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6300 Alderson Street
Weston, Wisconsin 54476

TO: Dr. Kristine A. Gilmore, Superintendent
FROM: *to* Dr. Thomas R. Owens, Assistant Superintendent, Business/Personnel Services
RE: Workers Compensation Rating
DATE: July 13, 2009

The Wisconsin Compensation Rating Bureau just determined our 2009-10 school year Workers' Compensation Experience Factor to be 1.04.

We will continue to work closely with our insurance carrier to reduce the number and severity of losses that will result in a lower premium. The safety of our staff is a constant concern and our district safety committee works hard to stay in front of issues, promote our return-to-work program and reduce our loss ratio.

Cf: Mr. Aaron Nelson, Supervisor of Administrative Services
Mr. Terry Marcott, Supervisor of Maintenance and Operations



Wisconsin Compensation Rating Bureau

262-796-4540 Fax 262-796-4400 www.wcrb.org
P.O. Box 3080 Milwaukee, WI 53201-3080
Located at 20700 Swenson Drive - Suite 100, Waukesha, WI 53186

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Combinable ID No:052832003
Coverage ID NO: 0118420
Employer Name: D C EVEREST AREA SCHOOL DISTRICT

Rating Date:07/01/09 to 07/01/10

Carrier 27332 WAUSAU BUSINESS INSURANCE CO.(3)

Policy:WCKZ91515354199

We have enclosed your experience modification factor of 1.04 to be applied to your Worker's Compensation premiums effective 07/01/09 to 07/01/10. We are also including an explanation of experience rating and how it affects your Worker's Compensation premium.

Your Worker's Compensation experience modification is based on the payroll and loss information supplied to us by your insurance carrier(s). We suggest that you review it carefully, and if you have any questions regarding your payroll or claim information, please contact your insurance carrier or agent as soon as possible. If you have any questions regarding the calculation of modification factor, you may also contact our office at (262) 796-4594.

This modification has been sent to the insurance carrier named below. Your carrier will apply the modification to your Worker's Compensation policy in accordance with the terms and conditions of your policy.

You are urged to retain the attached document as a part of your Worker's Compensation insurance records. You may reproduce the Worksheet at any time and provide it to whomever you choose. We will not give your worksheet to any unauthorized party without consent from you.

EMPLOYER

INSURANCE CARRIER

D C EVEREST AREA SCHOOL DISTRICT
6300 ALDERSON ST
SCHOFIELD ,WI 54476

WAUSAU BUSINESS INSURANCE CO.
P.O. BOX 8017
WAUSAU ,WI 54402-8017

DATE PRINTED:07/07/09