

RESOLUTION 2014

**A RESOLUTION APPROVING THE WORKERS COMPENSATION PROPOSAL
WITH IOWA MUNICIPALITIES WORKERS' COMPENSATION ASSOCIATION
(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, 2021.

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 7th day of June, 2021



Roger Laughlin, Mayor

Attest:



Redmond Jones II, City Administrator / City Clerk



West Branch (0851)
Estimated Premium Schedule as of 5/10/2021
Policy Period: 7/1/2021-7/1/2022

Workers' Compensation Coverage

Class Code	Description	Rate	Payroll	Premium	Modified Premium	Discounted Premium
5506	Street or Road Paving	7.72%	89,860	6,937	5,688	3,218
7520	Waterworks Operations & Driver	3.53%	66,866	2,360	1,935	1,095
7580	Sewage Disposal Plant Operation	2.67%	17,549	469	385	218
7705V	Ambulance Service Companies, Volunteer EMS providers & drivers.	5.49%	7,500	412	338	191
7711	Volunteer Firefighters & Drivers	45.86%	34,500	15,822	12,974	7,341
7720	Police Officers & Drivers	3.39%	245,354	8,318	6,821	3,859
8380	Automobile - All Others	3%	80,179	2,405	1,972	1,116
8810	Clerical Office Employees - NO	0.21%	404,952	850	697	394
8810V	Elected or Appointed Officials	0.21%	15,000	31	25	14
9015	Building Maintenance - Operation	3.36%	2,421	81	66	37
9101	Public Library/Museums - Maint	5.04%	5,144	259	212	120
9102	Parks NOC - All Employees	3.81%	125,505	4,782	3,921	2,219
9220	Cemetery Operations & Drivers	5.21%	24,508	1,277	1,047	592
9402	Street Cleaning & Drivers	5.29%	16,036	848	695	393
9410	Municipal Employees	2.6%	14,027	365	299	169
Totals:			1,149,401	45,216	37,075	20,976

Your IMWCA Discount for Workers' Compensation Coverage:

Longevity Credit:	\$ 1,112	3%
Loss Experience Credit:	\$ 6,303	17%
Large Premium Discount:	\$ 4,078	11%
Total Discount:	\$ 11,493	31%

Workers' Compensation Premium Calculation

Pure Premium:	\$ 45,216
Experience Modification Factor: X	.82
Modified Premium:	\$ 37,075
IMWCA Discount Amount: -	\$ 11,493
Discounted Premium:	\$ 25,582
Good Experience Bonus: X	.82
Expense Constant: +	\$ 160
Annual Premium:	\$ 21,136
Total Premium:	\$ 21,136

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: \$ 21,436

This is not an invoice.

West Branch (0851)
Information Page of the Coverage Memorandum
As of 5/10/2021
Policy Period: 7/1/2021-7/1/2022

1. Participant: West Branch Policy Number: 0851-2122-WC
P O Box 218 FEIN
West Branch, Iowa 52358021

2. Workers' Compensation Coverage

This Workers' Compensation Coverage Memorandum is effective from 12:01 AM on July 01, 2021 to 12:01 AM on July 01, 2022.

3. A. Workers' Compensation Coverage: This section of the Coverage Memorandum applies to the Workers' Compensation Law of Iowa.
B. Employers' Liability Coverage: Part Two of this Memorandum applies to work in Iowa. The limits of the Association's liability under Part Two are:
Bodily Injury by Accident: \$1,000,000 each accident
Bodily Injury by Disease: \$1,000,000 memorandum limit
Bodily Injury by Disease: \$1,000,000 each employee
C. Other States' Coverage: Part Three of this Memorandum applies to the states, if any, listed here: All states except ND, OH, WA, WY.
D. This Memorandum includes a Voluntary Compensation and Employers' Liability Coverage Endorsement and Schedule as well as a Longshoremen's and Harbor Workers' Compensation Act Coverage Endorsement and Schedule.
4. The Estimated Premium Schedule attached hereto and by this reference made a part hereof, is based on the association's manuals of rules, classifications, rates and rating plans. This initial calculation is subject to verification and change by audit.
5. Volunteers other than those shown on the Estimated Premium Schedule are not covered by the provisions of the Workers' Compensation Coverage Memorandum.

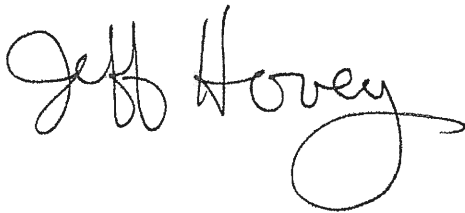
Other Coverage

Non-Statutory Medical Only Coverage

Coverage Period: 7/1/2021 to 7/1/2022

When this medical-only payment coverage applies, the Association will pay promptly when due, the hospital, nursing and medical benefits. These benefits will not exceed \$25,000 per occurrence or extend beyond two years from the date of injury. Payments made pursuant to this endorsement are not considered to be workers' compensation benefits. Premium will be determined by a \$10 charge per volunteer per year with a minimum premium of \$100.

Signed at Des Moines, Iowa, on May 10, 2021.



Authorized Signature