

# **ATTACHMENT 1**

## **Current Policy**

**WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY**

Insurer: LOUISIANA WORKERS' COMPENSATION CORPORATION

2237 S. ACADIAN THRUWAY

BATON ROUGE, LA 70808

Carrier Id: 30120

A Mutual Company

INFORMATION PAGE  
FOR POLICY NUMBER – 53659-D  
**Preferred Risk Program**

**1. Policyholder:**

ST. JOHN THE BAPTIST PARISH COUNCIL  
1801 W. Airline Hwy.  
La Place, LA 70068

**Agency:**

13845  
RIVERLANDS INSURANCE SERVICES INC  
492 W. 5th St.  
La Place, LA 70068

Payment Option: 10% down, 9 equal installments  
Federal ID: 726001235  
Entity Type: Other

**2. Policy Period:**Effective: 12:01 AM 07/01/2011Expires: 12:01 AM 07/01/2012**3. Coverage, Limits and Endorsements:**

A. Workers' Compensation Insurance: Part One of the policy applies only to the Workers' Compensation Law of the state of Louisiana.

B. Employers Liability Insurance: Part Two of this policy applies to work in the state of Louisiana. The limits of our liability under Part Two are:

Bodily Injury by Accident	\$1,000,000	each accident
Bodily Injury by Disease	\$1,000,000	policy limit
Bodily Injury by Disease	\$1,000,000	each employee

C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here: NONE

D. This policy includes these endorsements and schedules:

WC 00 00 01A	Policy Information Page
WC 99 00 00	Workers Compensation and Employers Liability Policy
plcy endrs cover	Endorsement Cover Sheet
plcy endrs cover	Endorsement Cover Sheet
LWCC 4	General Endorsement
LWCC 13	Other States - Incidental Operations Endorsement
LWCC 38B	Premium Obligations Endorsement
LWCC 40	Public Officials Voluntary Compensation and EL Coverage Endorsement
LWCC 46	Cancellation Endorsement
WC 00 01 06A	Longshore and Harbor Workers Compensation Act Coverage
WC 00 03 01A	Alternate Employer Endorsement
WC 00 03 13	Waiver of Our Right to Recover From Others
WC 00 04 14	Notification of Change in Ownership Endorsement
WC 00 04 21C	Catastrophe(Other than certified acts of terrorism) Premium Endorsement

**WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY**

WC 00 04 22A Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement  
 WC 17 06 01D Louisiana Amendatory Endorsement  
 plcy inst sch Policy Installment Schedule  
 LS 241 USL&H Notice of Compliance

**4. Classifications:**

The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

**Premium Period: 07/01/2011 to 07/01/2012**

Classification	Code No.	Premium Basis Total Estimated Annual Remuneration	Rate per \$100 of Remuneration	Estimated Annual Premium
Street or Road Construction: Paving or Repair & Drivers	5506	\$1,665,411.00	8.20	\$136,564.00
Contractors - Executive Supervisor or Construction Superintendent	5606	\$276,163.00	2.03	\$5,606.00
Aircraft or Helicopter Operation - Air Carrier - Scheduled or Supplemental: All Other Employees & Drivers	7403	\$53,417.00	4.03	\$2,153.00
Waterworks Operation & Drivers	7520	\$1,911,849.00	5.29	\$101,137.00
Waterworks Operation & Drivers	7520 F	\$0.00	14.02	\$0.00
Sewage Disposal Plant Operation & Drivers	7580	\$197,339.00	3.66	\$7,223.00
Police Officers & Drivers	7720	\$908,677.00	3.72	\$33,803.00
Automobile Repair Shop & Parts	8391	\$261,266.00	4.38	\$11,443.00
Clerical Office Employees NOC	8810	\$11,921,489.00	.25	\$29,804.00
Hospital-Veterinary- & Drivers	8831	\$0.00	1.64	\$0.00
Buildings - Operation By Owner or Lease	9015	\$268,841.00	3.03	\$8,146.00
Park NOC - All Employees & Drivers	9102	\$73,414.00	4.83	\$3,546.00
Street Cleaning & Drivers	9402	\$81,859.00	4.76	\$3,896.00
Municipal, Township or State Employee NOC	9410	\$94,915.00	5.05	\$4,793.00
Subtotals:		\$17,714,640.00		\$348,114.00
<b>Class Premium Total:</b>				<b>\$348,114.00</b>

Premium Adjustment Type	Premium Adjustment Factor	Premium Adjustment Amount
Waiver of Subrogation Premium (Blanket)	0.02	\$6,962.00
Employers Liability Limits: 1M/1M/1M	0.028	\$9,747.00
Experience Modification Premium From: 07/01/2011 to 07/01/2012	1.23	\$83,909.00
Schedule Rating Premium	1.18	\$80,772.00
Balance to Minimum Premium for USLH		\$800.00
Expense Constant		\$150.00
Foreign Terrorism	0.02	\$3,543.00

**Total Estimated Annual Premium: \$533,997.00**

**ALTERNATE EMPLOYER ENDORSEMENT**

Insurer: LOUISIANA WORKERS' COMPENSATION CORPORATION  
 Insured: ST. JOHN THE BAPTIST PARISH COUNCIL

Policy Number 53659-D

This endorsement applies only with respect to bodily injury to your employees while in the course of special or temporary employment by the alternate employer in the state named in Item 2 of the Schedule. Part One (Workers Compensation Insurance) and Part Two (Employers Liability Insurance) will apply as though the alternate employer is insured. If an entry is shown in Item 3 of the Schedule the insurance afforded by this endorsement applies only to work you perform under the contract or at the project named in the Schedule.

Under Part One (Workers Compensation Insurance) we will reimburse the alternate employer for the benefits required by the workers compensation law if we are not permitted to pay the benefits directly to the persons entitled to them.

The insurance afforded by this endorsement is not intended to satisfy the alternate employer's duty to secure its obligations under the workers compensation law. We will not file evidence of this insurance on behalf of the alternate employer with any government agency.

We will not ask any other insurer of the alternate employer to share with us a loss covered by this endorsement.

Premium will be charged for your employees while in the course of special or temporary employment by the alternate employer.

The policy may be canceled according to its terms without sending notice to the alternate employer.

Part Four (Your Duties If Injury Occurs) applies to you and the alternate employer. The alternate employer will recognize our right to defend under Parts One and Two and our right to inspect under Part Six.

Schedule

- 1. Alternate Employer**  
 BLANKET

**Address**

- 2. State of Special or Temporary Employment**

- 3. Contract of Project**

This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.

**WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY**

**Minimum Premium      \$2,623.50**

**Deposit Amount**

**Countersigned By:** \_\_\_\_\_