

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, 2023

Item 4. Anniversary Date: 12:01 A.M. October 01, 2024

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 \$ 0.202 per \$100 of Payroll

Item 10. Minimum Premium for the Liability Period \$ 498,119

Item 11. Deposit Premium for the Payroll Reporting Period \$ 524,336

Item 12. Payroll Reporting Period October 01, 2023 through October 01, 2024

Item 13. Endorsements See Endorsement Schedule

Signed at St. Louis, Missouri on September 25, 2023



 Secretary

Countersigned this _____ day of _____

By: _____ N/A