

Horace McLarty

From: Kathy Hill (Boca Raton) <Kathy_Hill@ajg.com>
Sent: Tuesday, February 21, 2017 11:34 AM
To: Horace McLarty
Subject: COH - XSWC Final Audit for policy term 2015-16
Attachments: AJG Invoice 2065578 2015-16 Audit.pdf; COH Audit Results.pdf; COH XSWC policy premium 2015-16.pdf

Hi Horace,

Attached is the audit results for the policy term 2015-16 along with our invoice for an additional premium of \$23,256. Also, for you reference is the policy premium information for the 2015-16.

Let me know if you have any questions.

Regards,

Kathy Hill, CIC

Client Service Manager Sr.
Area Assistant Vice President | South Florida



Arthur J. Gallagher & Co.

BUSINESS WITHOUT BARRIERS™

Arthur J. Gallagher & Company
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Arthur J. Gallagher Risk Management Services, Inc.



Please be advised that no coverage can be bound or altered by e-mail. Confirmation must come from a representative of Gallagher or the Company.

I would like to emphasize that the discussion set forth above is only an insurance/risk management perspective and is NOT legal advice. We do not provide legal advice and I highly recommend that you seek the advice of legal counsel in order to become fully apprised of the legal implications related to these issues.

Communications concerning this matter, including this email and any attachments, are provided for purposes of insurance/risk management consulting. Opinions and advice provided by Arthur J. Gallagher & Co. is not intended to be, and should not be construed to be, legal advice. Please direct any request for legal advice to your attorney.

Arthur J. Gallagher Risk Management Services, Inc.
2255 Glades Road, Suite #200E
Boca Raton, FL 33431

HILKA1

Phone: (561)995-6706 Fax: (561)995-6708

Invoice #	2065578	1 of 1
ACCOUNT NUMBER	DATE	
HOLLYWO-01	2/21/2017	
BALANCE DUE ON	AMOUNT DUE	
2/21/2017	\$23,256.00	

City of Hollywood
P.O. Box 229045
Hollywood, FL 33022



Excess Workers Comp	PolicyNumber: SP4053829	Company: Safety National Casualty Corporation	Effective: 10/1/2015 to 10/1/2016		
Item #	Trans Eff Date	Due Date	Trans	Description	Amount
11302677	10/1/2015	2/21/2017	AUDT	Final Audit for policy term 10/1/15-16	\$23,256.00
Total Invoice Balance:					\$23,256.00

*** SAVE TIME AND MONEY! PAY THIS INVOICE ONLINE AT WWW.AJG.COM/EZPAY. ***

Please return this portion with your payment. Include your invoice number on your remittance to expedite processing.

HILKA1

City of Hollywood
P.O. Box 229045
Hollywood, FL 33022

Invoice #	2065578
ACCOUNT NUMBER	DATE
HOLLYWO-01	2/21/2017
BALANCE DUE ON	AMOUNT DUE
2/21/2017	\$23,256.00
AMOUNT PAID	
<input type="text"/>	

Please send your remittance to:

Arthur J. Gallagher Risk Management Services, Inc.
PO Box 532143
Atlanta, GA 30353



WWW.AJG.COM/EZPAY



1832 Schuetz Road
 St Louis, MO 63146-3540
 Telephone (888) 995-5300
 (314) 995-5300
 Fax (314) 995-3897

Physical Premium Audit Results

THE CITY OF HOLLYWOOD

Policy#: SP 4053829
 Liability Period: 10/01/2015 - 2016
 Audit Period: 10/01/2015 - 2016

State(s)	Code	Payroll
FL	5509	\$ 1,256,623
	6836	\$ 241,944
	7380	\$ 0
	7520	\$ 5,325,601
	7580	\$ 3,179,925
	7600	\$ 102,971
	7610	\$ 177,651
	7704	\$ 21,720,440
	7720	\$ 32,005,646
	8015	\$ 126,146
	8017	\$ 227,283
	8380	\$ 794,138
	8392	\$ 729,749
	8601	\$ 0
	8810	\$ 21,560,934
	8820	\$ 1,044,113
	9015	\$ 2,395,620
	9060	\$ 45,415
	9102	\$ 6,822,778
	9402	\$ 742,728
	9403	\$ 78,004
	9410	\$ 5,853,863

\$104,431,572

Total Payroll:	\$104,431,572
Premium Rate: [per \$100 of Payroll]	\$ 0.2116
Earned Premium:	\$227,477
Minimum Premium:	\$184,449
Deposit Premium:	\$204,221
Additional/(Return) Premium Due:	<u>\$23,256</u>

**Plus \$6,500 Flat Charge for EL Limit Increase

1005 00 0195 (XWC) FL

RE: THE CITY OF HOLLYWOOD

Policy No: SP 4053829

Effective Date: 12:01 A.M. October 01, 2015

Declarations:

Item 6.

St	Classifications of Operations	Code No.	Estimated Total Annual Remuneration/ Exposure	Rate per \$100 Remuneration/ Exposure	Estimated Premium
FL	Street Or Road Maintenance-Municipal, County Or State Department-& Drivers	5509	\$ 1,049,566	N/A	N/A
	Marina & Drivers	6836	\$ 192,102		
	Drivers, Chauffeurs and Their Helpers NOC-Commercial	7380	If Any		
	Waterworks Operation & Drivers	7520	\$ 4,886,683		
	Sewage Disposal Plant Operation & Drivers	7580	\$ 3,025,088		
	Telephone or Telegraph Company: All Other Employees	7600	\$ 155,912		
	Radio or Television Broadcasting Station-All Employees & Clerical, Drivers	7810	\$ 128,538		
	Firefighters & Drivers	7704	\$ 10,411,813		
	Police Officers & Drivers	7720	\$ 28,252,631		
	Copying or Duplicating Service-All Employees & Clerical, Salespersons	8015	\$ 108,570		
	Automobile Service or Repair Center & Drivers	8380	\$ 683,462		
	Architect Or Engineer	8601	\$ 1,788,911		
	Clerical Office Employees NOC	8810	\$ 20,517,175		
	Attorney-All Employees & Clerical, Messengers, Drivers	8820	\$ 846,644		
	Building - Operation by Owner or Lessee	9015	\$ 2,501,508		
	Club-Country, Golf, Fishing or Yacht-& Clerical	9060	\$ 71,889		
	Parks NOC-All Employees & Drivers	9102	\$ 5,676,346		
	Street Cleaning & Drivers	9402	\$ 580,152		
	Garbage, Ashes or Refuse Collection & Drivers	9403	\$ 72,240		
	Municipal, Township, County or State Employee NOC	9410	\$ 3,491,715		
			<hr/>		
			\$ 93,440,945		
		Total Payroll	\$ 93,440,945		

SAFETY NATIONAL CASUALTY CORPORATION
1832 SCHUETZ ROAD
ST. LOUIS, MO 63146

DECLARATIONS – SPECIFIC EXCESS

SP 4053829

Item 1. Employer: THE CITY OF HOLLYWOOD

Address: 2600 HOLLYWOOD BLVD., P.O. BOX 229045, HOLLYWOOD, FL 33020-9045

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, 2015

Item 4. Anniversary Date: 12:01 A.M. October 01, 2016

Item 5. The Service Company shall be ASCENSION BENEFITS & INSURANCE SOLUTIONS

Item 6. CLASSIFICATIONS OF OPERATIONS	Code Number	Estimated Total Annual Remuneration/Manhours	Rate Per \$ 100 Remuneration/Manhours
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 \$ 1,000,000

Item 8. (a) Maximum Limit of Indemnity Per Occurrence Statutory
(b) Employers' Liability Maximum Limit of Indemnity Per Occurrence \$ 2,000,000

Item 9. Premium Rate \$ 0.2116 per \$100 of Payroll plus \$ 6,500 Flat Charge for Employers' Liability Maximum Limit of Indemnity Per Occurrence

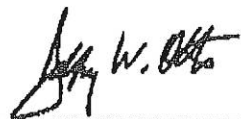
Item 10. Minimum Premium for the Liability Period \$ 184,449

Item 11. Deposit Premium for the Payroll Reporting Period \$ 204,221

Item 12. Payroll Reporting Period Annually as of October 01

Item 13. Endorsements See Endorsement Schedule

Signed at St. Louis, Missouri on September 24, 2015



Secretary

Countersigned this day of

By: N/A