

Insurance Company of the West

Quote Summary
Issue Date: 5/19/2010

Named Insured: Marina Coast Water District
Agent: John O. Bronson Co.
Quote Number: 219810
Proposed Policy Period: FROM 7/1/2010 TO 7/1/2011
Emp. Liability Limits: 1000/1000/1000



Schedule of Operations

St	Loc	Code No.	Classifications	Prem Basis Total-Est. Ann. Remun	Rate Per \$100 Remun	Est Annual Premium	Net Rate
CA	001	8742	Salespersons-Outside	842,542	0.96	8,088	0.66
	001	8810	Clerical Office Employees-N.O.C.	747,598	0.83	6,205	0.57
	001	7520	Municipal, State or Public Agencies: Waterworks- Operation--All Employees--Including Construction or Extension of Lines	1,040,357	7.04	73,241	4.82
	001	7580	Municipal, State or Public Agencies: Sanitary or Sanitation Districts Operation--All Employees	290,045	8.18	23,726	5.61
			Manual Premium			111,260	
			Experience Modification		83.00	-18,914	
			Modified Premium			92,346	
			Rate Modification Factor		-8.00	-7,388	
			Standard Premium			84,958	
			Premium Discount		10.26	-8,717	
			Subtotal			76,241	
CA			Terrorism Premium - Payroll Based		0.03	876	
			Estimated Annual Premium			77,117	
			10% Deposit			7,712	
			<u>Fees and Assessments</u>				
			California CIGA Charge			1,542	
			California Fraud Surcharge			307	
			California Occupational Safety & Health Fund			236	
			California Labor Enforcement & Compliance Fund			148	
			California Subsequent Injuries Benefits Trust Fund			81	
			California Uninsured Employers Benefit Trust Fund			143	
			California User Funding Assessment			1,170	
			TOTAL			80,744	
			Total Deposit			11,339	

The Net Rate(s) shown above have been calculated by multiplying ICW's Manual Rate(s) x the Experience Modification Factor x the Rate Modification Factor x the Premium Discount Factor.

The Net Rate(s) shown above do not include Blanket Waiver, Increased EL Limits, or Terrorism Premium.

Please note that any changes to payroll estimates after quoting or binding may result in the re-evaluation of the risk and an adjustment to the price.

The payment plan for this account will be 11 monthly audits, on direct billing.

Mail Direct Bill deposit payment to: ICW Group, Attn: Premium Accounting, PO Box 85563, San Diego CA 92186-5563