



## **7710 Insurance Company**

# **Workers' Compensation Proposal**

Prepared for:

Tubac Fire District

Presented by:

The Mahoney Group

Date:

4/22/2020



### ***Our Focus...***

We focus completely on one thing and one thing only...providing superior workers' compensation insurance for your fire and/or ems operation. We provide a unique underwriting approach that is based on our firefighter/management expertise in loss prevention, safety and claims management. Our focus allows us to provide you with a long term, stable partner for your workers' compensation needs.

### ***Our Commitment to Service...***

Each of our clients is assigned a dedicated team of insurance professionals from underwriting, claims and service/marketing. We understand that timely responsiveness to your needs is crucial to assisting you in fulfilling your mission. All of our team members are fully dedicated to assisting you in any way possible.

### ***We are Unique...***

We realize that you deserve a choice when it comes to considering worker's compensation options. We are completely committed to providing that choice to you. We understand your needs and stand ready to assist you with providing a long term economically feasible solution while helping you to promote the safety and well-being of your organization.

# **Main Office**

7710 Insurance Company

1 North Cantey Street

Suite 106

PO Box 207

Summerton, South Carolina 29148

(844)200-7710

[www.7710insurance.com](http://www.7710insurance.com)



1 North Cantey Street  
Suite 106  
Summerton, SC 29148

**QUOTATION FOR WORKERS' COMPENSATION COVERAGE**

Quote #: WC-01185-2020

Insured:

Tubac Fire District  
PO Box 2881  
Tubac, AZ 85646

Primary Agent:

The Mahoney Group  
5330 N. LaCholla Blvd  
Tucson, AZ 85741-3815  
(520) 795-8511

Secondary Agent:

Coverage Period:	07/01/2020 to 07/01/2021	Basis:	Estimated Payroll (1,724,994)
Employers' Liability Limits:	\$1,000,000/\$1,000,000/\$1,000,000	Est. Premium:	\$77,939
Transaction Type:	New Policy	Payment Plan:	Monthly Installment
Quote Date:	4/22/2020	Coverage State(s):	Arizona

Location #: 1 Address: 2227 E Frontage Rd  
Tubac, AZ 85646

Classification	Code	Effective	Exposure	Rate	Premium
FIREFIGHTERS-NOT VOLUNTEER & DRIVERS	7710	07/01/2020	\$1,642,855	3.79	62,264
CLERICAL OFFICE EMPLOYEES NOC	8810	07/01/2020	\$82,139	0.12	99
Classification Totals:			\$1,724,994		62,363
Specific Waiver				0.998	100
Policy Limits				1.011	686
Experience Modification				1.220	13,893
Schedule Modification				1.150	11,556
Alcohol and Drug Free Workplace				0.950	(4,430)
Premium Discount				0.920	(6,733)
Expense Constant				160	160
Terrorism				0.010	172
Catastrophe				0.010	172
Program Fee				1.000	
Estimated Premium for Coverage Period					77,939
<b>AZ Premium:</b>					<b>77,939.00</b>

Endorsements:

WC 00 00 00 B (07/11) Workers' Compensation and Employer's Liability Insurance Policy  
 WC 02 04 01 C (02/10) Alcohol and Drug-Free Workplace Premium Credit Endorsement  
 WC 02 06 01 A (09/15) Arizona Cancellation and Nonrenewal Endorsement



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WC 00 03 13	(04/84)	Specific Waiver of Subrogation
WC 00 04 04	(04/84)	Pending Rate Change Endorsement
WC 00 04 14	(01/90)	Notification of Change in Ownership
WC 00 04 19	(01/01)	Premium Due Date
WC 00 04 21 D	(01/15)	Catastrophe (Other than certified acts of terrorism) Premium
WC 00 04 22 B	(01/15)	Terrorism Risk Insurance Program Reauthorization Act Disclosure



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Total Premium Due:	77,939.00
Program Fee:	0.00
<b>Total Amount Due:</b>	<b>77,939.00</b>

**Payment Schedule:**

<u>Inst. No</u>	<u>Due Date</u>	<u>Amount Due</u>	<u>Balance</u>
1	07/01/2020	6,956.00	70,983.00
2	08/01/2020	6,453.00	64,530.00
3	09/01/2020	6,453.00	58,077.00
4	10/01/2020	6,453.00	51,624.00
5	11/01/2020	6,453.00	45,171.00
6	12/01/2020	6,453.00	38,718.00
7	01/01/2021	6,453.00	32,265.00
8	02/01/2021	6,453.00	25,812.00
9	03/01/2021	6,453.00	19,359.00
10	04/01/2021	6,453.00	12,906.00
11	05/01/2021	6,453.00	6,453.00
12	06/01/2021	6,453.00	0.00



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**Waiver Charges:**

- Requests for Waivers of Subrogation will be referred to Underwriting.
- All waivers are processed by endorsement. All waivers are subject to review and charges could be revised at final audit.

**General Conditions:**

- Please note that acceptance of coverage is demonstrated through deposit payment. If the deposit is not received within 10 days of the due date, it will be assumed coverage was not chosen and the policy can be canceled flat.
- This is a proposal for insurance not an insurance policy.
- All coverages are subject to the conditions, terms and exclusions of the policy.
- Blanket waivers of subrogation may only be included with the policy when required by written contract.
- This quote and its pricing could differ slightly from the actual issued policy due to rounding.
- No backdating of coverage is allowed. If the Request to Bind Coverage is not received on or before the effective date as noted, this quote will be considered expired.
- All owners/officers information contained on the Acord 130 application will be considered factual. It will be the Broker's and/or insured's responsibility should an error or omission be found at final audit.



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Request to Bind Coverage

Broker/Agent Initials: \_\_\_\_\_

Request Effective Date: \_\_\_\_\_

Applicant's Company Name: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Primary Contact (First & Last Name): \_\_\_\_\_

Primary Contact Email: \_\_\_\_\_

Accounting Contact (First & Last Name): \_\_\_\_\_

Accounting Contact Email: \_\_\_\_\_

Accounting Contact (First & Last Name): \_\_\_\_\_

Accounting Contact Email: \_\_\_\_\_

It is a crime to knowingly provide false, incomplete, or misleading information to any party to a Workers' Compensation transaction for the purpose of committing fraud. Penalties include imprisonment, fines, and denial of insurance benefits.

Thank you for choosing the 7710 Insurance Company





1 North Cantey Street Suite 106  
Summerton, SC 29148

# INVOICE

Agent:

**Prepared For:** Tubac Fire District  
Attn: Accounts Payable  
PO Box 2881  
Tubac, AZ 85646

**Policy Number:**  
**Policy Period:** 07/01/2020 - 07/01/2021  
**Payment Plan:** Monthly

BILLING CYCLE AND PAYMENT INFORMATION				
Invoice Date	Payment Due Date	Invoice Number	To Pay in Full	Amount Due This Invoice
07/01/2020	Upon Receipt	01185-20-00	\$77,939.00	<b>\$6,956.00</b>

07/01/2020	Deposit Installment Workers Comp Premium	\$6,956.00
		<hr/>
		\$6,956.00

## MESSAGES

Please be sure to write your policy number on your check.

Prepared For: Tubac Fire District

**Mail this payment coupon along with a check or money order payable to:**

7710 Insurance  
3250 Lacey Road, Suite 140  
Downers Grove, IL 60515

Payment Information	
Policy Number:	
Invoice Number:	01185-20-00
Payment Due Date:	Upon Receipt
To Pay in Full:	\$77,939.00
<b>Minumum Due:</b>	<b>\$6,956.00</b>
<b>Amount Paid:</b>	<b>\$</b> _____