discount 0.9347				(8,130.00)
Expense Constant				240.00
Terrorism Risk Act				348.00
Catastrophe Surcharge				696.00
<b>Total Estimated Premium</b>				<b>117,676.00</b>
Missouri SIF 0.03				3,530.00
<b>Total Premium and Surcharges</b>				<b>121,206.00</b>



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)  
204 E Liberty St  
Farmington, MO 63640

Proposed Effective Date: 01/01/2024  
Quote Date: 12/04/2023  
Quote Good Through: 01/01/2024  
Submission No: 60602990

**Employers Liability:**

Bodily Injury by Accident	\$ 1,000,000	each accident
Bodily Injury by Disease	\$ 1,000,000	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 [customer care@mem-ins.com](mailto:customer care@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 Missouri Employers Mutual (MEM) to initiate debit entries using the account information provided below.

FINANCIAL INSTITUTION: \_\_\_\_\_  
ROUTING NUMBER: \_\_\_\_\_  
ACCOUNT NUMBER: \_\_\_\_\_

<b>ACCOUNT TYPE</b> (Please select one)			
<b>Personal</b>			
<input type="checkbox"/>	Checking	<input type="checkbox"/>	Savings
<b>Business</b>			
<input type="checkbox"/>	Checking	<input type="checkbox"/>	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 may be immediately subject to MEM's standard payment plan options, which may accelerate the due date(s) for the remainder of my outstanding annual premium.

Policy Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Date: \_\_\_\_\_ Signed: \_\_\_\_\_

**Please return completed form to Customer Care**

Fax: 800.442.0598

Email: [customercare@mem-ins.com](mailto:customercare@mem-ins.com)

Mail: Missouri Employers Mutual | P.O. Box 1464 | Columbia, MO 65205-1464

*Please include a voided check with this document for processing.*