

RESOLUTION 1819

**RESOLUTION APPROVING WORKERS COMPENSATION INSURANCE PROPOSAL
WITH IMWCA**

WHEREAS, the City of West Branch, Iowa received an insurance renewal quotation from the Iowa Municipalities Workers' Compensation Association (IMWCA); and

WHEREAS, after reviewing the insurance renewal quotation, the City Council has decided to accept the quotation of IMWCA, effective July 1, 2019.

NOW, THEREFORE, BE IT RESOLVED, by the City Council of the City of West Branch, Iowa, that the insurance renewal with IMWCA is hereby approved.

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PASSED AND APPROVED this 24th day of June, 2019



Roger Laughlin, Mayor

Attest:



Redmond Jones II, City Administrator / City Clerk



West Branch (0851)

Estimated Premium Schedule as of 4/16/2019

Policy Period: 7/1/2019-7/1/2020

Workers' Compensation Coverage

Class Code	Description	Rate	Payroll	Premium	Modified Premium	Discounted Premium
5506	Street or Road Paving	8.29%	52,000	4,311	3,492	2,033
7520	Waterworks Operations & Driver	4.25%	39,000	1,658	1,343	782
7580	Sewage Disposal Plant Operation	2.26%	30,000	678	549	320
7705V	Ambulance Service Companies, Volunteer EMS providers & drivers.	6.32%	5,150	325	263	153
7711	Volunteer Firefighters & Drivers	43.99%	32,350	14,231	11,527	6,711
7720	Police Officers & Drivers	3.32%	246,969	8,199	6,641	3,866
7720V	Reserve Peace Officers & Drive	3.32%	42,000	1,394	1,129	657
8380	Automobile - All Others	2.84%	88,040	2,500	2,025	1,179
8810	Clerical Office Employees - NO	0.22%	383,674	844	684	398
8810V	Elected or Appointed Officials	0.22%	15,000	33	27	16
9101	Public Library/Museums - Maint	5.31%	2,000	106	86	50
9102	Parks NOC - All Employees	3.68%	75,377	2,774	2,247	1,308
9220	Cemetery Operations & Drivers	5.51%	30,000	1,653	1,339	780
9402	Street Cleaning & Drivers	5.56%	25,710	1,429	1,157	674
9410	Municipal Employees	2.84%	13,752	391	317	185
Totals:			1,081,022	40,526	32,826	19,112

Your IMWCA Discount for Workers' Compensation Coverage:

Longevity Credit:	\$ 328	1%
Loss Experience Credit:	\$ 5,580	17%
Large Premium Discount:	\$ 3,611	11%
Total Discount:	\$ 9,520	29%

Workers' Compensation Premium Calculation

Pure Premium:	\$ 40,526
Experience Modification Factor: X	.81
Modified Premium:	\$ 32,826
IMWCA Discount Amount: -	\$ 9,520
Discounted Premium:	\$ 23,306
Good Experience Bonus: X	.82
Expense Constant: +	\$ 160
Annual Premium:	\$ 19,272
Total Premium:	\$ 19,272

Other Coverage

Non-Statutory Medical Coverage

Rate: \$10/Volunteer, Minimum Premium \$100

Estimated Number of Volunteers 30 Rate: 10 Premium: 300

Non-Stat. Vol. Premium: 300

Minimum Premium: 300

Total Estimated Coverage Premium: \$ 19,572

This is not an invoice.