group rating

begin with compmanagement

February 16, 2016

MICK DAVIS **CELINA SCHOOLS** 585 EAST LIVINGSTON STREET CELINA, OH 45822-1742

Re: 2017 Group Rating Enrollment for policy #: 35405151

We are pleased to announce that your organization has qualified for re-enrollment in the Ohio SchoolComp 2017 Workers' Compensation Group Rating program, sponsored by the Ohio School Boards Association and the Ohio Association of School Business Officials.

The Ohio SchoolComp program, designed by schools for schools, includes both workers' compensation and unemployment compensation claims management services.

2017 Projections:

Group Savings \$25,503

Projected Individual Premium	\$72,861
Projected Group Premium	\$47,358
roup TM% / Effective Discount %	-62% / -56%

^{*} BWC mandated break-even factor applied. Please be advised that premium may vary from estimates depending upon group rating program changes, group enrollment level, BWC rates, experience calculations, actual payroll and other relative information provided by BWC.

In addition to Group Rating savings, your organization can further reduce workers' compensation premiums by participating in the programs below:

Program	Discount	Estimated Annual Savings*
Drug Free Safety Program	Basic Program – 4% Advanced Program – 7%	\$ 1,717 \$ 3,004
Go Green	1%	\$ 474
Industry Specific Safety	3%	\$ 1,288
Lapse Free	1%	\$ 474
Safety Council	Performance Bonus – 2%	\$ 858
Transitional Work Bonus	Up to 10%	\$ 4,292

^{*}Additional savings may not be applicable if premium is less than or equal to BWC minimum annual premium (\$120)

Your organization may also qualify for Group Retrospective Rating. To discuss your options or to learn more about the alternative rating programs show above, please contact CompManagement's Customer Support Unit at (800) 825-6755, option 3.

To re-enroll, simply return the enclosed invoice with your signature as well as payment to our attention in the envelope provided.

compmanagement

2017 Group Savings Summary

Policy: 35405151 Employer: Celina Schools

Group ID: 05213

Association: Ohio School Boards Association

			Estimated Individual Rating =	-31 %
Manual	Base Rate	Annual Payroll	Indiv Rate**	Individual Premium
9434	0.58	16,506,662	0.4414	72,860
		16,506,662	Estimated Individual Premium*	72,861

Estimated Group Dis	scount =	-56 %
Group Rate**	Group Premium	i
0.2869	47,358	
Estimated Group Premium*	47,358	

Estimated Group Savings Annual Fee	\$25,503
	\$2,355

^{*}The 2017 premium amounts are for the payroll period from 1/01/2017 to 12/31/2017.

Projections of individual and group rates are estimated using BWC loss information as of the last quarter and the most recent historical payroll information provided by the BWC. Estimates of premium must be projected in advance of the application deadline. Therefore the actual premium will vary from the estimates depending upon group enrollment level, BWC rates, experience calculations, and actual

ALL PREMIUMS ARE STILL PAYABLE TO THE BUREAU OF WORKERS' COMPENSATION.

^{**}Rates are based on \$100 of reportable payroll and include: BWC administrative costs of 10.3400% of premium,

a DWRF rate of 0.00, a DWRF II rate of 0.000 of base rate.

EXHIBIT A

compmanagement

P. O. BOX 89456, CLEVELAND OH 44101-6456

Bill To:

MICK DAVIS
CELINA SCHOOLS
585 EAST LIVINGSTON STREET
CELINA, OH 45822-1742

To view the CompManagement service agreement referenced in this Exhibit, visit https://viaone.compmgt.com/Rating/2017PEgRatingSCcontract.pdf password: grating2017

SchoolComp

RENEWAL INVOICE

Invoice Date: February 16, 2016

Invoice #:

1090393

Policy #:

35405151

Group #:

5213

Rating Year: 2017

Due Date:

Upon Receipt

GROUP RATING

The enrollment fee covers:

Services for the annual contract period beginning September 1, 2016

Policy Year: Group Rating enrollment for January 1, 2017 to December 31, 2017

Sponsoring Organizations: Ohio School Boards Association/Ohio Association of School Business Officials 2017 Projected Group TM% / Effective Discount: -62% / -56% 2017 Estimated Savings: \$25,503

Annual Fee: \$ 2,355

Please sign and return invoice with remittance to:

Make Check Payable to:

CompManagement PO Box 89456 Cleveland, OH 44101-6456

OR

Pay online at www.compmgt.com

OR





Credit card account number:

Expiration date:

Amount to be charged: \$ 2,355

Print name as it appears on card:

Signature:

By signing above you authorize CompManagement (a Sedgwick company) to charge your credit card in the amount as shown above, and agree to pay the amount shown above according to your credit card agreement.

By returning this invoice or by remittance of the service fee, Client acknowledges and accepts all terms and conditions of the workers' compensation service agreement. Said agreement is hereby incorporated by reference herein (see link above). This invoice is for CompManagement's workers' compensation third party administration services pursuant to a service agreement between your company and CompManagement. Client acknowledges that payment of this invoice does not constitute or guarantee enrollment in any workers' compensation discount/alternative rating program.

Printed Name

Signature

Title

Date

If your organization has merged with or acquired another company in the last year, or plans to up through the policy year noted above, initial here and contact our office immediately to review your options.

Questions? Call (800) 825-6755, option 3

Ohio School Boards Association Ohio School Boards Association / 35405151