

April 17, 2020

Tubac
Arizona Fire District Workers' Compensation Pool
Proposal Acceptance Form

Effective Dates of Coverage: 7/1/2020 – 6/30/2021

Class Code	Classification	Payroll	Rate per \$100	Contribution
7710	Firefighters, Inc. FF/EMT and FF/paramedics	\$1,682,755	\$5.86	\$98,651
8810	Clerical Office Employees	\$82,139	\$0.20	\$167
Annual Estimated Contribution (subject to payroll audit)				\$98,818

Workers' Compensation Limit: Statutory

Employer Liability Limit* Bodily Injury by Accident: \$1,000,000 each accident
 Bodily Injury by Disease: \$1,000,000 each employee
 Bodily Injury by Disease: \$1,000,000 coverage or policy limit

*Higher limits available upon request.

Deductible: None

The Terrorism Risk Insurance Act, DTEC surcharges, and adjustments are included. Contribution is subject to annual payroll audit.

I, the undersigned, as the District Authorized Representative, do hereby accept, on behalf of the above-named District, the coverages and pricing indicated above, pending final board approval if necessary. I understand that my District will be bound by the terms and conditions of the Participation Agreement. I represent and confirm that, to the best of my knowledge, all information provided above is accurate and complete.

Authorized representative for **Tubac**

Name: _____

Title: _____

Date: _____