



City of Newport

Premium estimate for Guaranteed Cost

Period: 07/01/2024 - 07/01/2025

Group: CIS

Policy: 872454

Plan: Version #1 (1)

Rating period: 07/01/2024 to 07/01/2025

Location 1: City of Newport

Classification description	Class	Subject payroll	Rate	Premium
Landscape Gardening & Dr	0042	\$0.00	3.9	\$0.00
Tree/Shrub Prun/Trim-Above Grnd-Dr	0106	\$0.00	6.36	\$0.00
Plumbing-NOC-Dr	5183	\$0.00	1.46	\$0.00
Street/Rd Const-Fnl Grad/Pve/Rep/Dr	5506	\$375,597.00	3.53	\$13,258.57
Aviation-All Other Employees & Dr	7403	\$185,443.00	2.5	\$4,636.08
Aviation-Trans Per By Emp-Gr Crw/Dr	7403	\$0.00	2.5	\$0.00
Waterworks Operation-Dr	7520	\$691,815.00	1.65	\$11,414.95
Sewage Disposal Plant Oper-Dr	7580	\$665,283.00	1.61	\$10,711.06
Firefighters And Drivers	7710	\$1,159,942.00	3.55	\$41,177.94
Police Officers & Dr	7720	\$2,034,819.00	2.18	\$44,359.05
Auto-Sales/Serv/Repr-Agency-Dr	8380	\$0.00	1.53	\$0.00
Vol Frmn @ 800/Mo Ea	8411	\$124,800.00	1.0	\$1,248.00
Vol Plcmn @ 1800/Mo Ea	8411	\$0.00	1.0	\$0.00
Field Representatives	8742	\$0.00	0.15	\$0.00
Salesperson-Outside-No Delivery	8742	\$0.00	0.15	\$0.00
Vol Board Members	8742	\$0.00	0.15	\$0.00
Office Clerical	8810	\$3,117,400.00	0.06	\$1,870.44
Vol Office Clerical	8810	\$0.00	0.06	\$0.00
Attorney & Cler/Messenger/Dr	8820	\$0.00	0.06	\$0.00
Buildings-Operation By Owner Or Lessee & Drivers	9015	\$645,188.00	2.04	\$13,161.84
Vol Bldg Op By Own/Lessee-Dr	9015	\$0.00	2.04	\$0.00
Club-NOC-Clerical & Dr	9061	\$114,251.00	0.79	\$902.58
Senior Centr-Al Emp-CI/Dr-No Aaa	9061	\$0.00	0.79	\$0.00
Community/Sports/Ctrs-All Emp/Cler	9063	\$565,296.00	0.55	\$3,109.13
Lawn Maint-Comm/Domest-Dr	9102	\$284,886.00	2.31	\$6,580.87
Vol Park NOC All Emp-Dr	9102	\$0.00	2.31	\$0.00
Street Cleaning-Dr	9402	\$0.00	3.47	\$0.00
Municipal/Twn/Cnty/State Emp-NOC	9410	\$742,379.00	1.01	\$7,498.03
Total manual premium		\$10,707,099.00		\$159,928.54

Description	Basis	Factor	Premium
EL Increased Limits premium (Part II)	\$159,928.54	1.009	\$1,439.36
Total subject premium			\$161,367.90

Description	Basis	Factor	Premium
Experience Rating	\$161,367.90	0.87	-\$20,977.83
Total modified premium			\$140,390.07



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Description	Basis	Factor	Premium
OGSERP factor	\$140,390.07	0.99	-\$1,403.90
Pre-pay credit	\$138,986.17	0.97	-\$4,169.59
Total standard premium			\$134,816.58

Description	Basis	Factor	Premium
Oregon Total Premium			\$134,816.58
Premium Discount	\$134,816.58	0.1639	-\$22,091.98
Terrorism Premium	\$10,707,099.00	0.005	\$535.35
Catastrophe Premium	\$10,707,099.00	0.01	\$1,070.71
DCBS Assessment	\$113,344.58	1.098	\$11,107.77
Total premium and assessment			\$125,438.43

Premium discount schedule		
First	\$5,000	0.00%
Next	\$10,000	10.50%
Next	\$35,000	16.50%
Over	\$50,000	18.00%

The experience rating modifier is tentative.

Part Two coverage at limits of \$3,000,000/\$3,000,000/\$3,000,000

Policy Minimum Premium: \$500

Part Two Coverage Increased Limits Minimum Premium: \$160

Your policy premium is based on your current estimated premium and may be prorated for policies in effect for less than a full year or adjusted based on actual payroll by classification.

Terrorism Premium is in addition to Policy Minimum Premium.

Catastrophe Premium is in addition to Policy Minimum Premium.

DCBS Premium Assessment excludes Part Two Coverage.

Payroll Reporting Frequency: Annual

Policyholder Option to Reimburse SAIF Corporation for Medical Expenses (Nondisabling Claims Reimbursement Program): This policyholder has chosen to enroll in the Nondisabling Claims Reimbursement program with Quarterly claim evaluation.

The Oregon Group Supplemental Experience Rating (OGSERP) factor above is for: CIS



City of Newport

Notice of Election for Guaranteed Cost Plan

Period: 07/01/2024 - 07/01/2025

Policy: 872454

Group: CIS

Plan: Version #1 (1)

Agency: WHA Insurance Agency Inc
Producer: Jennifer King

Total estimated premium and assessments: \$125,438.43

Payroll reporting frequency: Annual

Please visit saif.com and choose *Safety and health* for information about safety or choose *Employer Guide* for information about reporting payroll, paying online, filing and managing a claim, and coverage.

Initial installment due by 06/25/2024: \$125,438.43

I, the undersigned, as a legal representative of the Company listed above, do hereby authorize SAIF Corporation to issue the policy and determine workers' compensation premiums according to the plan selection on this form. I have read, understand, and agree to the terms and conditions of this plan as set forth in the proposal.

Spencer Nibel
Authorized signature of insured

06/21/2024
Date signed

Please return this page with remittance. You may choose to pay online at saif.com, or write the quote or policy number indicated in this document on your check. Make check or money order payable to:

SAIF CORPORATION
400 High St SE
Salem, OR 97312-1000

SAIF use only	D: \$0	I: \$125,438	Lyn L Zielinski-Mills
Date received _____	Amount received _____	Check no. _____	
Bond Company _____	Bond no. _____		