

- Item 1. **Employer:** CITY OF FORT LAUDERDALE
- Address:** 100 NORTH ANDREWS AVE, 3RD FLOOR, FORT LAUDERDALE, FL 33301
- Item 2. **This Agreement covers all business operations of the EMPLOYER as a Self-Insurer in the following State(s):** FLORIDA
- Item 3. **Effective Date:** 12:01 A.M. October 01, 2024
- Item 4. **Anniversary Date:** 12:01 A.M. October 01, 2025
- Item 5. **The Service Company shall be** CORVEL CORPORATION
- | Item 6. CLASSIFICATIONS OF OPERATIONS | Code Number | Estimated Total Annual Remuneration/Worker Hours | Rate Per \$ 100 Remuneration/Worker Hours |
|---|-------------------------------------|--|---|
| See Attached | | | |
| | Total Estimated Manual Premium | | N/A |
| | SNCC Experience Modification Factor | | N/A |
| | Total Estimated Standard Premium | | N/A |
| Item 7. Self-Insured Retention Per Occurrence for Occurrences resulting in an injury to any Employee classified under code 7704 described as Firefighters and Drivers | | | \$ 1,500,000 |
| Self-Insured Retention Per Occurrence for Occurrences resulting in an injury to any Employee classified under code 7720 described as Police Officers and Drivers | | | \$ 1,500,000 |
| Self-Insured Retention Per Occurrence for All Other | | | \$ 1,000,000 |
| Item 8. (a) Maximum Limit of Indemnity Per Occurrence | | | Statutory |
| (b) Employers' Liability Maximum Limit of Indemnity Per Occurrence | | | See Endt 0288 & 0467 |
| Item 9. Premium Rate \$ 0.213 per \$100 of Payroll | | | |
| Item 10. Minimum Premium for the Liability Period | | | \$ 562,012 |
| Item 11. Deposit Premium for the Payroll Reporting Period | | | \$ 591,592 |
| Item 12. Payroll Reporting Period October 01, 2024 through October 01, 2025 | | | |
| Item 13. Endorsements See Endorsement Schedule | | | |

Signed at St. Louis, Missouri on August 30, 2024



Secretary

Countersigned this day of

By: N/A