

BUSINESS NAME: _____

NAME INSURED: _____

EMP. LIABILITY INSURANCE: \$1,000,000 / \$1,000,000 / \$1,000,000

SCHEDULE OF OPERATIONS

State	Class Code	Classification	Estimated Payroll	Rate per \$100	Estimated Premium	Net Rate
CA	7219	TRUCKING FIRMS	7123829.00	10.7	498668.03	6.6

PREMIUM SCHEDULES

CA	RATE PER \$100		ESTIMATE PREMIUM
	Manual Premium		889053.86
	Increased Limits for Employers Liability	0.011	783.62
	Schedule Rating	0.60	(395743.75)
	Expense Constant		300
	Terrorism	0.04	2849.53
	Catastrophe	0.02	1424.77
	Estimated Annual Premium		498668.03
	WCARF 2.246%		11200.08
	UEBTF 0.0775%		386.47
	SIBTF 0.6579%		3280.74
	OSHAF 0.2584%		1288.56
	LECF 0.2272%		1132.97
	FRAUD 0.4734%		2360.69
	Policy Administration Fee		200
	TOTAL		518517.54

The Net Rate(s) shown above do not include Expense Constant, Terrorism, Catastrophe, or Policy Administration Fee, in

states where these rating factors apply. Terrorism and Catastrophe is based on total estimated payroll. Policy Administration
Fee is based on manual premium at time of binding risk; not subject to re-rating in the event of endorsement, cancellation, audit or any other event/occurrence; fully earned at policy inception; will not be pro-rated in the event of cancellation; cannot be waived. Specific waiver of subrogation is 5.0% of Manual Premium Based on Waiver Premium, subject to \$250 minimum. Blanket waiver of subrogation is 2.5% of Total manual Premium (subject to \$750 minimum).

Installments:

☐ **Annual**
\$518517.54 premium due on or before policy inception date.

☐ **2-Pay**
\$259263.77 deposit due on or before policy inception with remaining \$259263.77 due 30 days from policy inception.

☐ **4-Pay**
\$130058.39 deposit due on or before policy inception date with \$129486.39 due 30, 60, and 90 days from policy inception.

☐ **10-Pay**
\$52366.55 deposit due on or before policy inception date followed by 9 equal installments of \$51794.55 due monthly from effective date.

☐ **12-Pay**
\$43734.13 deposit due on or before policy inception date followed by 11 equal installments of \$43162.13 due monthly from the effective date.

Instructions:

Email the following items to: wc@sarkinsurance.com

- A completed, signed, and dated checklist.
- Include currently valued loss runs for the loss history listed in the Submission Details.

If you have any questions regarding this estimate, feel free to contact us @ (209) 645-9620 or wc@sarkinsurance.com.

All estimate are subject to change based on accurate underwriting information, changes in state rates, experience modifications, or any other items by jurisdictions that have control over such items. Final premium will be determined at the end of the policy period, after payrolls have been audited. This estimate is strictly conditioned upon no material change in the risk (including but not limited to claims and potential claims), between the date of this estimate and the inception date of the proposed policy. The insured is required to advise the potential Insurer of any changes immediately and prior to binding the coverage. In the event of such change in risk, the Insurer may in its sole discretion, whether or not this quotation has been already accepted by the Insured, modify and/or withdraw its quotation.