

**Safety National Casualty Corporation**  
**1832 Schuetz Road**  
**St. Louis, MO 63146**

PHONE # (314) 995-5300

FAX # (314) 995-3843

|        |                                  |       |                   |
|--------|----------------------------------|-------|-------------------|
| TO:    | Risk Management Associates, Inc. | ATTN: | Ms. Robin Russell |
| PHONE: | (321) 832-1500                   | FAX:  | (321) 832-1513    |
| FROM:  | Vanessa Annunziata               | DATE: | 08/06/2022        |

**EXCESS WORKERS' COMPENSATION INSURANCE QUOTATION**

Name of Risk: **CITY OF FORT LAUDERDALE**

Account: 6004200 Previous Policy Number: SP 4065604

Specific Excess Only

| Contract Terms                 | Option 15361240951                        | Option 15140613293                        |
|--------------------------------|---|---|
| Liability Period               | 10/01/2022 - 10/01/2023                   | 10/01/2022 - 10/01/2023                   |
| Payroll Reporting Period       | 10/01/2022 - 10/01/2023                   | 10/01/2022 - 10/01/2023                   |
| Payroll                        | \$ 239,197,944                            | \$ 239,197,944                            |
| Manual Premium                 | \$ 6,896,310                              | \$ 6,896,310                              |
| Experience Modification Factor | 1.000                                     | 1.000                                     |
| Standard Premium               | \$ 6,896,310                              | \$ 6,896,310                              |
| Self-Insured Retention         | \$ 1,500,000                              | 7704 \$ 1,500,000                         |
|                                |   | 7720 \$ 1,500,000                         |
|                                |   | All Other \$ 1,000,000                    |
| Specific Limit                 | Statutory                                 | Statutory                                 |
| Employers Liability Limit      | Per Occ & Agg \$ 1,000,000 / \$ 1,000,000 | Per Occ & Agg \$ 1,000,000 / \$ 1,000,000 |
| Premium Rate                   | Rate \$100 Payroll \$ 0.18                | Rate \$100 Payroll \$ 0.202               |
| Deposit Premium                | \$ 430,556                                | \$ 483,180                                |
| Minimum Premium                | \$ 409,028                                | \$ 459,021                                |
| Commission                     | Net 0.00 %                                | Net 0.00 %                                |
| Pay Plan                       | ANNUAL PAYMENT                            | ANNUAL PAYMENT                            |
| Audit Type                     | Voluntary                                 | Voluntary                                 |

\*Quote expires 1 day after Payroll Reporting Period effective date for each Quote Option.