

RESOLUTION NO. 72-2023

Introduced by Sam Artino

A RESOLUTION AUTHORIZING THE CITY MANAGER TO MAKE AN ANNUAL PREMIUM PAYMENT TO THE BUREAU OF WORKERS COMPENSATION FOR THE POLICY PERIOD JANUARY 1, 2024 THROUGH JANUARY 1, 2025 IN AN AMOUNT NOT TO EXCEED FIFTY-ONE THOUSAND ONE HUNDRED FIFTY-TWO AND 00/100 DOLLARS (\$51,152.00)

WHEREAS, the City Manager has recommended payment of the full annual premium to the Bureau of Workers Compensation for the policy period January 1, 2024 through January 1, 2025 in the amount of Fifty-One Thousand One Hundred Fifty-Two and 00/100 Dollars (\$51,152.00),

BE IT RESOLVED BY THE COUNCIL OF THE CITY OF HURON, OHIO, THAT:

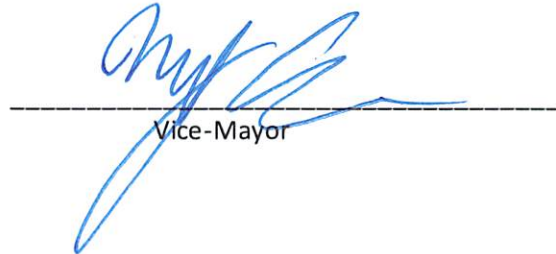
SECTION 1. That the City Manager is authorized and directed to pay the full premium payment to the Bureau of Worker's Compensation for the policy period of January 1, 2024 through January 1, 2025 in the amount of Fifty-One Thousand One Hundred Fifty-Two and 00/100 Dollars (\$51,152.00); a copy of the annual premium installment schedule is attached hereto as Exhibit "A".

SECTION 2. It is found and determined that all formal actions of this Council concerning and relating to the adoption of this Resolution were adopted in an open meeting of this Council, and that all deliberations of this Council and of any of its committees that resulted in such formal action, were in meeting open to the public, in compliance with all legal requirements, including Section 121.22 of the Ohio Revised Code.

SECTION 3. That this Resolution shall be in full force and effect from and immediately after its adoption.

ATTEST:


Clerk of Council


Vice-Mayor

ADOPTED:

01 DEC 2023





**Bureau of Workers'
Compensation**

30 W. Spring St.
Columbus OH 43215-2256

Governor Mike DeWine
Administrator/CEO John Logue

www.bwc.ohio.gov
1-800-644-6292

10/30/2023
Date Mailed

#BWNFVSQ

HURON
417 MAIN ST
HURON OH 44839-1652

Policy Number: 32205102

Re: 2024 Policy Year Renewal, Notice of Estimated Annual Premium and Workers' Compensation Certificate

Dear Employer:

This letter is a notification of your **Estimated Annual Premium** and **Premium Installment** schedule for the renewal of your workers' compensation policy for the policy year that begins Jan. 1, 2024. This letter includes your certificate of coverage for the upcoming workers' compensation policy year.

This is not a bill; therefore, payment of the first installment is not required at this time . You will receive your first invoice for the 2024 policy year in December. Payment is due by Dec. 21. You have the option to receive a 2% discount by paying the full 12-month estimated annual premium on or before Jan. 3, 2024.

If you would like to request a change in your installment schedule, you will have until Nov. 15, 2023, or your premium installment schedule will remain the same.

How to contact us

For any questions related to this letter, your policy, or business operations that might impact your payroll, please visit bwc.ohio.gov, or call us at **1-800-644-6292**.

E-accounts and policy information

You can view your policy information on our website. To create a BWC e-account, visit bwc.ohio.gov/login, then click **Create an account**. Once you have an e-account, the system will direct you to the **My policy** page, which provides important information for managing your policy, including your **estimated payroll** and **premium installment schedule**. Please visit this page often to make sure your information is accurate and up to date.

Sincerely,

John Logue
Administrator/CEO



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General Information

Payment of premium: Failure to pay premium by the installment due date will result in a lapse in coverage and penalties. If a claim occurs during this lapsed period, you will be responsible for all claim costs associated with that claim. Pay all installment billings timely to avoid penalties.

Policy cancellation: You must notify us in writing if you cancel your policy. When canceling your coverage, you must file a final payroll true-up report. **Important note:** Once you cancel the policy, you may be eligible for a refund. We cannot modify the name on the refund. Before closing your business bank account, we recommend you confirm with us that no additional refunds are in order.

Change in operations: If you have a significant change in operations and would like to modify your estimated premium exposure for the upcoming year, call 1-800-644-6292.

Important dates to remember:

Date	Item
November 15, 2023	Last day to change your premium installment schedule
December 2023	First installment / invoice mailed for 2024 policy year
December 21, 2023	First installment due for 2024 policy year

Policy Information

Policy number: 32205102
 Employer name: HURON

Policy period is from January 1, 2024, to January 1, 2025.

Selected installments: 1
 Total estimated annual premium: \$51,152.00

THIS IS NOT A BILL. DO NOT PAY AT THIS TIME. YOU WILL RECEIVE AN INVOICE.

Installment schedule	
Bill date	Amount
December 01, 2023	\$51,152.00



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Breakdown of estimated premium calculation				
		(A)	(B)	(A x B)/100
Class code	Experience modifier (EM)	Blended rate per \$100 payroll	Estimated payroll	Estimated premium
9431	0.49	1.0566	\$4,773,692.00	\$50,439.00
9444	0.49	.1106	\$645,112.00	\$713.00
Total estimated annual premium				\$51,152.00
For additional rating information, visit www.bwc.ohio.gov , and sign in with your e-account.				

Policy Information

Policy Information for the policy period beginning from 12:01 AM on 01/01/2024 to 12:01 AM on 01/01/2025.

Policy Number and Employer	MCO
32205102 HURON 417 MAIN ST HURON OH 44839-1652	Minute Men OhioComp 3740 Carnegie Ave. CLEVELAND OH 44115

Additional Insured's Name and Address	Effective Date	Expiration Date

Individuals Eligible for Elective Coverage		
Individuals Eligible for Elective Coverage	Covered (Yes/No)	Elective Coverage Type
No Elective Individuals.		

****Please refer to our website for reporting guidelines/requirements.**

Corporate Officer	Effective Date	Expiration Date
No officers listed for this policy.		

****Please refer to our website for reporting guidelines/requirements.**

Employee Class Codes and Descriptions	
Class Code	Class Code Description
9431	CITY EMPLOYEES: ALL EMPLOYEES & SALESPERSONS, DRIVERS
9444	PUBLIC EMPLOYEE CLERICAL AND CLERICAL TELECOMMUTER

The information noted above is as of 10/28/2023. For the most current information on the policy or to update your account information, please log into your account at www.bwc.ohio.gov. You may also call 1-800-644-6292 to speak with a customer service representative.



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