

COUNTY OF COLE – MISSOURI



REQUEST FOR BID 2024-20: WORKERS' COMPENSATION INSURANCE

SUBMISSIONS SHALL BE ACCEPTED THROUGH
THURSDAY, OCTOBER 24, 2024 AT 3:00 p.m. CENTRAL

AND RECEIVED AT:

**COLE COUNTY COMMISSION
311 EAST HIGH STREET, ROOM 200
JEFFERSON CITY, MO 65101**

Company Name

Direct Contact Name (Typed/Printed)

Mailing Address

Title

City/State/Zip

Email

Office Telephone Number

Direct Line or Extension

I hereby certify that I am submitting the following information on behalf of the above-listed company and understand that by virtue of executing and returning with this response this REQUIRED RESPONSE FORM, I further certify full, complete and unconditional acceptance of the terms and conditions set forth herein, all attachments and the contents of any addendum or amendment released hereto. (Submission must be signed by an officer or employee having authority to legally bind the respondent.)

Authorized Signature

Authorized Name (Typed/Printed)

Title

Date

REQUEST FOR BID

Sealed offers will be accepted by the Cole County Commission for consideration in provision of the following:

2024-20 WORKERS' COMPENSATION INSURANCE

Submissions will be received at the office of the Cole County Commission, 311 East High Street, Room 200, Jefferson City, Missouri until 3:00 p.m. on Thursday, October 24th, at which time they will be publicly opened and taken under advisement. Bidders should be aware that submissions are public record under state law. Specifications are available at www.colecounty.org or by contacting Jessica Bryant at (573) 634-9168 or jbryant@colecounty.org.

NEWS TRIBUNE: 9/22, 9/29, 10/6

Legal Notices
Cole County Commission
311 East High Street
Jefferson City MO 65101

COLE COUNTY COMMISSION

PURCHASING

311 EAST HIGH STREET, ROOM 200
JEFFERSON CITY, MISSOURI 65101

REQUEST FOR BID

1.0 OVERVIEW

- 1.1* **NOTIFICATION.** This document constitutes a request for competitive, sealed offers per the provisions of this solicitation to obtain proposals for the Workers' Compensation coverage needs of Cole County, Missouri. The information herein is intended to provide necessary information and to advise of the limits, coverage provisions, and other program features that are of importance. The contract resulting from this Request for Proposal (RFP) shall be for a one-year term optional renewal for up to four (4) additional one-year periods.

Respondents are responsible for being thoroughly familiar with all specifications and requirements of this solicitation. Failure to examine any relevant document or provision thereof will not relieve the successful respondent from any obligation under this bid. Qualified organizations are invited to prepare an offer in response to this document and in doing so, concur with all terms, conditions, specifications and addenda to this bid unless specifically noted otherwise in a separate section within their response titled "EXCEPTIONS".

- 1.2* **QUESTIONS, REQUESTS FOR CLARIFICATION OR INTERPRETATION.** Respondents are advised that all questions concerning the meaning or intent of these specifications must be submitted **IN WRITING** and received at least five (5) business days prior to the date scheduled for bid opening. All inquiries shall be directed to:

Jessica Bryant, Purchasing Agent
jbryant@colecounty.org

As of the issuance date of this solicitation and continuing until the final date for acceptance of submissions, all respondents are specifically directed not to discuss, hold meetings, conferences, or technical discussions with any County employee for the purpose of responding to this solicitation except as otherwise permitted by this bid document. Respondents should not otherwise ask any County officials or employees questions about the bid or related issues, either orally or by written communication. Respondents directly contacting other County employees risk elimination from further consideration.

- 1.3* **ISSUANCE OF ADDENDA.** Every attempt shall be made to ensure that all written questions receive an adequate and prompt response. However, in order to maintain a fair and equitable bid process, all respondents will be advised of any questions submitted, the County's response, and any other pertinent information related to this solicitation via the issuance of addenda, which will be posted at www.colecounty.org. All issued addenda are incorporated by reference as if fully set out herein. An addendum may contain information that could affect bid responses. Respondents are cautioned that the only official position of Cole County is that which is issued by Cole County in these specifications or by addendum thereto; no other means of communication, whether written or oral, shall be construed as a formal or official response or statement. It shall be the responsibility of the respondent to verify whether or not any addenda have been issued prior to submitting a bid response to Cole County.

The County assumes no liability if a respondent fails to incorporate addenda into their bid. Failure to have requested an addendum covering any questions affecting the interpretation of these specifications shall not relieve the awarded party from delivering the completed project, product and/or service in accordance with the intent of these specifications.

1.4 SUBMISSION REQUIREMENTS. A fully executed response, including the specification pages comprising this invitation and any related illustrative documentation and/or issued addenda shall:

- Be submitted in a sealed envelope identified by bid number, bid title, and bid opening date/time;
- Be complete and signed by an official authorized to obligate company submitting the bid;
- Include (1) complete original bid and two (2) exact duplicates.

It is the responsibility of each respondent to deliver its submission to the office of the Cole County Commission, 311 East High Street, Room 200, Jefferson City, Missouri on or before the date and exact time indicated for public bid opening. Fax and email submissions will not be accepted or considered. Responses will be time and date stamped; those received late will be determined non-responsive without exception. Late bids may be returned unopened to the respondent upon request within ten (10) business days after the bid opening. All returns will be made at the respondent's expense.

1.5 BID OPENING. Submissions will be publicly opened in the Cole County Commission Chambers on Thursday, October 24th at 3:00 p.m. Central. Respondents and the public are invited but not required to attend the formal bid opening. All documents will be made available for public inspection, but no decision relating to the award of the contract or agreement will be made at the bid opening.

1.6 ADVICE OF AWARD. Upon bid award by the Cole County Commission, award notification letters, including a bid tabulation summarizing responses received, will be sent via email to all parties submitting a response.

2.0 TERMS AND CONDITIONS

2.1 INCURRING COSTS. Cole County shall not pay for any information requested herein nor be obligated or liable for any cost incurred by any respondent in submitting a response.

2.2 RESERVATIONS. The right is hereby reserved to reject any or all submissions for any reason, in part or in whole, received in response to this solicitation; to waive or not waive informalities or irregularities in any response or the bidding procedures; to request supplementary information from respondents as determined necessary to effectively evaluate responses; to cancel this solicitation, advertise for new and/or purchase off of cooperative purchasing contracts; and to accept, request clarification or further negotiate the terms, conditions and/or methodology of any response if, in Cole County's sole judgment, the best interests of Cole County will be so served.

2.3 MODIFICATION/WITHDRAWAL. Receipt of written notice or an in-person request from a properly identified individual prior to the official date and time set for bid opening must occur in order to modify or withdraw a submission which has been delivered to the office of the Cole County Commission.

2.4 VALIDITY. Respondents agree that submissions will remain valid for consideration by Cole County for a minimum period of ninety (90) calendar days after the date specified for bid opening.

2.5 RESPONSE MATERIAL OWNERSHIP. All material submitted in response to this solicitation becomes the property of Cole County and may be disclosed upon proper Sunshine Law request per 610.021(12) RSMo.

- 2.6 **EXCEPTIONS.** The wording of this solicitation may not be changed or altered in any manner by a respondent. Changes, additions or limiting provisions made on the invitation will render the bid informal and may cause its rejection. Taking exception to any clause in part or in whole does not necessarily disqualify a respondent; any such exception shall be clearly identified and described in full detail in the respondent's submission on a separate page clearly titled "EXCEPTIONS." Any exception will be evaluated and accepted or rejected by Cole County, whose decision shall be final and conclusive. In the absence of such declaration(s), the response shall be accepted as in strict compliance with all terms, conditions, and specifications and the awarded party shall be held responsible for providing the product or service accordingly.
- 2.7 **RESTRICTIVE LANGUAGE.** It shall be the responsibility of potential respondents to ask questions, request changes or clarification, or otherwise advise Cole County if any language, specification or requirement of this solicitation appear to be ambiguous, contradictory, and/or arbitrary, or appear to inadvertently restrict or limit responses to a single source. Such notification must be directed to the Purchasing Agent and received at least five (5) business days prior to the date set for bid opening.
- 2.8 **INTERPRETATION.** If a respondent has any questions which arise concerning the true meaning or intent of these bid documents, plans or any part thereof which affect the cost, quality, quantity, or character of the project or service, respondent shall request in writing that an interpretation be made and an addendum be issued which shall then be posted at www.colecounty.org. Failure to have requested an addendum covering any questions affecting the interpretations of the bid documents shall not relieve the successful respondent from delivering the product, service or completed project in accordance with the intent of the bid documents. Should any differences arise as to the meaning or intent of these specifications, Cole County's interpretation shall be final and conclusive.
- 2.9 **EQUIVALENT MATERIAL/EQUIPMENT.** Any listed manufacturer/model number(s) or a definite reference to a particular item or piece of equipment is intended to establish a minimally acceptable design, type, quality, functional capacity, and/or desired performance level. It is to be understood that any equivalent alternate which will perform adequately the duties imposed by the general design may be proposed and bid so long as sufficient details necessary to establish equivalency are included in the submission. Acceptance is subject to approval of the County which may request further information, sample(s) and/or a demonstration prior to bid award. Cole County shall be the sole judge of equivalency.
- 2.10 **LIKE OR SIMILAR PRODUCT.** Cole County reserves the right, at its sole discretion, to obtain like or similar product to that which has been specified herein when use of such product is deemed in the best interest of the County.
- 2.11 **QUALIFICATIONS OF RESPONDENTS.** Cole County may make such investigations as deemed necessary to determine the ability of any respondent to provide the product and/or service described herein. Respondent shall furnish to the County all such information and data for this purpose that the County may request. The County reserves the right to reject any submission if the evidence submitted by the respondent or investigation of such respondent fails to satisfy the County that such respondent is properly qualified to carry out the obligations of the contract and/or to complete the work contemplated herein.
- 2.12 **EVALUATION & BASIS OF AWARD.** The County's sole purpose in the evaluation process is to determine from among the responses received which one is best suited to meet the County's needs at the lowest possible cost. Any final analysis or weighted point score does not imply that one bidder is superior to another, but simply that in our judgment the contractor selected appears to offer the best overall solution for our current and anticipated needs at the lowest possible cost. Award shall be made to the lowest responsible bidder(s) whose offer best responds to the quality, capacity, and service

requirements of Cole County, as determined by the County. Award may be made on an item-by-item basis to the lowest and best bids or award may be made to the lowest and best bid overall, whichever the County determines is in its best interest.

- 2.13 **PRICES.** Prices must be stated in units of quantity specified and must be firm. Price submitted for each item shall include all cost, of whatever nature, that is involved in achieving the good or service per the bid documents. Bids qualified by escalator clauses may not be considered.
- 2.14 **TAX EXEMPTION.** Cole County is funded by public monies and as such has been approved by the State of Missouri for sales/use tax-exempt status. The Missouri tax identification number and certificate is available to the awarded party upon request.
- 2.15 **DELIVERY.** If requested, the delivery date or when work will start shall be stated in definite terms as they may be taken into consideration when making award. Cole County reserves the right to cancel all or any part of an order or project if delivery is not made or work not started as guaranteed.
- 2.16 **DEFAULT.** In case of default by the bidder or contractor, Cole County may procure the articles or services from other source(s) and hold the successful respondent responsible for any excess cost occasioned thereby.
- 2.17 **ACCEPTANCE.** No equipment, supplies, materials and/or services received by Cole County pursuant to this solicitation shall be deemed accepted until the County has had reasonable opportunity to inspect. Cole County reserves the right to reject anything that does not comply with reasonable expectations based on the specifications outlined herein.
- 2.18 **SHIPMENTS.** All shipments and deliveries shall be F.O.B. destination, freight prepaid to Jefferson City, Missouri.
- 2.19 **COMPLIANCE WITH APPLICABLE LAW.** The contractor must agree to comply with all federal, state, and local laws or ordinances, and all applicable rules, regulations, and standards established by an agency of such governmental units, which are now or hereafter promulgated insofar as they relate to the Contractor's performance of the provisions of the agreement. It shall be the obligation of the Contractor to apply for, pay for and obtain all permits and/or licenses required by a governmental agency for the provision of those services contemplated herein.
- 2.20 **AS NEEDED, IF NEEDED.** The contractor shall provide product or service on an "as needed, if needed" basis for Cole County in accordance with the provisions and requirements stated herein. The resulting award or contract does not guarantee that all purchases of this nature will go to the successful respondent(s), but rather establishes primary vendor(s). Any usage quantities included in this request are based on estimated need; Cole County reserves the right to increase or decrease quantities to meet actual need and maintain the quoted pricing.
- 2.21 **ASSIGNMENT.** The awarded party shall not assign the contract, subcontract, or sublet it as a whole without the prior written consent of Cole County. Assignment, subcontracting, or subletting without such consent will in no way relieve the awarded party of any of its obligations under this Contract unless specified, in writing, by Cole County.
- 2.22 **PREFERENCE.** In making bid awards, Cole County shall give preference to all firms, corporations, or individuals that maintain office or places of business within the County of COLE when the quality of the commodity or performance promised is equal or better and the price quoted is the same or less.
- 2.23 **APPROPRIATION OF FUNDS.** Financial obligations of Cole County payable after the first fiscal year the system is in place are contingent upon funds for that purpose being appropriated, budgeted, and

otherwise made available. In the event funds are not appropriated, any resulting Contract will become null and void, without penalty to Cole County.

- 2.24 **COOPERATIVE PROCUREMENT.** Various State Agencies, City and County Offices, and/or any other government entity may or may not request an unknown quantity of goods or services under this bid during the effective period or resulting agreement period at the same prices, terms and conditions.

If the awarded party agrees to cooperative procurement, it is agreed and understood that each participating political subdivision will make its own separate contract with the awarded party; that each participating political subdivision shall only be liable to the awarded party for service, materials or supplies for which it has directly contracted without any liability for purchases contracted for by any other participating political subdivision; and each awarded party shall be required to bill each participating political subdivision separately and directly for the service, materials or supplies it has purchased.

In the event of any dispute between a political subdivision and a awarded party arising after a contract of purchase has been executed, such dispute shall be handled by and between the particular political subdivision affected and the awarded party.

- 2.25 **ANTI-DISCRIMINATION AGAINST ISRAEL ACT.** The contractor certifies that it is not currently engaged in and shall not, for the duration of the contract, engage in a boycott of goods or services from the State of Israel; companies doing business in or with Israel or authorized by, licensed by, or organized under the law of the State of Israel; or persons or entities doing business in the State of Israel.

- 2.26 **INDEMNIFICATION.** The successful respondent shall, at its own expense, protect, defend, indemnify, save and hold harmless Cole County and its elected and appointed officers, employees, servants and agents from all claims, damages, lawsuits, costs and expenses, including, but not limited to all costs from administrative proceedings, court costs and attorney fees that Cole County and its elected and appointed officers, employees, servants and agents may incur as a result of the acts, omissions or negligence of the contractor or its employees, servants, agents or subcontractors that may arise out of the agreement. The contractor's indemnification responsibility under this section shall include the sum of damages, costs and expenses which are in excess of the sum of damages, costs and expenses which are paid out in behalf of or reimburse to the County, its officers, employees, servants and agents by the insurance coverage obtained and/or maintained by the contractor.

- 2.27 **FEDERAL WORK AUTHORIZATION PROGRAM.** Proposers that meet the definition of a business entity as defined in section 285.525, RSMo, pertaining to section 285.530, RSMO, providing services exceeding \$5,000, shall maintain enrollment and participation in a federal work authorization program with respect to the employees hired after enrollment in the program who are proposed to work in connection with the contracted services included herein. If the Proposer's business status changes during the life of the contract to become a business entity as defined in section 285.525, RSMo, pertaining to section 285.530, RSMo, then the Proposer shall, prior to the performance of any services as a business entity under the contract enroll and participate in a federal work authorization program such as E-Verify.

Proposers must, by sworn affidavit and provision of documentation (copy of the E-Verify Memo of Understanding Electronic Signature Page), affirm their enrollment and participation in a federal work authorization program. Proposers shall sign an affidavit affirming that it does not knowingly employ any person who is an unauthorized alien in connection with the contracted services. See Affidavit of Compliance with E-Verify document.

For vendors that are not already enrolled and participating in a federal work authorization program, E-Verify is an example of this type of program. Information regarding E-Verify is available at <https://www.e-verify.gov/>.

2.28 CONTRACT TERMINATION.

2.28.1 **TERMINATION FOR DEFAULT.** If, through any cause, the awarded party shall fail to fulfill, in a timely and proper manner, its obligations under the contract resulting from this solicitation, or if the awarded party shall violate any of the covenants, agreements, or stipulations of said contract, Cole County shall thereupon have the right to terminate this contract for cause by giving written notice to the awarded party of its intent to terminate and at least ten (10) calendar days to cure the default or show cause why termination is otherwise not appropriate. In the event of termination, all finished or unfinished documents, data, studies, survey, drawings, maps, models, photographs, and reports or other materials prepared by the awarded party under this contract shall, at the option of Cole County, because its property, and the awarded party shall be entitled to receive just and equitable compensation for any services and supplies delivered and accepted. The awarded party shall be obligated to return any payment advanced under the provisions of this contract.

Notwithstanding, the awarded party shall not be relieved of liability to Cole County any damages sustained by the County by virtue of any breach of the contract by the awarded party, and the County may withhold any payment to the awarded party for the purpose of mitigating its damages until such time as the exact amount of damages due the County from the awarded party is determined.

If after such termination it is determined, for any reason the awarded party was not in default, or that the awarded party's action/inaction was excusable, such termination shall be treated as a termination for convenience, as described herein.

2.28.2 **TERMINATION FOR CONVENIENCE.** The performance of work under the contract resulting from this solicitation may be terminated by Cole County in whole or in part at such time that the Cole County Commission determines that such termination is in the best interest of Cole County. Any such termination will be affected by delivery to the awarded party of a letter of termination specifying the extent to which performance of work under the contract is terminated and the date upon which such termination is effective:

After receipt of a termination letter the awarded party will:

- Stop work on the contract on the date and to the extent specified in the letter.
- Place no further orders for materials, services or facilities except as may be necessary to complete any portions of the work under contract not terminated.
- Complete on schedule such part of the work as will not be terminated.

3.0 SCOPE OF WORK

3.1 **EFFECTIVE DATE OF COVERAGE & TERM.** Cole County's current Workers' Compensation insurance policy is through Missouri Employers Mutual and is valid through 12/31/2024. The policy awarded as a result of the RFP shall be effective as of 1/1/2025. The initial term will be for one year with renewal options for up to four (4) additional one-year periods beyond the initial term.

3.2 **APPLICATIONS.** Proposers will have the sole responsibility of completing all insurance company applications. The County will sign completed applications for the successful Proposer if needed.

3.3 **CURRENT DISCOUNTS & MODIFIER.** The County’s experience modifier was .83 for 2024 and then we also receive the receive discount

- Schedule Rating - .75 Credit
- Premium Discount - .91 Credit

3.4 **LIABILITY LIMITS.** The liability limits shall be bid as follows:

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

3.5 **PAYROLLS BY CLASS.** The estimated annual payrolls by class are as follows:

Classifications	Code No.	Estimated Employee Count	Estimated Annual Payroll
1 Street or Road Construction: Paving or Repaving & Drivers	5506	50	\$2,713,703.00
2 Ambulance Service Companies and EMS Providers & Drivers	7705	85	\$2,953,808.00
3 Police Officers & Drivers	7720	80	\$4,356,335.00
4 Clerical Office Employees NOC	8810	111	\$3,312,563.00
5 Attorney – All Employees & Clerical, Messengers, Drivers	8820	15	\$1,104,186.00
6 Hospital, Veterinary & Drivers	8831	1	\$44,667.00
7 Physician & Clerical	8832	24	\$1,275,887.00
8 Buildings – Operation by Owner or Lessee or Real Estate Management Firm: All Other	9015	7	\$154,946.00
9 Municipal, Township, County or State Employee NOC	9410	12	\$540,227.00

Additional attachments are included to aid respondents in preparing their response:

- Attachment A: Experience Mod Worksheet
- Attachment B: Loss Run Report
- Attachment C: Current Policy

4.0 EVALUATION OF PROPOSALS

In the County’s evaluation of proposals, the following items shall be considered. The order in which these items have been listed does not necessarily reflect their order of importance.

- Cost – A major consideration in evaluating proposals, but not the only consideration.
- Coverage – The amount and breadth of coverage and extent of restrictions or exclusions.

- Service – The capabilities and experience record of service provided by agents and insurers. Services include amending policies and contracts for changes, premium billings, loss control/safety and claims service, etc.

It is possible that the County, in its judgment, may consider a proposal unacceptable solely because one of these key items is unsatisfactory.

5.0 PROPOSAL REQUIREMENTS

5.1 To Facilitate comparison of proposals, respondents must submit proposals in a format that corresponds with the following:

Section 1: Fully Executed Cover Page (page 1 of this document)

Section 2: Introduction and Company Overview (Carrier)

Section 3: Contact Information: Provide the name, address, email, and phone number of the principal contact(s) at your organization the County should contact with questions or requests for clarification.

Section 4: References: Provide at least three (3) current clients of similar size and nature, including contact information, who can attest to their satisfaction with your company's ability to perform the services contemplated herein.

Section 5: Policy Information: Respondent should outline relevant information regarding how the multi-year contract (at the County's option) would work; policy coverage, conditions, restrictions and exclusions (to include re-assessment/amendment policies and loss ratio conditions); liquidation fee; cancelation provisions; and County duties, responsibilities and terms for coverage.

Section 6: Cost Information: Include policy premium* and ANY other associated costs. Additionally, respondents are to indicate whether their proposed program pays dividends and/or credits the County on its premium. Proposed installment schedule(s) should also be submitted and any discount options identified.

*A comparison will be made among all big proposals. As such, it is important that all proposals be comparable. Bidders are requested to quote based upon DOLLAR AMOUNTS rather than percent of manual premium.

Section 7: Anti-Collusion Statement (form provided)

Section 8: Affidavit of Compliance with Section 285.525-285.550 RSMo (form provided)

ANTI-COLLUSION STATEMENT

STATE OF _____)

COUNTY OF _____)

_____ being first

duly sworn, deposes and says that he is _____
(title of person signing)

of _____

(Name of Bidder)

that all statements made and facts set out in the proposal for the attached bid are true and correct; and that the bidder (The person, firm, association, or corporation making said bid) has not, either directly or indirectly, entered into any agreement, participated in any collusion, or otherwise taken any action in restraint of free competitive bidding in connection with such bid of any contract which result from its acceptance.

Affiant further certifies that bidder is not financially interested in, or financially affiliated with, any other bidder for the attached bid .

(BY) _____

(BY) _____

Sworn to before me this _____ day of _____, 20 ____

Notary Public

My Commission expires: _____

Sample E-Verify Memo of Understanding – MOU Electronic Signature Page



Company ID Number: XXXXXXXX

Approved by:

Employer <i>Your Company Name</i>	
Name (Please Type or Print) <i>John Doe</i>	Title
Signature <i>Electronically Signed</i>	Date <i>11/30/2023</i>
Department of Homeland Security – Verification Division	
Name (Please Type or Print) USCIS Verification Division	Title
Signature Electronically Signed	Date 11/30/2023

ATTACHMENT A



WORKERS COMPENSATION EXPERIENCE RATING

Risk Name: COUNTY OF COLE

Risk ID: 240916614

Rating Effective Date: 12/31/2023

Production Date: 07/04/2023

State: MISSOURI

State	Wt	Exp Excess Losses	Expected Losses	Exp Prim Losses	Act Exc Losses	Ballast	Act Inc Losses	Act Prim Losses
MO	.26	446,535	653,381	206,846	241,678	105,700	404,371	162,693
(A) Wt	(B)	(C) Exp Excess Losses (D - E)	(D) Expected Losses	(E) Exp Prim Losses	(F) Act Exc Losses (H - I)	(G) Ballast	(H) Act Inc Losses	(I) Act Prim Losses
.26		446,535	653,381	206,846	241,678	105,700	370,619	128,941

	Primary Losses	Stabilizing Value	Ratable Excess	Totals	
Actual	(I) 128,941	$C * (1 - A) + G$ 436,136	(A) * (F) 62,836	(J) 627,913	
Expected	(E) 206,846	$C * (1 - A) + G$ 436,136	(A) * (C) 116,099	(K) 759,081	
	ARAP	FLARAP	SARAP	MAARAP	Exp Mod
Factors	1.00				(J) / (K) .83

RATING REFLECTS A DECREASE OF 70% MEDICAL ONLY PRIMARY AND EXCESS LOSS DOLLARS WHERE ERA IS APPLIED.

Carrier: 33413-001 **Policy:** MEM102121315 **Eff-Date:** 12-31-2022 **Exp-Date:** 12-31-2023

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WORKERS COMPENSATION EXPERIENCE RATING

Risk Name: COUNTY OF COLE

Risk ID: 240916614

Rating Effective Date: 12/31/2023

Production Date: 07/04/2023

State: MISSOURI

24-MISSOURI Firm ID: Firm Name: COUNTY OF COLE

Carrier: 33413 Policy No. MEM102121312 Eff Date: 12/31/2019 Exp Date: 12/31/2020

Code	ELR	D-Ratio	Payroll	Expected Losses	Exp Prim Losses	Claim Data	IJ	OF	Act Inc Losses	Act Prim Losses
5506	2.49	.27	1,641,184	40,865	11,034	NO. 8	06	*	6,905	6,905
7705	2.54	.34	2,546,984	64,693	21,996	20202408682	09	F	4,252	4,252
7720	1.83	.30	3,936,315	72,035	21,611	20202404510	09	F	5,295	5,295
8810	.08	.38	3,017,049	2,414	917	20202400111	09	F	5,482	5,482
8820	.07	.30	1,032,978	723	217	20202409138	09	F	7,718	7,718
8831	.81	.44	25,469	206	91	20202403553	09	F	145,174	18,500
8832	.18	.38	897,101	1,615	614					
9015	2.01	.34	252,944	5,084	1,729					
9410	2.10	.38	863,437	18,132	6,890					
9812	EMPLOYERS LIABILIT			0	0					
Policy Total:			14,213,461	Subject Premium:	389,123	Total Act Inc Losses:		174,826		

24-MISSOURI Firm ID: Firm Name: COUNTY OF COLE

Carrier: 33413 Policy No. MEM102121313 Eff Date: 12/31/2020 Exp Date: 12/31/2021

Code	ELR	D-Ratio	Payroll	Expected Losses	Exp Prim Losses	Claim Data	IJ	OF	Act Inc Losses	Act Prim Losses
5506	2.49	.27	1,601,769	39,884	10,769	20212406566	06	F	2,078	2,078
7705	2.54	.34	2,646,571	67,223	22,856	20212406706	06	F	2,448	2,448
7720	1.83	.30	4,165,546	76,229	22,869	20212400400	06	F	4,691	4,691
8810	.08	.38	3,312,138	2,650	1,007	NO. 10	06	*	6,616	6,616
8820	.07	.30	1,094,875	766	230	20212405260	09	F	8,235	8,235
8831	.81	.44	53,233	431	190					
8832	.18	.38	917,128	1,651	627					
9015	2.01	.34	275,452	5,537	1,883					
9410	2.10	.38	859,171	18,043	6,856					
9812	EMPLOYERS LIABILIT			0	0					
Policy Total:			14,925,883	Subject Premium:	435,655	Total Act Inc Losses:		24,068		

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* Total by Policy Year of all cases \$2000 or less.

D Disease Loss

X Ex-Medical Coverage

U USL&HW

C Catastrophic Loss

E Employers Liability Loss

Limited Loss



WORKERS COMPENSATION EXPERIENCE RATING

Risk Name: COUNTY OF COLE

Risk ID: 240916614

Rating Effective Date: 12/31/2023

Production Date: 07/04/2023

State: MISSOURI

24-MISSOURI

Firm ID:

Firm Name: COUNTY OF COLE

Carrier: 33413

Policy No. MEM102121314

Eff Date: 12/31/2021

Exp Date: 12/31/2022

Code	ELR	D-Ratio	Payroll	Expected Losses	Exp Prim Losses	Claim Data	IJ	OF	Act Inc Losses	Act Prim Losses
5506	2.49	.27	1,701,908	42,378	11,442	20222409741	06	O	10,000	10,000
7705	2.54	.34	2,885,939	73,303	24,923	NO. 18	06	*	15,479	15,479
7720	1.83	.30	4,803,201	87,899	26,370	20222403313	09	F	9,494	9,494
8810	.08	.38	3,505,577	2,804	1,066	20222403095	09	O	32,225	18,500
8820	.07	.30	1,187,518	831	249	20222405425	09	O	42,386	18,500
8831	.81	.44	65,191	528	232	20222401206	09	O	95,893	18,500
8832	.18	.38	978,561	1,761	669					
9015	2.01	.34	317,651	6,385	2,171					
9410	2.10	.38	919,583	19,311	7,338					
9812	EMPLOYERS LIABILIT			0	0					
Policy Total:			16,365,129	Subject Premium:	495,425	Total Act Inc Losses:			205,477	

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* Total by Policy Year of all cases \$2000 or less.

D Disease Loss

X Ex-Medical Coverage

U USL&HW

C Catastrophic Loss

E Employers Liability Loss

Limited Loss



Loss Run Report

Losses From 12/31/2019 to 12/31/2024, as of 9/16/2024

Insured County of Cole
Policy Number 1021213

Agency Acrisure Wallstreet Partners, LLC (1)
2479-3

POLICYHOLDER CLAIM DETAIL

Policy Period: 12/31/2019 - 12/31/2020

Claim Number: 20202400111

Location	311 E HIGH ST JEFFERSON CITY MO 65101									
Jurisdiction State	MO	Incident Date	1/3/2020	Incident Date/Time	Friday / 15:20					
Report Date	1/6/2020	Close Date	4/22/2020	Claim Status	Closed	Medical	\$4,822.75	\$0.00	\$4,822.75	\$0.00
Claim Type	Indemnity	Claimant				Indemnity	\$658.59	\$0.00	\$658.59	\$0.00
Lost Workdays Paid	0	Body Part	Finger(s)			Expense	\$68.78	\$0.00	\$68.78	\$1.29
Suit Filed	No	Loss Cause	Caught in, under, or between object handled			Total	\$5,550.12	\$0.00	\$5,550.12	\$1.29
Class Code	7720	POLICE OFFICERS & DRIVERS								

opening jail door CD2 to pick up laundry bags and was holding onto the blue metal wire cart and the door swung back and caught finger between door and blue metal wire cart

Claim Number: 20202400893

Location	311 E HIGH ST JEFFERSON CITY MO 65101									
Jurisdiction State	MO	Incident Date	1/21/2020	Incident Date/Time	Tuesday / 07:30					
Report Date	1/29/2020	Close Date	3/30/2020	Claim Status	Closed	Medical	\$899.24	\$0.00	\$899.24	\$0.00
Claim Type	Medical Only	Claimant				Indemnity	\$0.00	\$0.00	\$0.00	\$0.00
Lost Workdays Paid	0	Body Part	Ankle			Expense	\$38.69	\$0.00	\$38.69	\$3.25
Suit Filed	No	Loss Cause	Struck or injured by object being lifted or handled			Total	\$937.93	\$0.00	\$937.93	\$3.25
Class Code	7720	POLICE OFFICERS & DRIVERS								

IW used his foot to try and stop a door from closing. His foot was caught in a bad position and his ankle hyperextended

Claim Number: 20202402522

Location 311 E HIGH ST JEFFERSON CITY MO 65101
Jurisdiction State MO **Incident Date** 3/18/2020 **Incident Date/Time** Wednesday / 07:30
Report Date 3/25/2020 **Close Date** 8/30/2021 **Claim Status** Closed
Claim Type Medical Only **Claimant**
Lost Workdays Paid 0 **Body Part** Upper Spinal Cord (neck)
Suit Filed No **Loss Cause** Miscellaneous - other than physical cause of injury
Class Code 7720 POLICE OFFICERS & DRIVERS

	Paid	Outstanding	Incurred	Recoveries
Medical	\$1,926.30	\$0.00	\$1,926.30	\$0.00
Indemnity	\$0.00	\$0.00	\$0.00	\$0.00
Expense	\$99.80	\$0.00	\$99.80	\$0.00
Total	\$2,026.10	\$0.00	\$2,026.10	\$0.00

During practical exercises, IW was slow to get up from the ground and was holding his head. IW reports suffering whiplash.

Claim Number: 20202402525

Location 311 E HIGH ST JEFFERSON CITY MO 65101
Jurisdiction State MO **Incident Date** 3/24/2020 **Incident Date/Time** Tuesday / 19:00
Report Date 3/25/2020 **Close Date** 4/13/2020 **Claim Status** Closed
Claim Type Medical Only **Claimant**
Lost Workdays Paid 0 **Body Part** Body systems (with no external injury)
Suit Filed No **Loss Cause** Pandemic
Class Code 7720 POLICE OFFICERS & DRIVERS

	Paid	Outstanding	Incurred	Recoveries
Medical	\$0.00	\$0.00	\$0.00	\$0.00
Indemnity	\$0.00	\$0.00	\$0.00	\$0.00
Expense	\$0.00	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00	\$0.00

IW was responding to a check well call and providing the suspect a ride to the hospital. IW was admitted with a temp of 100.6 and cough possibly related to Covid-19

Claim Number: 20202402751

Location 311 E HIGH ST JEFFERSON CITY MO 65101
Jurisdiction State MO **Incident Date** 4/6/2020 **Incident Date/Time** Monday / 12:00
Report Date 4/7/2020 **Close Date** 9/30/2020 **Claim Status** Closed
Claim Type Medical Only **Claimant**
Lost Workdays Paid 0 **Body Part** Brain
Suit Filed No **Loss Cause** Miscellaneous - other than physical cause of injury
Class Code 7720 POLICE OFFICERS & DRIVERS

	Paid	Outstanding	Incurred	Recoveries
Medical	\$0.00	\$0.00	\$0.00	\$0.00
Indemnity	\$0.00	\$0.00	\$0.00	\$0.00
Expense	\$3.25	\$0.00	\$3.25	\$0.00
Total	\$3.25	\$0.00	\$3.25	\$0.00

IW told supervisor that she was having an anxiety attack. IW was visibly shaking and cold, was transported to the ER.

Claim Number: 20202403458

Location 311 E HIGH ST JEFFERSON CITY MO 65101
Jurisdiction State MO **Incident Date** 5/11/2020 **Incident Date/Time** Monday / 10:00
Report Date 5/12/2020 **Close Date** 9/17/2020 **Claim Status** Closed
Claim Type Medical Only **Claimant**
Lost Workdays Paid 0 **Body Part** Finger(s)
Suit Filed No **Loss Cause** Caught in, under, or between object handled
Class Code 7705 AMBULANCE SERVICE COMPANIES AND EMS (EMERGENCY MEDICAL SERVICE) PROVIDERS & DRIVERS

	Paid	Outstanding	Incurred	Recoveries
Medical	\$762.87	\$0.00	\$762.87	\$0.00
Indemnity	\$0.00	\$0.00	\$0.00	\$0.00
Expense	\$26.60	\$0.00	\$26.60	\$0.00
Total	\$789.47	\$0.00	\$789.47	\$0.00

IW was assisting in transferring resident from Capital Region to residents home. IW's finger was caught between the stretcher and carriage.

Claim Number: 20202403553

Location 311 E HIGH ST JEFFERSON CITY MO 65101
Jurisdiction State MO **Incident Date** 3/27/2020 **Incident Date/Time** Friday / 11:45
Report Date 5/15/2020 **Close Date** 12/22/2022 **Claim Status** Closed
Claim Type Indemnity **Claimant**
Lost Workdays Paid 58 **Body Part** Shoulder(s)
Suit Filed Yes **Loss Cause** Fall, slip, or trip injury on same level
Class Code 7720 POLICE OFFICERS & DRIVERS

	Paid	Outstanding	Incurred	Recoveries
Medical	\$79,443.19	\$0.00	\$79,443.19	\$0.00
Indemnity	\$65,731.20	\$0.00	\$65,731.20	\$0.00
Expense	\$4,859.49	\$0.00	\$4,859.49	\$0.00
Total	\$150,033.88	\$0.00	\$150,033.88	\$0.00

Attempting to serve warrant on suspect

Claim Number: 20202403714

Location 311 E HIGH ST JEFFERSON CITY MO 65101
Jurisdiction State MO **Incident Date** 5/17/2020 **Incident Date/Time** Sunday / 17:00
Report Date 5/22/2020 **Close Date** 12/29/2020 **Claim Status** Closed
Claim Type Medical Only **Claimant**
Lost Workdays Paid 0 **Body Part** Hand
Suit Filed No **Loss Cause** Cut, puncture, scrape, injured by broken glass
Class Code 7720 POLICE OFFICERS & DRIVERS

	Paid	Outstanding	Incurred	Recoveries
Medical	\$823.65	\$0.00	\$823.65	\$0.00
Indemnity	\$0.00	\$0.00	\$0.00	\$0.00
Expense	\$10.84	\$0.00	\$10.84	\$0.00
Total	\$834.49	\$0.00	\$834.49	\$0.00

IW was searching for medication in car from a suicidal subject and was poked by glass on his right hand

Claim Number: 20202403871

Location 350 E HIGH ST JEFFERSON CITY MO 65101
Jurisdiction State MO **Incident Date** 5/29/2020 **Incident Date/Time** Friday / 17:16
Report Date 6/1/2020 **Close Date** 11/16/2020 **Claim Status** Closed
Claim Type Medical Only **Claimant**
Lost Workdays Paid 0 **Body Part** Lower leg
Suit Filed No **Loss Cause** Struck or injured by animal or insect
Class Code 7720 POLICE OFFICERS & DRIVERS

	Paid	Outstanding	Incurred	Recoveries
Medical	\$0.00	\$0.00	\$0.00	\$627.15
Indemnity	\$0.00	\$0.00	\$0.00	\$0.00
Expense	\$18.14	\$0.00	\$18.14	\$0.00
Total	\$18.14	\$0.00	\$18.14	\$627.15

IW was investigating a dog bite. While attempting to contact dog owners, IW was bitten by dog.

Claim Number: 20202404376

Location 350 E HIGH ST JEFFERSON CITY MO 65101
Jurisdiction State MO **Incident Date** 6/21/2020 **Incident Date/Time** Sunday / 09:36
Report Date 6/22/2020 **Close Date** 7/14/2020 **Claim Status** Closed
Claim Type Medical Only **Claimant**
Lost Workdays Paid 0 **Body Part** Pelvis
Suit Filed No **Loss Cause** Fall, slip, or trip injury on same level
Class Code 7720 POLICE OFFICERS & DRIVERS

	Paid	Outstanding	Incurred	Recoveries
Medical	\$1,319.46	\$0.00	\$1,319.46	\$0.00
Indemnity	\$0.00	\$0.00	\$0.00	\$0.00
Expense	\$115.19	\$0.00	\$115.19	\$0.00
Total	\$1,434.65	\$0.00	\$1,434.65	\$0.00

Injured worker alleges they slipped and fell while attempting to gain control of a combative inmate, injuring his right hip.

Claim Number: 20202404510

Location 350 E HIGH ST JEFFERSON CITY MO 65101
Jurisdiction State MO **Incident Date** 6/25/2020 **Incident Date/Time** Thursday / 16:30
Report Date 6/26/2020 **Close Date** 12/29/2020 **Claim Status** Closed
Claim Type Indemnity **Claimant**
Lost Workdays Paid 0 **Body Part** Finger(s)
Suit Filed No **Loss Cause** Struck or injured by fellow worker; patient
Class Code 7720 POLICE OFFICERS & DRIVERS

	Paid	Outstanding	Incurred	Recoveries
Medical	\$4,295.40	\$0.00	\$4,295.40	\$0.00
Indemnity	\$1,000.00	\$0.00	\$1,000.00	\$0.00
Expense	\$54.12	\$0.00	\$54.12	\$0.00
Total	\$5,349.52	\$0.00	\$5,349.52	\$0.00

Injured worker alleges while serving an ex parte, the worker attempted to grab a subject when they ran.

Claim Number: 20202404943

Location 5055 MONTICELLO RD JEFFERSON CITY MO 65101
Jurisdiction State MO **Incident Date** 7/8/2020 **Incident Date/Time** Wednesday / 14:00
Report Date 7/13/2020 **Close Date** 9/30/2020 **Claim Status** Closed
Claim Type Medical Only **Claimant**
Lost Workdays Paid 0 **Body Part** Foot
Suit Filed No **Loss Cause** Contact with hot objects or substances
Class Code 5506 STREET OR ROAD CONSTRUCTION Paving or Repaving & Drivers.
 Sustained blisters on bottom of feet through soles of his shoes due to hot asphalt

	Paid	Outstanding	Incurred	Recoveries
Medical	\$249.06	\$0.00	\$249.06	\$0.00
Indemnity	\$0.00	\$0.00	\$0.00	\$0.00
Expense	\$6.70	\$0.00	\$6.70	\$0.00
Total	\$255.76	\$0.00	\$255.76	\$0.00

Claim Number: 20202406378

Location 5055 MONTICELLO RD JEFFERSON CITY MO 65101
Jurisdiction State MO **Incident Date** 8/17/2020 **Incident Date/Time** Monday / 10:30
Report Date 8/22/2020 **Close Date** 10/23/2020 **Claim Status** Closed
Claim Type Medical Only **Claimant**
Lost Workdays Paid 0 **Body Part** Upper back area
Suit Filed No **Loss Cause** Strain or injury by lifting
Class Code 5506 STREET OR ROAD CONSTRUCTION Paving or Repaving & Drivers.
 injured worker was helping unload a reel of hoses in the sop and then help put tracks back on mini exc. and pulled his back.

	Paid	Outstanding	Incurred	Recoveries
Medical	\$347.73	\$0.00	\$347.73	\$0.00
Indemnity	\$0.00	\$0.00	\$0.00	\$0.00
Expense	\$12.80	\$0.00	\$12.80	\$0.00
Total	\$360.53	\$0.00	\$360.53	\$0.00

Claim Number: 20202408291

Location 311 E HIGH ST JEFFERSON CITY MO 65101
Jurisdiction State MO **Incident Date** 10/6/2020 **Incident Date/Time** Tuesday / 12:00
Report Date 10/28/2020 **Close Date** 11/13/2023 **Claim Status** Closed
Claim Type Indemnity **Claimant**
Lost Workdays Paid 17 **Body Part** No physical injury
Suit Filed No **Loss Cause** Pandemic
Class Code 7720 POLICE OFFICERS & DRIVERS
 IW was hospitalized on 10/23 for Covid. IW believes it was contracted at 10/06.

	Paid	Outstanding	Incurred	Recoveries
Medical	\$26,109.77	\$0.00	\$26,109.77	\$0.00
Indemnity	\$97.13	\$0.00	\$97.13	\$0.00
Expense	\$1,684.48	\$0.00	\$1,684.48	\$0.00
Total	\$27,891.38	\$0.00	\$27,891.38	\$0.00

Claim Number: 20202408303

Location 350 E HIGH ST JEFFERSON CITY MO 65101
Jurisdiction State MO **Incident Date** 10/24/2020 **Incident Date/Time** Saturday / 17:00
Report Date 10/29/2020 **Close Date** 1/26/2021 **Claim Status** Closed
Claim Type Medical Only **Claimant**
Lost Workdays Paid 0 **Body Part** Finger(s)
Suit Filed No **Loss Cause** Struck or injured by fellow worker; patient
Class Code 7720 POLICE OFFICERS & DRIVERS

	Paid	Outstanding	Incurred	Recoveries
Medical	\$584.09	\$0.00	\$584.09	\$86.70
Indemnity	\$0.00	\$0.00	\$0.00	\$0.00
Expense	\$47.28	\$0.00	\$47.28	\$0.00
Total	\$631.37	\$0.00	\$631.37	\$86.70

IW was bite by a drunk person

Claim Number: 20202408682

Location 350 E HIGH ST JEFFERSON CITY MO 65101
Jurisdiction State MO **Incident Date** 11/6/2020 **Incident Date/Time** Friday / 15:00
Report Date 11/10/2020 **Close Date** 7/28/2021 **Claim Status** Closed
Claim Type Indemnity **Claimant**
Lost Workdays Paid 0 **Body Part** Elbow
Suit Filed Yes **Loss Cause** Strain or injury by using tool or machinery
Class Code 7720 POLICE OFFICERS & DRIVERS

	Paid	Outstanding	Incurred	Recoveries
Medical	\$2,251.80	\$0.00	\$2,251.80	\$0.00
Indemnity	\$2,000.00	\$0.00	\$2,000.00	\$0.00
Expense	\$406.42	\$0.00	\$406.42	\$0.00
Total	\$4,658.22	\$0.00	\$4,658.22	\$0.00

When firing a rifle at the shooting range she begin having pain in her right hand and numbness in her elbow.

Claim Number: 20202409138

Location 350 E HIGH ST JEFFERSON CITY MO 65101
Jurisdiction State MO **Incident Date** 11/20/2020 **Incident Date/Time** Friday / 19:05
Report Date 11/23/2020 **Close Date** 7/1/2021 **Claim Status** Closed
Claim Type Indemnity **Claimant**
Lost Workdays Paid 37 **Body Part** Great toe
Suit Filed No **Loss Cause** Fall, slip, or trip injury on same level
Class Code 7720 POLICE OFFICERS & DRIVERS

	Paid	Outstanding	Incurred	Recoveries
Medical	\$4,049.34	\$0.00	\$4,049.34	\$0.00
Indemnity	\$3,669.36	\$0.00	\$3,669.36	\$0.00
Expense	\$128.58	\$0.00	\$128.58	\$0.00
Total	\$7,847.28	\$0.00	\$7,847.28	\$0.00

Jumping over drainage ditch and slipped causing right foot to hit concrete

Policy Period: 12/31/2020 - 12/31/2021

Claim Number: 20212400400

Location 5055 MONTICELLO RD JEFFERSON CITY MO 65101

Jurisdiction State MO **Incident Date** 1/13/2021 **Incident Date/Time** Wednesday / 08:40

Report Date 1/15/2021 **Close Date** 7/16/2021 **Claim Status** Closed

Claim Type Medical Only **Claimant**

Lost Workdays Paid 0 **Body Part** Ankle

Suit Filed No **Loss Cause** Strain or injury by twisting

Class Code 5506 STREET OR ROAD CONSTRUCTION Paving or Repaving & Drivers.

Walking across the street and rolled his left ankle

	Paid	Outstanding	Incurred	Recoveries
Medical	\$4,690.67	\$0.00	\$4,690.67	\$0.00
Indemnity	\$0.00	\$0.00	\$0.00	\$0.00
Expense	\$92.84	\$0.00	\$92.84	\$0.00
Total	\$4,783.51	\$0.00	\$4,783.51	\$0.00

Claim Number: 20212401145

Location 1736 SOUTHRIDGE DR JEFFERSON CITY MO 65101

Jurisdiction State MO **Incident Date** 2/10/2021 **Incident Date/Time** Wednesday / 00:00

Report Date 2/12/2021 **Close Date** 5/3/2021 **Claim Status** Closed

Claim Type Medical Only **Claimant**

Lost Workdays Paid 0 **Body Part** Lower back area

Suit Filed No **Loss Cause** Strain or injury by lifting

Class Code 8810 CLERICAL OFFICE EMPLOYEES NOC.

IW was tx patient and strained his lower back

	Paid	Outstanding	Incurred	Recoveries
Medical	\$533.07	\$0.00	\$533.07	\$0.00
Indemnity	\$0.00	\$0.00	\$0.00	\$0.00
Expense	\$13.65	\$0.00	\$13.65	\$0.00
Total	\$546.72	\$0.00	\$546.72	\$0.00

Claim Number: 20212401896

Location 5055 MONTICELLO RD JEFFERSON CITY MO 65101

Jurisdiction State MO **Incident Date** 3/4/2021 **Incident Date/Time** Thursday / 08:34

Report Date 3/10/2021 **Close Date** 6/4/2021 **Claim Status** Closed

Claim Type Medical Only **Claimant**

Lost Workdays Paid 0 **Body Part** Knee

Suit Filed No **Loss Cause** Fall, slip, or trip injury on same level

Class Code 8810 CLERICAL OFFICE EMPLOYEES NOC.

He got oil in his shoes while getting in the back of a trailed he slipped/fell. Landed on his left knee

	Paid	Outstanding	Incurred	Recoveries
Medical	\$334.38	\$0.00	\$334.38	\$0.00
Indemnity	\$0.00	\$0.00	\$0.00	\$0.00
Expense	\$7.55	\$0.00	\$7.55	\$0.00
Total	\$341.93	\$0.00	\$341.93	\$0.00

Claim Number: 20212402284

Location 350 E HIGH ST JEFFERSON CITY MO 65101
Jurisdiction State MO **Incident Date** 3/23/2021 **Incident Date/Time** Tuesday / 17:00
Report Date 3/25/2021 **Close Date** 6/4/2021 **Claim Status** Closed
Claim Type Medical Only **Claimant**
Lost Workdays Paid 0 **Body Part** Lower arm
Suit Filed No **Loss Cause** Fall, slip, or trip injury on stairs
Class Code 8810 CLERICAL OFFICE EMPLOYEES NOC.

	Paid	Outstanding	Incurred	Recoveries
Medical	\$447.21	\$0.00	\$447.21	\$0.00
Indemnity	\$0.00	\$0.00	\$0.00	\$0.00
Expense	\$11.71	\$0.00	\$11.71	\$0.00
Total	\$458.92	\$0.00	\$458.92	\$0.00

IW was serving a search warrant, coming down steps that were wet, slipped and fell, right lower arm, and strained back

Claim Number: 20212403379

Location 1736 SOUTHRIDGE DR JEFFERSON CITY MO 65101
Jurisdiction State MO **Incident Date** 5/4/2021 **Incident Date/Time** Tuesday / 15:58
Report Date 5/12/2021 **Close Date** 11/5/2021 **Claim Status** Closed
Claim Type Medical Only **Claimant**
Lost Workdays Paid 0 **Body Part** Facial bones
Suit Filed No **Loss Cause** Absorption, ingestion, or inhalation, miscellaneous
Class Code 8810 CLERICAL OFFICE EMPLOYEES NOC.

	Paid	Outstanding	Incurred	Recoveries
Medical	\$810.75	\$0.00	\$810.75	\$0.00
Indemnity	\$0.00	\$0.00	\$0.00	\$0.00
Expense	\$5.90	\$0.00	\$5.90	\$0.00
Total	\$816.65	\$0.00	\$816.65	\$0.00

IW alleges she was assessing a patient in the ambulance, the patient got up and tried to exit the ambulance. The patient became agitated and got blood on the worker.

Claim Number: 20212403672

Location 1736 SOUTHRIDGE DR JEFFERSON CITY MO 65101
Jurisdiction State MO **Incident Date** 5/23/2021 **Incident Date/Time** Sunday / 20:00
Report Date 5/25/2021 **Close Date** 5/25/2021 **Claim Status** Closed
Claim Type Report Only **Claimant**
Lost Workdays Paid 0 **Body Part** No physical injury
Suit Filed No **Loss Cause** Contact with temperature extremes
Class Code 8810 CLERICAL OFFICE EMPLOYEES NOC.

	Paid	Outstanding	Incurred	Recoveries
Medical	\$0.00	\$0.00	\$0.00	\$0.00
Indemnity	\$0.00	\$0.00	\$0.00	\$0.00
Expense	\$0.00	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00	\$0.00

In the ambulance in the driver side writing out reports. Her partner went inside the Lincoln University and when they came back she was passed out behind the wheel.

Claim Number: 20212403867

Location 1736 SOUTHRIDGE DR JEFFERSON CITY MO 65101

Jurisdiction State MO **Incident Date** 6/2/2021 **Incident Date/Time** Wednesday / 14:00

Report Date 6/3/2021 **Close Date** 10/18/2021 **Claim Status** Closed

Claim Type Medical Only **Claimant**

Lost Workdays Paid 0 **Body Part** Lower back area

Suit Filed No **Loss Cause** Strain or injury by lifting

Class Code 7705 AMBULANCE SERVICE COMPANIES AND EMS (EMERGENCY MEDICAL SERVICE) PROVIDERS & DRIVERS

	Paid	Outstanding	Incurred	Recoveries
Medical	\$1,946.32	\$0.00	\$1,946.32	\$0.00
Indemnity	\$0.00	\$0.00	\$0.00	\$0.00
Expense	\$43.99	\$0.00	\$43.99	\$0.00
Total	\$1,990.31	\$0.00	\$1,990.31	\$0.00

IW was on call, taking patient down stairs, with ambulance bed, ambulance bed broke, causing strained back

Claim Number: 20212405260

Location 311 E HIGH ST JEFFERSON CITY MO 65101

Jurisdiction State MO **Incident Date** 6/15/2021 **Incident Date/Time** Tuesday / 15:00

Report Date 7/26/2021 **Close Date** 2/9/2022 **Claim Status** Closed

Claim Type Indemnity **Claimant**

Lost Workdays Paid 0 **Body Part** Shoulder(s)

Suit Filed No **Loss Cause** Strain or injury by lifting

Class Code 7705 AMBULANCE SERVICE COMPANIES AND EMS (EMERGENCY MEDICAL SERVICE) PROVIDERS & DRIVERS

	Paid	Outstanding	Incurred	Recoveries
Medical	\$3,480.24	\$0.00	\$3,480.24	\$0.00
Indemnity	\$5,000.00	\$0.00	\$5,000.00	\$0.00
Expense	\$63.57	\$0.00	\$63.57	\$0.00
Total	\$8,543.81	\$0.00	\$8,543.81	\$0.00

Getting a patient out of the ambulance at Capital Region Hospital. He did not notice his right shoulder was hurting until he got to the hospital

Claim Number: 20212405585

Location 1736 SOUTHRIDGE DR JEFFERSON CITY MO 65101

Jurisdiction State MO **Incident Date** 8/7/2021 **Incident Date/Time** Saturday / 12:30

Report Date 8/9/2021 **Close Date** 11/22/2021 **Claim Status** Closed

Claim Type Medical Only **Claimant**

Lost Workdays Paid 0 **Body Part** Knee

Suit Filed No **Loss Cause** Strain or injury by holding or carrying

Class Code 7705 AMBULANCE SERVICE COMPANIES AND EMS (EMERGENCY MEDICAL SERVICE) PROVIDERS & DRIVERS

	Paid	Outstanding	Incurred	Recoveries
Medical	\$1,126.52	\$0.00	\$1,126.52	\$0.00
Indemnity	\$0.00	\$0.00	\$0.00	\$0.00
Expense	\$22.12	\$0.00	\$22.12	\$0.00
Total	\$1,148.64	\$0.00	\$1,148.64	\$0.00

IW alleges he was picking up a patient for call response and was assisting to lift a very heavy patient and the worker heard his knee pop as they were getting the patient out of the building via steps.

Claim Number: 20212405759

Location	350 E HIGH ST JEFFERSON CITY MO 65101									
Jurisdiction State	MO	Incident Date	8/11/2021	Incident Date/Time	Wednesday / 14:20		Paid	Outstanding	Incurred	Recoveries
Report Date	8/13/2021	Close Date	11/21/2021	Claim Status	Closed	Medical	\$0.00	\$0.00	\$0.00	\$0.00
Claim Type	Medical Only	Claimant				Indemnity	\$0.00	\$0.00	\$0.00	\$0.00
Lost Workdays Paid	0	Body Part	Hand			Expense	\$0.00	\$0.00	\$0.00	\$0.00
Suit Filed	No	Loss Cause	Struck or injured by fellow worker; patient			Total	\$0.00	\$0.00	\$0.00	\$0.00
Class Code	8810	CLERICAL OFFICE EMPLOYEES NOC.								

IW alleges he was attempting to prevent an inmate from trying to hurt herself and she attempted to bite him, and bit his right hand.

Claim Number: 20212405883

Location	311 E HIGH ST JEFFERSON CITY MO 65101									
Jurisdiction State	MO	Incident Date	8/18/2021	Incident Date/Time	Wednesday / 11:42		Paid	Outstanding	Incurred	Recoveries
Report Date	8/18/2021	Close Date	11/21/2021	Claim Status	Closed	Medical	\$0.00	\$0.00	\$0.00	\$0.00
Claim Type	Medical Only	Claimant				Indemnity	\$0.00	\$0.00	\$0.00	\$0.00
Lost Workdays Paid	0	Body Part	No physical injury			Expense	\$21.67	\$0.00	\$21.67	\$0.00
Suit Filed	No	Loss Cause	Pandemic			Total	\$21.67	\$0.00	\$21.67	\$0.00
Class Code	7720	POLICE OFFICERS & DRIVERS								

performed chest compressions on a COVID patient for a period of thirty minutes

Claim Number: 20212405979

Location	311 E HIGH ST JEFFERSON CITY MO 65101									
Jurisdiction State	MO	Incident Date	8/10/2021	Incident Date/Time	Tuesday / 15:10		Paid	Outstanding	Incurred	Recoveries
Report Date	8/20/2021	Close Date	11/10/2021	Claim Status	Closed	Medical	\$77.50	\$0.00	\$77.50	\$0.00
Claim Type	Medical Only	Claimant				Indemnity	\$0.00	\$0.00	\$0.00	\$0.00
Lost Workdays Paid	0	Body Part	Lower back area			Expense	\$0.00	\$0.00	\$0.00	\$0.00
Suit Filed	No	Loss Cause	Strain or injury by miscellaneous			Total	\$77.50	\$0.00	\$77.50	\$0.00
Class Code	8831	HOSPITAL-VETERINARY & DRIVERS								

that he stepped off the truck wrong and is complaining of back pain on 8-10-2021, Back started to hurt on 8-12-2021, ER 8-18-2021 and called us work on 8-20-2021

Claim Number: 20212406566

Location 311 E HIGH ST JEFFERSON CITY MO 65101
Jurisdiction State MO **Incident Date** 9/9/2021 **Incident Date/Time** Thursday / 00:00
Report Date 9/13/2021 **Close Date** 4/12/2022 **Claim Status** Closed
Claim Type Medical Only **Claimant**
Lost Workdays Paid 0 **Body Part** Lower back area
Suit Filed No **Loss Cause** Fall, slip, or trip injury on same level
Class Code 9015 BUILDING OR PROPERTY MANAGEMENT-ALL OTHER EMPLOYEES

	Paid	Outstanding	Incurred	Recoveries
Medical	\$2,078.29	\$0.00	\$2,078.29	\$0.00
Indemnity	\$0.00	\$0.00	\$0.00	\$0.00
Expense	\$38.68	\$0.00	\$38.68	\$0.00
Total	\$2,116.97	\$0.00	\$2,116.97	\$0.00

was walking around the corner and stepped on a mat. The mat slipped under her footing and she fell outside of the program directors door.

Claim Number: 20212406573

Location 311 E HIGH ST JEFFERSON CITY MO 65101
Jurisdiction State MO **Incident Date** 9/13/2021 **Incident Date/Time** Monday / 14:45
Report Date 9/14/2021 **Close Date** 3/17/2023 **Claim Status** Closed
Claim Type Medical Only **Claimant**
Lost Workdays Paid 0 **Body Part** Ankle
Suit Filed Yes **Loss Cause** Fall, slip, or trip injury on same level
Class Code 7720 POLICE OFFICERS & DRIVERS

	Paid	Outstanding	Incurred	Recoveries
Medical	\$212.05	\$0.00	\$212.05	\$0.00
Indemnity	\$0.00	\$0.00	\$0.00	\$0.00
Expense	\$50.15	\$0.00	\$50.15	\$0.00
Total	\$262.20	\$0.00	\$262.20	\$0.00

IW was pushing cart. IW felt dizzy and hit wall. IW Left foot wouldn't move and she fell breaking her Left ankle.

Claim Number: 20212406706

Location 311 E HIGH ST JEFFERSON CITY MO 65101
Jurisdiction State MO **Incident Date** 8/31/2021 **Incident Date/Time** Tuesday / 15:00
Report Date 9/17/2021 **Close Date** 2/7/2022 **Claim Status** Closed
Claim Type Medical Only **Claimant**
Lost Workdays Paid 0 **Body Part** Ankle
Suit Filed No **Loss Cause** Striking against or stepping on stationary object
Class Code 5506 STREET OR ROAD CONSTRUCTION Paving or Repaving & Drivers.

	Paid	Outstanding	Incurred	Recoveries
Medical	\$2,448.09	\$0.00	\$2,448.09	\$0.00
Indemnity	\$0.00	\$0.00	\$0.00	\$0.00
Expense	\$48.23	\$0.00	\$48.23	\$0.00
Total	\$2,496.32	\$0.00	\$2,496.32	\$0.00

IW was stomping on sign post to get it in the ground. IW Foot slipped off fence post driver. Right ankle strained, no fracture, but strain persists.

Claim Number: 20212408134

Location 350 E HIGH ST JEFFERSON CITY MO 65101
Jurisdiction State MO **Incident Date** 9/29/2021 **Incident Date/Time** Wednesday / 14:50
Report Date 11/8/2021 **Close Date** 2/25/2022 **Claim Status** Closed
Claim Type Medical Only **Claimant**
Lost Workdays Paid 0 **Body Part** Finger(s)
Suit Filed No **Loss Cause** Cut, puncture, scrape, injured by miscellaneous
Class Code 7720 POLICE OFFICERS & DRIVERS

	Paid	Outstanding	Incurred	Recoveries
Medical	\$957.72	\$0.00	\$957.72	\$0.00
Indemnity	\$0.00	\$0.00	\$0.00	\$0.00
Expense	\$27.65	\$0.00	\$27.65	\$0.00
Total	\$985.37	\$0.00	\$985.37	\$0.00

IW was transporting a suicidal inmate; the inmate became combative, causing the IW to have to restrain him, during which the inmate bit the IW's left middle finger.

Claim Number: 20212408577

Location 5055 MONTICELLO RD JEFFERSON CITY MO 65101
Jurisdiction State MO **Incident Date** 11/3/2021 **Incident Date/Time** Wednesday / 10:30
Report Date 11/23/2021 **Close Date** 11/24/2021 **Claim Status** Closed
Claim Type Report Only **Claimant**
Lost Workdays Paid 0 **Body Part** Hand
Suit Filed No **Loss Cause** Struck or injured by object being lifted or handled
Class Code 8810 CLERICAL OFFICE EMPLOYEES NOC.

	Paid	Outstanding	Incurred	Recoveries
Medical	\$0.00	\$0.00	\$0.00	\$0.00
Indemnity	\$0.00	\$0.00	\$0.00	\$0.00
Expense	\$0.00	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00	\$0.00

IW alleges he was taking the tarp arm off truck T-263; tarp arm came off with tension on it, striking back of left hand/wrist

Claim Number: 20222400026

Location 5055 MONTICELLO RD JEFFERSON CITY MO 65101
Jurisdiction State MO **Incident Date** 12/22/2021 **Incident Date/Time** Wednesday / 09:00
Report Date 1/3/2022 **Close Date** 3/16/2022 **Claim Status** Closed
Claim Type Medical Only **Claimant**
Lost Workdays Paid 0 **Body Part** Chest
Suit Filed No **Loss Cause** Struck or injured by moving parts of machine
Class Code 9410 MUNICIPAL, TOWNSHIP, COUNTY, OR STATE EMPLOYEE NOC.

	Paid	Outstanding	Incurred	Recoveries
Medical	\$169.68	\$0.00	\$169.68	\$0.00
Indemnity	\$0.00	\$0.00	\$0.00	\$0.00
Expense	\$7.72	\$0.00	\$7.72	\$0.00
Total	\$177.40	\$0.00	\$177.40	\$0.00

IW alleges the tailgate of his truck bed did not latch and struck him in the chest as he was stepping off the curb, resulting in right side chest pains.

Location 311 E HIGH ST JEFFERSON CITY MO 65101
Jurisdiction State MO **Incident Date** 7/1/2021 **Incident Date/Time** Thursday / 12:01
Report Date 4/6/2022 **Close Date** 8/24/2022 **Claim Status** Closed
Claim Type Medical Only **Claimant**
Lost Workdays Paid 0 **Body Part** Hand
Suit Filed No **Loss Cause** Strain or injury by repetitive motion
Class Code 8810 CLERICAL OFFICE EMPLOYEES NOC.

	Paid	Outstanding	Incurred	Recoveries
Medical	\$0.00	\$0.00	\$0.00	\$0.00
Indemnity	\$0.00	\$0.00	\$0.00	\$0.00
Expense	\$1,906.45	\$0.00	\$1,906.45	\$0.00
Total	\$1,906.45	\$0.00	\$1,906.45	\$0.00

Employee reports severe, constant pain in both hands.

Policy Period: 12/31/2021 - 12/31/2022

Claim Number: 20222401203

Location 311 E HIGH ST JEFFERSON CITY MO 65101
Jurisdiction State MO **Incident Date** 1/30/2022 **Incident Date/Time** Sunday / 17:21
Report Date 2/7/2022 **Close Date** 7/7/2022 **Claim Status** Closed
Claim Type Medical Only **Claimant**
Lost Workdays Paid 0 **Body Part** Knee
Suit Filed No **Loss Cause** Fall, slip, or trip injury on stairs
Class Code 7720 POLICE OFFICERS & DRIVERS

	Paid	Outstanding	Incurred	Recoveries
Medical	\$849.56	\$0.00	\$849.56	\$0.00
Indemnity	\$0.00	\$0.00	\$0.00	\$0.00
Expense	\$8.85	\$0.00	\$8.85	\$0.00
Total	\$858.41	\$0.00	\$858.41	\$0.00

was walking down stairs and stumbled down last three stairs, landing on left knee.

Claim Number: 20222401206

Location 311 E HIGH ST JEFFERSON CITY MO 65101
Jurisdiction State MO **Incident Date** 1/28/2022 **Incident Date/Time** Friday / 21:31
Report Date 2/7/2022 **Close Date** **Claim Status** Open
Claim Type Indemnity **Claimant**
Lost Workdays Paid 11 **Body Part** Shoulder(s)
Suit Filed Yes **Loss Cause** Strain or injury by miscellaneous
Class Code 7720 POLICE OFFICERS & DRIVERS

	Paid	Outstanding	Incurred	Recoveries
Medical	\$61,906.29	\$97.71	\$62,004.00	\$0.00
Indemnity	\$1,010.05	\$32,879.04	\$33,889.09	\$0.00
Expense	\$6,163.53	\$0.00	\$6,163.53	\$0.00
Total	\$69,079.87	\$32,976.75	\$102,056.62	\$0.00

While trying to place the suspect in handcuffs, a short struggle ensued and caused pain in right shoulder.

Claim Number: 20222401669

Location 311 E HIGH ST JEFFERSON CITY MO 65101
Jurisdiction State MO **Incident Date** 2/15/2022 **Incident Date/Time** Tuesday / 16:49
Report Date 2/22/2022 **Close Date** 6/23/2022 **Claim Status** Closed
Claim Type Medical Only **Claimant**
Lost Workdays Paid 0 **Body Part** Knee
Suit Filed No **Loss Cause** Collision or sideswipe with another vehicle
Class Code 7720 POLICE OFFICERS & DRIVERS

	Paid	Outstanding	Incurred	Recoveries
Medical	\$18.37	\$0.00	\$18.37	\$362.30
Indemnity	\$0.00	\$0.00	\$0.00	\$0.00
Expense	\$18.86	\$0.00	\$18.86	\$0.00
Total	\$37.23	\$0.00	\$37.23	\$362.30

was responding to an emergency with lights and sirens. Another vehicle pulled into the path of his vehicle.

Claim Number: 20222401753

Location 311 E HIGH ST JEFFERSON CITY MO 65101
Jurisdiction State MO **Incident Date** 2/17/2022 **Incident Date/Time** Thursday / 12:01
Report Date 2/25/2022 **Close Date** 2/25/2022 **Claim Status** Closed
Claim Type Report Only **Claimant**
Lost Workdays Paid 0 **Body Part** Sacrum and coccyx
Suit Filed No **Loss Cause** Fall, slip, or trip injury from different level (elevation)
Class Code 5506 STREET OR ROAD CONSTRUCTION Paving or Repaving & Drivers.
 Employee alleges he fell while getting out of the truck because the running board was slick and wet from snow/ice

	Paid	Outstanding	Incurred	Recoveries
Medical	\$0.00	\$0.00	\$0.00	\$0.00
Indemnity	\$0.00	\$0.00	\$0.00	\$0.00
Expense	\$0.00	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00	\$0.00

Claim Number: 20222402656

Location 311 E HIGH ST JEFFERSON CITY MO 65101
Jurisdiction State MO **Incident Date** 3/31/2022 **Incident Date/Time** Thursday / 10:00
Report Date 4/1/2022 **Close Date** 4/1/2022 **Claim Status** Closed
Claim Type Report Only **Claimant**
Lost Workdays Paid 0 **Body Part** Body systems (with no external injury)
Suit Filed No **Loss Cause** Miscellaneous - other than physical cause of injury
Class Code 9015 BUILDING OR PROPERTY MANAGEMENT-ALL OTHER EMPLOYEES
 IW alleges he suffered a medical emergency and collapsed in the hallway with low blood pressure

	Paid	Outstanding	Incurred	Recoveries
Medical	\$0.00	\$0.00	\$0.00	\$0.00
Indemnity	\$0.00	\$0.00	\$0.00	\$0.00
Expense	\$0.00	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00	\$0.00

Claim Number: 20222403076

Location 311 E HIGH ST JEFFERSON CITY MO 65101
Jurisdiction State MO **Incident Date** 4/15/2022 **Incident Date/Time** Friday / 15:48
Report Date 4/15/2022 **Close Date** 4/18/2022 **Claim Status** Closed
Claim Type Report Only **Claimant**
Lost Workdays Paid 0 **Body Part** Soft Tissue (head and face)
Suit Filed No **Loss Cause** Fall, slip, or trip injury on same level
Class Code 7720 POLICE OFFICERS & DRIVERS
 were investigating a C and I Driver complaint the driver exited and began running from the vehicle. lot.

	Paid	Outstanding	Incurred	Recoveries
Medical	\$0.00	\$0.00	\$0.00	\$0.00
Indemnity	\$0.00	\$0.00	\$0.00	\$0.00
Expense	\$0.00	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00	\$0.00

pursued him on foot and tripped over a car part and fell onto the gravel lot.

Claim Number: 20222403095

Location 311 E HIGH ST JEFFERSON CITY MO 65101
Jurisdiction State MO **Incident Date** 4/17/2022 **Incident Date/Time** Sunday / 21:45
Report Date 4/18/2022 **Close Date** 3/25/2024 **Claim Status** Closed
Claim Type Indemnity **Claimant**
Lost Workdays Paid 0 **Body Part** Lower back area
Suit Filed Yes **Loss Cause** Strain or injury by lifting
Class Code 7705 AMBULANCE SERVICE COMPANIES AND EMS (EMERGENCY MEDICAL SERVICE) PROVIDERS & DRIVERS

	Paid	Outstanding	Incurred	Recoveries
Medical	\$5,135.68	\$0.00	\$5,135.68	\$0.00
Indemnity	\$34,012.80	\$0.00	\$34,012.80	\$0.00
Expense	\$342.22	\$0.00	\$342.22	\$0.00
Total	\$39,490.70	\$0.00	\$39,490.70	\$0.00

Lifting patient on gurney

Claim Number: 20222403109

Location 311 E HIGH ST JEFFERSON CITY MO 65101
Jurisdiction State MO **Incident Date** 4/18/2022 **Incident Date/Time** Monday / 06:14
Report Date 4/18/2022 **Close Date** 7/25/2022 **Claim Status** Closed
Claim Type Medical Only **Claimant**
Lost Workdays Paid 0 **Body Part** Hand
Suit Filed No **Loss Cause** Motor vehicle, miscellaneous
Class Code 7720 POLICE OFFICERS & DRIVERS

	Paid	Outstanding	Incurred	Recoveries
Medical	\$1,462.13	\$0.00	\$1,462.13	\$0.00
Indemnity	\$0.00	\$0.00	\$0.00	\$0.00
Expense	\$40.30	\$0.00	\$40.30	\$0.00
Total	\$1,502.43	\$0.00	\$1,502.43	\$0.00

Injured worker struck a deer while responding to a call and the airbag deployed, injuring his right hand

Claim Number: 20222403143

Location 311 E HIGH ST JEFFERSON CITY MO 65101
Jurisdiction State MO **Incident Date** 4/18/2022 **Incident Date/Time** Monday / 12:53
Report Date 4/19/2022 **Close Date** 4/20/2022 **Claim Status** Closed
Claim Type Report Only **Claimant**
Lost Workdays Paid 0 **Body Part** Ankle
Suit Filed No **Loss Cause** Fall, slip, or trip injury on same level
Class Code 7720 POLICE OFFICERS & DRIVERS

	Paid	Outstanding	Incurred	Recoveries
Medical	\$0.00	\$0.00	\$0.00	\$0.00
Indemnity	\$0.00	\$0.00	\$0.00	\$0.00
Expense	\$0.00	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00	\$0.00

Per IW, she slid on loose gravel and caught herself before falling, causing a twisted ankle

Claim Number: 20222403286

Location 311 E HIGH ST JEFFERSON CITY MO 65101
Jurisdiction State MO **Incident Date** 4/22/2022 **Incident Date/Time** Friday / 15:00
Report Date 4/25/2022 **Close Date** 11/14/2022 **Claim Status** Closed
Claim Type Medical Only **Claimant**
Lost Workdays Paid 0 **Body Part** Soft Tissue (head and face)
Suit Filed No **Loss Cause** Struck or injured by fellow worker; patient
Class Code 7720 POLICE OFFICERS & DRIVERS

	Paid	Outstanding	Incurred	Recoveries
Medical	\$887.06	\$0.00	\$887.06	\$0.00
Indemnity	\$0.00	\$0.00	\$0.00	\$0.00
Expense	\$34.96	\$0.00	\$34.96	\$0.00
Total	\$922.02	\$0.00	\$922.02	\$0.00

IW was trying to take a person into custody and he became combative and struck the IW in the head

Claim Number: 20222403313

Location 311 E HIGH ST JEFFERSON CITY MO 65101
Jurisdiction State MO **Incident Date** 4/22/2022 **Incident Date/Time** Friday / 15:00
Report Date 4/26/2022 **Close Date** 10/28/2022 **Claim Status** Closed
Claim Type Indemnity **Claimant**
Lost Workdays Paid 0 **Body Part** Finger(s)
Suit Filed Yes **Loss Cause** Struck or injured by fellow worker; patient
Class Code 7720 POLICE OFFICERS & DRIVERS

	Paid	Outstanding	Incurred	Recoveries
Medical	\$5,294.07	\$0.00	\$5,294.07	\$0.00
Indemnity	\$4,200.00	\$0.00	\$4,200.00	\$0.00
Expense	\$248.53	\$0.00	\$248.53	\$0.00
Total	\$9,742.60	\$0.00	\$9,742.60	\$0.00

IW was assisting with taking a detainee into custody and he resisted, resulting in the injury to IW's right small finger

Claim Number: 20222404182

Location 1736 SOUTHRIDGE DR JEFFERSON CITY MO 65101
Jurisdiction State MO **Incident Date** 5/20/2022 **Incident Date/Time** Friday / 17:30
Report Date 5/26/2022 **Close Date** 8/19/2022 **Claim Status** Closed
Claim Type Medical Only **Claimant**
Lost Workdays Paid 0 **Body Part** Shoulder(s)
Suit Filed No **Loss Cause** Strain or injury by lifting
Class Code 7705 AMBULANCE SERVICE COMPANIES AND EMS (EMERGENCY MEDICAL SERVICE) PROVIDERS & DRIVERS

	Paid	Outstanding	Incurred	Recoveries
Medical	\$1,417.16	\$0.00	\$1,417.16	\$0.00
Indemnity	\$0.00	\$0.00	\$0.00	\$0.00
Expense	\$49.21	\$0.00	\$49.21	\$0.00
Total	\$1,466.37	\$0.00	\$1,466.37	\$0.00

IW alleges he was lifting a very heavy patient onto the gurney with assistance from the fire department and injured his left shoulder.

Claim Number: 20222404492

Location 311 E HIGH ST JEFFERSON CITY MO 65101
Jurisdiction State MO **Incident Date** 6/6/2022 **Incident Date/Time** Monday / 10:00
Report Date 6/7/2022 **Close Date** 7/24/2022 **Claim Status** Closed
Claim Type Medical Only **Claimant**
Lost Workdays Paid 0 **Body Part** Upper arm
Suit Filed No **Loss Cause** Fall, slip, or trip injury from liquid or grease spills
Class Code 7720 POLICE OFFICERS & DRIVERS

	Paid	Outstanding	Incurred	Recoveries
Medical	\$223.78	\$0.00	\$223.78	\$0.00
Indemnity	\$0.00	\$0.00	\$0.00	\$0.00
Expense	\$19.59	\$0.00	\$19.59	\$0.00
Total	\$243.37	\$0.00	\$243.37	\$0.00

IW was moving chairs off off a trailer which was slickened by rain. IW slipped & fell

Claim Number: 20222405405

Location 1736 SOUTHRIDGE DR JEFFERSON CITY MO 65101
Jurisdiction State MO **Incident Date** 7/7/2022 **Incident Date/Time** Thursday / 15:00
Report Date 7/13/2022 **Close Date** 10/5/2022 **Claim Status** Closed
Claim Type Medical Only **Claimant**
Lost Workdays Paid 0 **Body Part** Finger(s)
Suit Filed No **Loss Cause** Caught in, under, or between object handled
Class Code 7705 AMBULANCE SERVICE COMPANIES AND EMS (EMERGENCY MEDICAL SERVICE) PROVIDERS & DRIVERS

	Paid	Outstanding	Incurred	Recoveries
Medical	\$1,246.62	\$0.00	\$1,246.62	\$0.00
Indemnity	\$0.00	\$0.00	\$0.00	\$0.00
Expense	\$31.92	\$0.00	\$31.92	\$0.00
Total	\$1,278.54	\$0.00	\$1,278.54	\$0.00

IW was assisting the transport of a patient; transferring patient to ER bed and got finger caught under combo board

Claim Number: 20222405406

Location 1736 SOUTHRIDGE DR JEFFERSON CITY MO 65101
Jurisdiction State MO **Incident Date** 7/7/2022 **Incident Date/Time** Thursday / 14:30
Report Date 7/13/2022 **Close Date** 8/31/2022 **Claim Status** Closed
Claim Type Medical Only **Claimant**
Lost Workdays Paid 0 **Body Part** Multiple body parts
Suit Filed No **Loss Cause** Contact with hot objects or substances
Class Code 7705 AMBULANCE SERVICE COMPANIES AND EMS (EMERGENCY MEDICAL SERVICE) PROVIDERS & DRIVERS

	Paid	Outstanding	Incurred	Recoveries
Medical	\$1,611.97	\$0.00	\$1,611.97	\$0.00
Indemnity	\$0.00	\$0.00	\$0.00	\$0.00
Expense	\$234.72	\$0.00	\$234.72	\$0.00
Total	\$1,846.69	\$0.00	\$1,846.69	\$0.00

IW was working in the ambulance bay and began to have tunnel vision; sat down and passed out.

Claim Number: 20222405425

Location 311 E HIGH ST JEFFERSON CITY MO 65101
Jurisdiction State MO **Incident Date** 7/8/2022 **Incident Date/Time** Friday / 15:00
Report Date 7/13/2022 **Close Date** 6/28/2024 **Claim Status** Closed
Claim Type Indemnity **Claimant**
Lost Workdays Paid 0 **Body Part** Lower back area
Suit Filed Yes **Loss Cause** Fall, slip, or trip injury on same level
Class Code 7720 POLICE OFFICERS & DRIVERS

	Paid	Outstanding	Incurred	Recoveries
Medical	\$8,134.24	\$0.00	\$8,134.24	\$0.00
Indemnity	\$30,385.50	\$0.00	\$30,385.50	\$0.00
Expense	\$556.15	\$0.00	\$556.15	\$0.00
Total	\$39,075.89	\$0.00	\$39,075.89	\$0.00

IW was stepping over a log (in the course of tracking a suspect) and fell.

Claim Number: 20222405893

Location 1736 SOUTHRIDGE DR JEFFERSON CITY MO 65101
Jurisdiction State MO **Incident Date** 7/2/2022 **Incident Date/Time** Saturday / 15:15
Report Date 8/1/2022 **Close Date** 9/6/2022 **Claim Status** Closed
Claim Type Medical Only **Claimant**
Lost Workdays Paid 0 **Body Part** Finger(s)
Suit Filed No **Loss Cause** Caught in, under, or between object handled
Class Code 7705 AMBULANCE SERVICE COMPANIES AND EMS (EMERGENCY MEDICAL SERVICE) PROVIDERS & DRIVERS

	Paid	Outstanding	Incurred	Recoveries
Medical	\$1,325.41	\$0.00	\$1,325.41	\$0.00
Indemnity	\$0.00	\$0.00	\$0.00	\$0.00
Expense	\$74.62	\$0.00	\$74.62	\$0.00
Total	\$1,400.03	\$0.00	\$1,400.03	\$0.00

Employee was removing a stretcher from ambulance

Claim Number: 20222406163

Location 5055 MONTICELLO RD JEFFERSON CITY MO 65101
Jurisdiction State MO **Incident Date** 8/9/2022 **Incident Date/Time** Tuesday / 10:30
Report Date 8/10/2022 **Close Date** 8/17/2022 **Claim Status** Closed
Claim Type Medical Only **Claimant**
Lost Workdays Paid 0 **Body Part** Lower back area
Suit Filed No **Loss Cause** Fall, slip, or trip injury, miscellaneous
Class Code 5506 STREET OR ROAD CONSTRUCTION Paving or Repaving & Drivers.

	Paid	Outstanding	Incurred	Recoveries
Medical	\$733.65	\$0.00	\$733.65	\$0.00
Indemnity	\$0.00	\$0.00	\$0.00	\$0.00
Expense	\$24.66	\$0.00	\$24.66	\$0.00
Total	\$758.31	\$0.00	\$758.31	\$0.00

IW was helping clear debris from river crossing; tree was picked up by backhoe and the tree struck the IW, causing him to fall

Claim Number: 20222406394

Location 350 E HIGH ST JEFFERSON CITY MO 65101
Jurisdiction State MO **Incident Date** 8/17/2022 **Incident Date/Time** Wednesday / 03:00
Report Date 8/18/2022 **Close Date** 2/17/2023 **Claim Status** Closed
Claim Type Medical Only **Claimant**
Lost Workdays Paid 0 **Body Part** Sacrum and coccyx
Suit Filed No **Loss Cause** Fall, slip, or trip injury on same level
Class Code 7720 POLICE OFFICERS & DRIVERS

	Paid	Outstanding	Incurred	Recoveries
Medical	\$1,705.07	\$0.00	\$1,705.07	\$0.00
Indemnity	\$0.00	\$0.00	\$0.00	\$0.00
Expense	\$298.51	\$0.00	\$298.51	\$0.00
Total	\$2,003.58	\$0.00	\$2,003.58	\$0.00

IW fainted and his head and coccyx struck hard surfaces

Claim Number: 20222406859

Location 1736 SOUTHRIDGE DR JEFFERSON CITY MO 65101
Jurisdiction State MO **Incident Date** 9/2/2022 **Incident Date/Time** Friday / 08:45
Report Date 9/6/2022 **Close Date** 10/4/2022 **Claim Status** Closed
Claim Type Medical Only **Claimant**
Lost Workdays Paid 0 **Body Part** Lower back area
Suit Filed No **Loss Cause** Fall, slip, or trip injury, miscellaneous
Class Code 7705 AMBULANCE SERVICE COMPANIES AND EMS (EMERGENCY MEDICAL SERVICE) PROVIDERS & DRIVERS

	Paid	Outstanding	Incurred	Recoveries
Medical	\$1,511.47	\$0.00	\$1,511.47	\$0.00
Indemnity	\$0.00	\$0.00	\$0.00	\$0.00
Expense	\$183.55	\$0.00	\$183.55	\$0.00
Total	\$1,695.02	\$0.00	\$1,695.02	\$0.00

IW was helping load a patient into the ambulance, lost her footing and fell from the back of the ambulance to the ground

Claim Number: 20222406996

Location 1736 SOUTHRIDGE DR JEFFERSON CITY MO 65101
Jurisdiction State MO **Incident Date** 8/18/2022 **Incident Date/Time** Thursday / 21:00
Report Date 9/12/2022 **Close Date** 12/12/2022 **Claim Status** Closed
Claim Type Medical Only **Claimant**
Lost Workdays Paid 0 **Body Part** Multiple body parts
Suit Filed No **Loss Cause** Struck or injured by animal or insect
Class Code 7705 AMBULANCE SERVICE COMPANIES AND EMS (EMERGENCY MEDICAL SERVICE) PROVIDERS & DRIVERS

	Paid	Outstanding	Incurred	Recoveries
Medical	\$1,429.85	\$0.00	\$1,429.85	\$0.00
Indemnity	\$0.00	\$0.00	\$0.00	\$0.00
Expense	\$11.03	\$0.00	\$11.03	\$0.00
Total	\$1,440.88	\$0.00	\$1,440.88	\$0.00

IW was working an emergency call when he was stung by sweat bees

Claim Number: 20222407337

Location 1736 SOUTHRIDGE DR JEFFERSON CITY MO 65101

Jurisdiction State MO **Incident Date** 9/21/2022 **Incident Date/Time** Wednesday / 12:45

Report Date 9/22/2022 **Close Date** 12/7/2022 **Claim Status** Closed

Claim Type Medical Only **Claimant**

Lost Workdays Paid 0 **Body Part** Upper arm

Suit Filed No **Loss Cause** Struck or injured by animal or insect

Class Code 7705 AMBULANCE SERVICE COMPANIES AND EMS (EMERGENCY MEDICAL SERVICE) PROVIDERS & DRIVERS

	Paid	Outstanding	Incurred	Recoveries
Medical	\$290.60	\$0.00	\$290.60	\$0.00
Indemnity	\$0.00	\$0.00	\$0.00	\$0.00
Expense	\$5.78	\$0.00	\$5.78	\$0.00
Total	\$296.38	\$0.00	\$296.38	\$0.00

IW was attending to an emergency patient when she was stung by a flying insect

Claim Number: 20222407456

Location 311 E HIGH ST JEFFERSON CITY MO 65101

Jurisdiction State MO **Incident Date** 9/22/2022 **Incident Date/Time** Thursday / 10:15

Report Date 9/27/2022 **Close Date** 8/28/2023 **Claim Status** Closed

Claim Type Medical Only **Claimant**

Lost Workdays Paid 0 **Body Part** Shoulder(s)

Suit Filed No **Loss Cause** Struck or injured by fellow worker; patient

Class Code 8820 ATTORNEY-ALL EMPLOYEES & CLERICAL, MESSENGERS, DRIVERS.

	Paid	Outstanding	Incurred	Recoveries
Medical	\$2,980.77	\$0.00	\$2,980.77	\$0.00
Indemnity	\$0.00	\$0.00	\$0.00	\$0.00
Expense	\$117.62	\$0.00	\$117.62	\$0.00
Total	\$3,098.39	\$0.00	\$3,098.39	\$0.00

IW had an altercation with an inmate.

Claim Number: 20222407649

Location 350 E HIGH ST JEFFERSON CITY MO 65101

Jurisdiction State MO **Incident Date** 10/1/2022 **Incident Date/Time** Saturday / 17:00

Report Date 10/3/2022 **Close Date** 3/4/2023 **Claim Status** Closed

Claim Type Medical Only **Claimant**

Lost Workdays Paid 0 **Body Part** Soft Tissue (head and face)

Suit Filed No **Loss Cause** Foreign matter (body) in eye(s)

Class Code 7720 POLICE OFFICERS & DRIVERS

	Paid	Outstanding	Incurred	Recoveries
Medical	\$205.84	\$0.00	\$205.84	\$0.00
Indemnity	\$0.00	\$0.00	\$0.00	\$0.00
Expense	\$7.51	\$0.00	\$7.51	\$0.00
Total	\$213.35	\$0.00	\$213.35	\$0.00

IW was doing jail counts when an inmate through an unidentified liquid in her face

Claim Number: 20222407929

Location 350 E HIGH ST JEFFERSON CITY MO 65101
Jurisdiction State MO **Incident Date** 10/10/2022 **Incident Date/Time** Monday / 12:01
Report Date 10/13/2022 **Close Date** 12/27/2022 **Claim Status** Closed
Claim Type Medical Only **Claimant**
Lost Workdays Paid 0 **Body Part** Lower leg
Suit Filed No **Loss Cause** Struck or injured by animal or insect
Class Code 7720 POLICE OFFICERS & DRIVERS

	Paid	Outstanding	Incurred	Recoveries
Medical	\$914.28	\$0.00	\$914.28	\$0.00
Indemnity	\$0.00	\$0.00	\$0.00	\$0.00
Expense	\$39.24	\$0.00	\$39.24	\$0.00
Total	\$953.52	\$0.00	\$953.52	\$0.00

IW was placing a subject under arrest when he was bitten by a dog

Claim Number: 20222407932

Location 311 E HIGH ST JEFFERSON CITY MO 65101
Jurisdiction State MO **Incident Date** 10/6/2022 **Incident Date/Time** Thursday / 13:30
Report Date 10/13/2022 **Close Date** 1/6/2023 **Claim Status** Closed
Claim Type Medical Only **Claimant**
Lost Workdays Paid 0 **Body Part** Elbow
Suit Filed No **Loss Cause** Fall, slip, or trip injury on stairs
Class Code 9410 MUNICIPAL, TOWNSHIP, COUNTY, OR STATE EMPLOYEE NOC.

	Paid	Outstanding	Incurred	Recoveries
Medical	\$1,682.95	\$0.00	\$1,682.95	\$0.00
Indemnity	\$0.00	\$0.00	\$0.00	\$0.00
Expense	\$76.29	\$0.00	\$76.29	\$0.00
Total	\$1,759.24	\$0.00	\$1,759.24	\$0.00

IW stepped from emergency vehicle, missed step and fell to concrete below

Claim Number: 20222409093

Location 311 E HIGH ST JEFFERSON CITY MO 65101
Jurisdiction State MO **Incident Date** 11/30/2022 **Incident Date/Time** Wednesday / 10:30
Report Date 11/30/2022 **Close Date** 1/25/2023 **Claim Status** Closed
Claim Type Medical Only **Claimant**
Lost Workdays Paid 0 **Body Part** Knee
Suit Filed No **Loss Cause** Strain or injury by miscellaneous
Class Code 9410 MUNICIPAL, TOWNSHIP, COUNTY, OR STATE EMPLOYEE NOC.

	Paid	Outstanding	Incurred	Recoveries
Medical	\$0.00	\$0.00	\$0.00	\$0.00
Indemnity	\$0.00	\$0.00	\$0.00	\$0.00
Expense	\$0.00	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00	\$0.00

IW exited Judge's office & turned a corner; felt a pop on the inside of left knee.

Claim Number: 20222409741

Location 1736 SOUTHRIDGE DR JEFFERSON CITY MO 65101

Jurisdiction State MO **Incident Date** 12/23/2022 **Incident Date/Time** Friday / 09:30

Report Date 12/27/2022 **Close Date** 8/23/2023 **Claim Status** Closed

Claim Type Medical Only **Claimant**

Lost Workdays Paid 0 **Body Part** Finger(s)

Suit Filed No **Loss Cause** Cut, puncture, scrape, injured by hand tool, utensil; not powered

Class Code 7705 AMBULANCE SERVICE COMPANIES AND EMS (EMERGENCY MEDICAL SERVICE) PROVIDERS & DRIVERS

	Paid	Outstanding	Incurred	Recoveries
Medical	\$7,310.17	\$0.00	\$7,310.17	\$0.00
Indemnity	\$0.00	\$0.00	\$0.00	\$0.00
Expense	\$207.22	\$0.00	\$207.22	\$0.00
Total	\$7,517.39	\$0.00	\$7,517.39	\$0.00

Sharps container had come open in EMT gear bag. Reached in bag and was stuck with used needle of unknown donor

Claim Number: 20222409742

Location 1736 SOUTHRIDGE DR JEFFERSON CITY MO 65101

Jurisdiction State MO **Incident Date** 12/22/2022 **Incident Date/Time** Thursday / 20:00

Report Date 12/27/2022 **Close Date** 2/24/2023 **Claim Status** Closed

Claim Type Medical Only **Claimant**

Lost Workdays Paid 0 **Body Part** Soft Tissue (head and face)

Suit Filed No **Loss Cause** Absorption, ingestion, or inhalation, miscellaneous

Class Code 7705 AMBULANCE SERVICE COMPANIES AND EMS (EMERGENCY MEDICAL SERVICE) PROVIDERS & DRIVERS

	Paid	Outstanding	Incurred	Recoveries
Medical	\$1,768.42	\$0.00	\$1,768.42	\$0.00
Indemnity	\$0.00	\$0.00	\$0.00	\$0.00
Expense	\$71.51	\$0.00	\$71.51	\$0.00
Total	\$1,839.93	\$0.00	\$1,839.93	\$0.00

IW was working on a cardiac patient and mucus/secretions splattered IW's face

Policy Period: 12/31/2022 - 12/31/2023

Claim Number: 20232400174

Location 1736 SOUTHRIDGE DR JEFFERSON CITY MO 65101
Jurisdiction State MO **Incident Date** 1/6/2023 **Incident Date/Time** Friday / 09:30
Report Date 1/6/2023 **Close Date** 3/8/2023 **Claim Status** Closed
Claim Type Indemnity **Claimant**
Lost Workdays Paid 3 **Body Part** Lower back area
Suit Filed No **Loss Cause** Strain or injury by miscellaneous
Class Code 7705 AMBULANCE SERVICE COMPANIES AND EMS (EMERGENCY MEDICAL SERVICE) PROVIDERS & DRIVERS

	Paid	Outstanding	Incurred	Recoveries
Medical	\$175.41	\$0.00	\$175.41	\$0.00
Indemnity	\$235.35	\$0.00	\$235.35	\$0.00
Expense	\$7.31	\$0.00	\$7.31	\$0.00
Total	\$418.07	\$0.00	\$418.07	\$0.00

IW reports that her back has been hurting for approx one week and she felt pain after running a medical call this A.M.

Claim Number: 20232400441

Location 311 E HIGH ST JEFFERSON CITY MO 65101
Jurisdiction State MO **Incident Date** 1/10/2023 **Incident Date/Time** Tuesday / 08:50
Report Date 1/18/2023 **Close Date** 4/3/2024 **Claim Status** Closed
Claim Type Indemnity **Claimant**
Lost Workdays Paid 0 **Body Part** Lower arm
Suit Filed No **Loss Cause** Struck or injured by fellow worker; patient
Class Code 7720 POLICE OFFICERS & DRIVERS

	Paid	Outstanding	Incurred	Recoveries
Medical	\$773.12	\$0.00	\$773.12	\$0.00
Indemnity	\$2,658.73	\$0.00	\$2,658.73	\$0.00
Expense	\$33.11	\$0.00	\$33.11	\$0.00
Total	\$3,464.96	\$0.00	\$3,464.96	\$0.00

IW was bitten and spat on by inmate he was transporting to court

Claim Number: 20232400450

Location 1736 SOUTHRIDGE DR JEFFERSON CITY MO 65101
Jurisdiction State MO **Incident Date** 1/14/2023 **Incident Date/Time** Saturday / 12:01
Report Date 1/18/2023 **Close Date** 3/5/2023 **Claim Status** Closed
Claim Type Medical Only **Claimant**
Lost Workdays Paid 0 **Body Part** Soft Tissue (neck area)
Suit Filed No **Loss Cause** Strain or injury by lifting
Class Code 7705 AMBULANCE SERVICE COMPANIES AND EMS (EMERGENCY MEDICAL SERVICE) PROVIDERS & DRIVERS

	Paid	Outstanding	Incurred	Recoveries
Medical	\$852.78	\$0.00	\$852.78	\$0.00
Indemnity	\$0.00	\$0.00	\$0.00	\$0.00
Expense	\$32.93	\$0.00	\$32.93	\$0.00
Total	\$885.71	\$0.00	\$885.71	\$0.00

Lifted a loaded gurney into ambulance and strained upper back and neck

Claim Number: 20232400807

Location 350 E HIGH ST JEFFERSON CITY MO 65101
Jurisdiction State MO **Incident Date** 2/2/2023 **Incident Date/Time** Thursday / 01:34
Report Date 2/2/2023 **Close Date** **Claim Status** Open
Claim Type Indemnity **Claimant**
Lost Workdays Paid 15 **Body Part** Knee
Suit Filed Yes **Loss Cause** Strain or injury by jumping
Class Code 7720 POLICE OFFICERS & DRIVERS

	Paid	Outstanding	Incurred	Recoveries
Medical	\$68,467.86	\$10,000.00	\$78,467.86	\$5,244.40
Indemnity	\$1,363.77	\$34,031.76	\$35,395.53	\$0.00
Expense	\$3,874.41	\$0.00	\$3,874.41	\$33.60
Total	\$73,706.04	\$44,031.76	\$117,737.80	\$5,278.00

IW was pursuing a suspect, jumped a fence and heard a pop in knee

Claim Number: 20232400927

Location 311 E HIGH ST JEFFERSON CITY MO 65101
Jurisdiction State MO **Incident Date** 2/6/2023 **Incident Date/Time** Monday / 10:15
Report Date 2/6/2023 **Close Date** 7/31/2023 **Claim Status** Closed
Claim Type Indemnity **Claimant**
Lost Workdays Paid 30 **Body Part** Knee
Suit Filed No **Loss Cause** Fall, slip, or trip injury from ladder or scaffolding
Class Code 9015 BUILDING OR PROPERTY MANAGEMENT-ALL OTHER EMPLOYEES

	Paid	Outstanding	Incurred	Recoveries
Medical	\$3,574.73	\$0.00	\$3,574.73	\$0.00
Indemnity	\$6,865.73	\$0.00	\$6,865.73	\$0.00
Expense	\$65.74	\$0.00	\$65.74	\$0.00
Total	\$10,506.20	\$0.00	\$10,506.20	\$0.00

The IW was on a ladder when she missed a step coming down and fell.

Claim Number: 20232400956

Location 5055 MONTICELLO RD JEFFERSON CITY MO 65101
Jurisdiction State MO **Incident Date** 2/7/2023 **Incident Date/Time** Tuesday / 11:30
Report Date 2/7/2023 **Close Date** 4/19/2023 **Claim Status** Closed
Claim Type Medical Only **Claimant**
Lost Workdays Paid 0 **Body Part** Lower leg
Suit Filed No **Loss Cause** Strain or injury by miscellaneous
Class Code 9410 MUNICIPAL, TOWNSHIP, COUNTY, OR STATE EMPLOYEE NOC.

	Paid	Outstanding	Incurred	Recoveries
Medical	\$34.05	\$0.00	\$34.05	\$0.00
Indemnity	\$0.00	\$0.00	\$0.00	\$0.00
Expense	\$0.00	\$0.00	\$0.00	\$0.00
Total	\$34.05	\$0.00	\$34.05	\$0.00

IW was squatting down on the floor to work on break room soda machine

Claim Number: 20232401644

Location 321 MANILA STREET JEFFERSON CITY MO 65101
Jurisdiction State MO **Incident Date** 2/28/2023 **Incident Date/Time** Tuesday / 11:15
Report Date 3/3/2023 **Close Date** 3/6/2023 **Claim Status** Closed
Claim Type Report Only **Claimant**
Lost Workdays Paid 0 **Body Part** Ankle
Suit Filed No **Loss Cause** Struck or injured by animal or insect
Class Code 9410 MUNICIPAL, TOWNSHIP, COUNTY, OR STATE EMPLOYEE NOC.

	Paid	Outstanding	Incurred	Recoveries
Medical	\$0.00	\$0.00	\$0.00	\$0.00
Indemnity	\$0.00	\$0.00	\$0.00	\$0.00
Expense	\$0.00	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00	\$0.00

IW was at a residence for the purposes of tax assessment when she was bitten by a dog. City followed up and stated that the dog had all of it's shots, and quarantined the dog.

Claim Number: 20232402110

Location 1736 SOUTHRIDGE DR JEFFERSON CITY MO 65101
Jurisdiction State MO **Incident Date** 3/16/2023 **Incident Date/Time** Thursday / 07:33
Report Date 3/21/2023 **Close Date** 5/17/2023 **Claim Status** Closed
Claim Type Medical Only **Claimant**
Lost Workdays Paid 0 **Body Part** Lower back area
Suit Filed No **Loss Cause** Strain or injury by holding or carrying
Class Code 7705 AMBULANCE SERVICE COMPANIES AND EMS (EMERGENCY MEDICAL SERVICE) PROVIDERS & DRIVERS

	Paid	Outstanding	Incurred	Recoveries
Medical	\$1,869.85	\$0.00	\$1,869.85	\$0.00
Indemnity	\$0.00	\$0.00	\$0.00	\$0.00
Expense	\$191.28	\$0.00	\$191.28	\$0.00
Total	\$2,061.13	\$0.00	\$2,061.13	\$0.00

IW was assisting with moving a patient up a flight of stairs

Claim Number: 20232403336

Location 1736 SOUTHRIDGE DR JEFFERSON CITY MO 65101
Jurisdiction State MO **Incident Date** 4/21/2023 **Incident Date/Time** Friday / 21:00
Report Date 5/8/2023 **Close Date** 11/29/2023 **Claim Status** Closed
Claim Type Medical Only **Claimant**
Lost Workdays Paid 0 **Body Part** Multiple body parts
Suit Filed No **Loss Cause** Absorption, ingestion, or inhalation, miscellaneous
Class Code 7705 AMBULANCE SERVICE COMPANIES AND EMS (EMERGENCY MEDICAL SERVICE) PROVIDERS & DRIVERS

	Paid	Outstanding	Incurred	Recoveries
Medical	\$1,216.69	\$0.00	\$1,216.69	\$0.00
Indemnity	\$0.00	\$0.00	\$0.00	\$0.00
Expense	\$67.58	\$0.00	\$67.58	\$0.00
Total	\$1,284.27	\$0.00	\$1,284.27	\$0.00

Sprayed with blood on an EMS call

Claim Number: 20232404190

Location 1736 SOUTHRIDGE DR JEFFERSON CITY MO 65101

Jurisdiction State MO **Incident Date** 6/7/2023 **Incident Date/Time** Wednesday / 12:15

Report Date 6/7/2023 **Close Date** 7/26/2023 **Claim Status** Closed

Claim Type Indemnity **Claimant**

Lost Workdays Paid 19 **Body Part** Knee

Suit Filed No **Loss Cause** Struck or injured by falling or flying object

Class Code 7705 AMBULANCE SERVICE COMPANIES AND EMS (EMERGENCY MEDICAL SERVICE) PROVIDERS & DRIVERS

	Paid	Outstanding	Incurred	Recoveries
Medical	\$734.91	\$0.00	\$734.91	\$0.00
Indemnity	\$1,572.82	\$0.00	\$1,572.82	\$0.00
Expense	\$24.76	\$0.00	\$24.76	\$0.00
Total	\$2,332.49	\$0.00	\$2,332.49	\$0.00

IW was lifting stretcher up steps when their ankle twisted causing them to fall to right side. Stretcher fell on top of rt knee and rt ankle

Claim Number: 20232404414

Location 350 E HIGH ST JEFFERSON CITY MO 65101

Jurisdiction State MO **Incident Date** 6/14/2023 **Incident Date/Time** Wednesday / 17:13

Report Date 6/15/2023 **Close Date** 8/28/2023 **Claim Status** Closed

Claim Type Medical Only **Claimant**

Lost Workdays Paid 0 **Body Part** Ankle

Suit Filed No **Loss Cause** Fall, slip, or trip injury on stairs

Class Code 7720 POLICE OFFICERS & DRIVERS

	Paid	Outstanding	Incurred	Recoveries
Medical	\$3,205.69	\$0.00	\$3,205.69	\$0.00
Indemnity	\$0.00	\$0.00	\$0.00	\$0.00
Expense	\$117.41	\$0.00	\$117.41	\$0.00
Total	\$3,323.10	\$0.00	\$3,323.10	\$0.00

The IW was getting into their patrol car and misstepped onto a curb. He twisted his ankle while doing so.

Claim Number: 20232404564

Location 350 E HIGH ST JEFFERSON CITY MO 65101

Jurisdiction State MO **Incident Date** 6/14/2023 **Incident Date/Time** Wednesday / 15:30

Report Date 6/21/2023 **Close Date** **Claim Status** Open

Claim Type Indemnity **Claimant**

Lost Workdays Paid 0 **Body Part** Shoulder(s)

Suit Filed Yes **Loss Cause** Struck or injured, miscellaneous

Class Code 7720 POLICE OFFICERS & DRIVERS

	Paid	Outstanding	Incurred	Recoveries
Medical	\$58,492.30	\$1,507.70	\$60,000.00	\$0.00
Indemnity	\$0.00	\$33,461.36	\$33,461.36	\$0.00
Expense	\$4,873.01	\$0.00	\$4,873.01	\$0.00
Total	\$63,365.31	\$34,969.06	\$98,334.37	\$0.00

IW was participating in defense training; rolled and felt pain in chest/ribs.

Claim Number: 20232406494

Location 311 E HIGH ST JEFFERSON CITY MO 65101
Jurisdiction State MO **Incident Date** 8/29/2023 **Incident Date/Time** Tuesday / 13:30
Report Date 8/31/2023 **Close Date** **Claim Status** Open
Claim Type Indemnity **Claimant**
Lost Workdays Paid 10 **Body Part** Shoulder(s)
Suit Filed No **Loss Cause** Strain or injury by miscellaneous
Class Code 7720 POLICE OFFICERS & DRIVERS

	Paid	Outstanding	Incurred	Recoveries
Medical	\$82,686.49	\$2,671.83	\$85,358.32	\$141.68
Indemnity	\$1,014.47	\$36,047.58	\$37,062.05	\$0.00
Expense	\$7,135.05	\$0.00	\$7,135.05	\$0.20
Total	\$90,836.01	\$38,719.41	\$129,555.42	\$141.88

IW was assisting another Court Marshal with the arrest of an individual. Arrestee did not want to enter the elevator and IW strained shoulder while trying to escort him from one location to another

Claim Number: 20232409220

Location 1736 SOUTHRIDGE DR JEFFERSON CITY MO 65101
Jurisdiction State MO **Incident Date** 12/12/2023 **Incident Date/Time** Tuesday / 15:45
Report Date 12/14/2023 **Close Date** 2/23/2024 **Claim Status** Closed
Claim Type Indemnity **Claimant**
Lost Workdays Paid 36 **Body Part** Lower leg
Suit Filed No **Loss Cause** Struck or injured by object being lifted or handled
Class Code 7705 AMBULANCE SERVICE COMPANIES AND EMS (EMERGENCY MEDICAL SERVICE) PROVIDERS & DRIVERS

	Paid	Outstanding	Incurred	Recoveries
Medical	\$2,459.83	\$0.00	\$2,459.83	\$0.00
Indemnity	\$3,836.97	\$0.00	\$3,836.97	\$0.00
Expense	\$47.21	\$0.00	\$47.21	\$0.00
Total	\$6,344.01	\$0.00	\$6,344.01	\$0.00

IW was assisting with patient move to ambulance when her leg was struck by the moving gurney.

Claim Number: 20232409301

Location 311 E HIGH ST JEFFERSON CITY MO 65101
Jurisdiction State MO **Incident Date** 12/15/2023 **Incident Date/Time** Friday / 21:00
Report Date 12/19/2023 **Close Date** **Claim Status** Open
Claim Type Indemnity **Claimant**
Lost Workdays Paid 3 **Body Part** Wrist(s) and Hand(s)
Suit Filed Yes **Loss Cause** Motor vehicle, miscellaneous
Class Code 7720 POLICE OFFICERS & DRIVERS

	Paid	Outstanding	Incurred	Recoveries
Medical	\$49,880.16	\$32,119.84	\$82,000.00	\$0.00
Indemnity	\$306.40	\$64,907.85	\$65,214.25	\$0.00
Expense	\$1,728.21	\$0.00	\$1,728.21	\$0.00
Total	\$51,914.77	\$97,027.69	\$148,942.46	\$0.00

IW was hot on the driver side of her sheriff car.

Policy Period: 12/31/2023 - 12/31/2024

Claim Number: 20242400263

Location 311 E HIGH ST JEFFERSON CITY MO 65101
Jurisdiction State MO **Incident Date** 1/9/2024 **Incident Date/Time** Tuesday / 17:20
Report Date 1/11/2024 **Close Date** 4/29/2024 **Claim Status** Closed
Claim Type Medical Only **Claimant**
Lost Workdays Paid 0 **Body Part** Finger(s)
Suit Filed No **Loss Cause** Struck or injured by fellow worker; patient
Class Code 7720 POLICE OFFICERS & DRIVERS

	Paid	Outstanding	Incurred	Recoveries
Medical	\$646.20	\$0.00	\$646.20	\$0.00
Indemnity	\$0.00	\$0.00	\$0.00	\$0.00
Expense	\$2.95	\$0.00	\$2.95	\$0.00
Total	\$649.15	\$0.00	\$649.15	\$0.00

IW is a jailer and was injured while trying to gain control of unruly inmate(s)

Claim Number: 20242401736

Location 5055 MONTICELLO RD JEFFERSON CITY MO 65101
Jurisdiction State MO **Incident Date** 3/5/2024 **Incident Date/Time** Tuesday / 15:19
Report Date 3/6/2024 **Close Date** **Claim Status** Open
Claim Type Medical Only **Claimant**
Lost Workdays Paid 0 **Body Part** Knee
Suit Filed No **Loss Cause** Collision or sideswipe with another vehicle
Class Code 5506 STREET OR ROAD CONSTRUCTION Paving or Repaving & Drivers.

	Paid	Outstanding	Incurred	Recoveries
Medical	\$406.64	\$0.00	\$406.64	\$0.00
Indemnity	\$0.00	\$0.00	\$0.00	\$0.00
Expense	\$29.57	\$0.00	\$29.57	\$0.00
Total	\$436.21	\$0.00	\$436.21	\$0.00

IW was driving a dump truck and while crossing at an intersection, struck another vehicle

Claim Number: 20242401876

Location 350 E HIGH ST JEFFERSON CITY MO 65101
Jurisdiction State MO **Incident Date** 2/7/2024 **Incident Date/Time** Wednesday / 08:48
Report Date 3/14/2024 **Close Date** 6/17/2024 **Claim Status** Closed
Claim Type Medical Only **Claimant**
Lost Workdays Paid 0 **Body Part** Hand
Suit Filed No **Loss Cause** Struck or injured by animal or insect
Class Code 7720 POLICE OFFICERS & DRIVERS

	Paid	Outstanding	Incurred	Recoveries
Medical	\$235.48	\$0.00	\$235.48	\$0.00
Indemnity	\$0.00	\$0.00	\$0.00	\$0.00
Expense	\$15.14	\$0.00	\$15.14	\$0.00
Total	\$250.62	\$0.00	\$250.62	\$0.00

IW was responding to a suicide call when a dog charged him and bit him on his left hand and base of thumb.

Claim Number: 20242402354

Location 311 E HIGH ST JEFFERSON CITY MO 65101
Jurisdiction State MO **Incident Date** 3/30/2024 **Incident Date/Time** Saturday / 19:03
Report Date 4/1/2024 **Close Date** 7/1/2024 **Claim Status** Closed
Claim Type Medical Only **Claimant**
Lost Workdays Paid 0 **Body Part** Knee
Suit Filed No **Loss Cause** Fall, slip, or trip injury, miscellaneous
Class Code 7705 AMBULANCE SERVICE COMPANIES AND EMS (EMERGENCY MEDICAL SERVICE) PROVIDERS & DRIVERS

	Paid	Outstanding	Incurred	Recoveries
Medical	\$3,234.22	\$0.00	\$3,234.22	\$0.00
Indemnity	\$0.00	\$0.00	\$0.00	\$0.00
Expense	\$127.44	\$0.00	\$127.44	\$0.00
Total	\$3,361.66	\$0.00	\$3,361.66	\$0.00

IW strained his knee when he tripped/fell as he was exiting the back of the ambulance.

Claim Number: 20242402567

Location 210 ADAM ST JEFFERSON CITY MO 65101
Jurisdiction State MO **Incident Date** 3/1/2024 **Incident Date/Time** Friday / 19:40
Report Date 4/10/2024 **Close Date** 6/28/2024 **Claim Status** Closed
Claim Type Medical Only **Claimant**
Lost Workdays Paid 0 **Body Part** Hand
Suit Filed No **Loss Cause** Cut, puncture, scrape, injured by miscellaneous
Class Code 7720 POLICE OFFICERS & DRIVERS

	Paid	Outstanding	Incurred	Recoveries
Medical	\$19,354.92	\$0.00	\$19,354.92	\$0.00
Indemnity	\$0.00	\$0.00	\$0.00	\$0.00
Expense	\$1,187.21	\$0.00	\$1,187.21	\$0.00
Total	\$20,542.13	\$0.00	\$20,542.13	\$0.00

IW was responding to a emergency call and was bit by dog

Claim Number: 20242403658

Location 1736 SOUTHRIDGE DR JEFFERSON CITY MO 65101
Jurisdiction State MO **Incident Date** 5/9/2024 **Incident Date/Time** Thursday / 14:45
Report Date 5/17/2024 **Close Date** 6/27/2024 **Claim Status** Closed
Claim Type Medical Only **Claimant**
Lost Workdays Paid 0 **Body Part** Knee
Suit Filed No **Loss Cause** Strain or injury by miscellaneous
Class Code 7705 AMBULANCE SERVICE COMPANIES AND EMS (EMERGENCY MEDICAL SERVICE) PROVIDERS & DRIVERS

	Paid	Outstanding	Incurred	Recoveries
Medical	\$1,962.54	\$0.00	\$1,962.54	\$0.00
Indemnity	\$0.00	\$0.00	\$0.00	\$0.00
Expense	\$130.75	\$0.00	\$130.75	\$0.00
Total	\$2,093.29	\$0.00	\$2,093.29	\$0.00

Caller alleges approximately 8 days ago EE was in the back of the ambulance and when he moved to the right side, his leg didn't move with him causing a strain to his right knee.

Claim Number: 20242404073

Location 210 ADAM ST JEFFERSON CITY MO 65101
Jurisdiction State MO **Incident Date** 6/3/2024 **Incident Date/Time** Monday / 19:27
Report Date 6/4/2024 **Close Date** 8/28/2024 **Claim Status** Closed
Claim Type Medical Only **Claimant**
Lost Workdays Paid 0 **Body Part** No physical injury
Suit Filed No **Loss Cause** Struck or injured by fellow worker; patient
Class Code 7720 POLICE OFFICERS & DRIVERS

	Paid	Outstanding	Incurred	Recoveries
Medical	\$1,576.19	\$0.00	\$1,576.19	\$0.00
Indemnity	\$0.00	\$0.00	\$0.00	\$0.00
Expense	\$100.81	\$0.00	\$100.81	\$0.00
Total	\$1,677.00	\$0.00	\$1,677.00	\$0.00

Responding to a domestic call, suspect attempting to fight and got blood on the IW's previously cut hand.

Claim Number: 20242404197

Location 350 E HIGH ST JEFFERSON CITY MO 65101
Jurisdiction State MO **Incident Date** 6/5/2024 **Incident Date/Time** Wednesday / 19:23
Report Date 6/7/2024 **Close Date** 8/2/2024 **Claim Status** Closed
Claim Type Medical Only **Claimant**
Lost Workdays Paid 0 **Body Part** Foot
Suit Filed No **Loss Cause** Collision or sideswipe with another vehicle
Class Code 7720 POLICE OFFICERS & DRIVERS

	Paid	Outstanding	Incurred	Recoveries
Medical	\$0.00	\$0.00	\$0.00	\$1,347.28
Indemnity	\$0.00	\$0.00	\$0.00	\$0.00
Expense	\$25.90	\$0.00	\$25.90	\$0.00
Total	\$25.90	\$0.00	\$25.90	\$1,347.28

Attempted traffic stop. Suspect fled and while pursuing suspect vehicle, an MVA occurred.

Claim Number: 20242404307

Location 210 ADAM ST JEFFERSON CITY MO 65101
Jurisdiction State MO **Incident Date** 6/6/2024 **Incident Date/Time** Thursday / 08:40
Report Date 6/11/2024 **Close Date** 6/13/2024 **Claim Status** Closed
Claim Type Report Only **Claimant**
Lost Workdays Paid 0 **Body Part** Lower leg
Suit Filed No **Loss Cause** Struck or injured by animal or insect
Class Code 9015 BUILDING OR PROPERTY MANAGEMENT-ALL OTHER EMPLOYEES

	Paid	Outstanding	Incurred	Recoveries
Medical	\$0.00	\$0.00	\$0.00	\$0.00
Indemnity	\$0.00	\$0.00	\$0.00	\$0.00
Expense	\$0.00	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00	\$0.00

IW was inspecting a property for the purposes of tax assessment and had to go through weeds, brush, debris, etc. (It was a home in terrible condition)

Claim Number: 20242404686

Location 311 E HIGH ST JEFFERSON CITY MO 65101
Jurisdiction State MO **Incident Date** 6/14/2024 **Incident Date/Time** Friday / 13:00
Report Date 6/21/2024 **Close Date** 6/26/2024 **Claim Status** Closed
Claim Type Report Only **Claimant**
Lost Workdays Paid 0 **Body Part** Facial bones
Suit Filed No **Loss Cause** Absorption, ingestion, or inhalation, miscellaneous
Class Code 9015 BUILDING OR PROPERTY MANAGEMENT-ALL OTHER EMPLOYEES
Rash/hives from contact with poison ivy.

	Paid	Outstanding	Incurred	Recoveries
Medical	\$0.00	\$0.00	\$0.00	\$0.00
Indemnity	\$0.00	\$0.00	\$0.00	\$0.00
Expense	\$5.90	\$0.00	\$5.90	\$0.00
Total	\$5.90	\$0.00	\$5.90	\$0.00

Claim Number: 20242405175

Location 350 E HIGH ST JEFFERSON CITY MO 65101
Jurisdiction State MO **Incident Date** 7/10/2024 **Incident Date/Time** Wednesday / 17:00
Report Date 7/12/2024 **Close Date** 7/16/2024 **Claim Status** Closed
Claim Type Report Only **Claimant**
Lost Workdays Paid 0 **Body Part** Mouth
Suit Filed No **Loss Cause** Struck or injured by fellow worker; patient
Class Code 7720 POLICE OFFICERS & DRIVERS
IW was passing food trays to the inmates in the jail when an inmate struck him in the face with a closed fist

	Paid	Outstanding	Incurred	Recoveries
Medical	\$0.00	\$0.00	\$0.00	\$0.00
Indemnity	\$0.00	\$0.00	\$0.00	\$0.00
Expense	\$0.00	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00	\$0.00

Claim Number: 20242405311

Location 1736 SOUTHRIDGE DR JEFFERSON CITY MO 65101
Jurisdiction State MO **Incident Date** 7/17/2024 **Incident Date/Time** Wednesday / 19:30
Report Date 7/18/2024 **Close Date** **Claim Status** Open
Claim Type Medical Only **Claimant**
Lost Workdays Paid 0 **Body Part** Finger(s)
Suit Filed No **Loss Cause** Cut, puncture, scrape, injured by miscellaneous
Class Code 7705 AMBULANCE SERVICE COMPANIES AND EMS (EMERGENCY MEDICAL SERVICE) PROVIDERS & DRIVERS
IW was trying to start an IV on an emergency medical patient on scene and was stuck by used needle.

	Paid	Outstanding	Incurred	Recoveries
Medical	\$1,602.31	\$0.00	\$1,602.31	\$0.00
Indemnity	\$0.00	\$0.00	\$0.00	\$0.00
Expense	\$54.40	\$0.00	\$54.40	\$0.00
Total	\$1,656.71	\$0.00	\$1,656.71	\$0.00

Claim Number: 20242405576

Location 311 E HIGH ST JEFFERSON CITY MO 65101
Jurisdiction State MO **Incident Date** 7/18/2024 **Incident Date/Time** Thursday / 11:00
Report Date 7/29/2024 **Close Date** 7/29/2024 **Claim Status** Closed
Claim Type Report Only **Claimant**
Lost Workdays Paid 0 **Body Part** Ear(s)
Suit Filed No **Loss Cause** Miscellaneous - other than physical cause of injury
Class Code 9410 MUNICIPAL, TOWNSHIP, COUNTY, OR STATE EMPLOYEE NOC.

	Paid	Outstanding	Incurred	Recoveries
Medical	\$0.00	\$0.00	\$0.00	\$0.00
Indemnity	\$0.00	\$0.00	\$0.00	\$0.00
Expense	\$0.00	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00	\$0.00

Plastic piece off earphones came loose in his ear when he removed headphones.

Claim Number: 20242405637

Location 311 E HIGH ST JEFFERSON CITY MO 65101
Jurisdiction State MO **Incident Date** 7/24/2024 **Incident Date/Time** Wednesday / 04:00
Report Date 7/31/2024 **Close Date** **Claim Status** Open
Claim Type Medical Only **Claimant**
Lost Workdays Paid 0 **Body Part** Finger(s)
Suit Filed No **Loss Cause** Struck or injured by animal or insect
Class Code 7720 POLICE OFFICERS & DRIVERS

	Paid	Outstanding	Incurred	Recoveries
Medical	\$34.70	\$0.00	\$34.70	\$0.00
Indemnity	\$0.00	\$0.00	\$0.00	\$0.00
Expense	\$23.78	\$0.00	\$23.78	\$0.00
Total	\$58.48	\$0.00	\$58.48	\$0.00

IW was assisting with removing two deer from city water tank and the deer became agitated, causing injury to left small finger.

Claim Number: 20242405710

Location 311 E HIGH ST JEFFERSON CITY MO 65101
Jurisdiction State MO **Incident Date** 7/24/2024 **Incident Date/Time** Wednesday / 18:24
Report Date 8/1/2024 **Close Date** **Claim Status** Open
Claim Type Medical Only **Claimant**
Lost Workdays Paid 0 **Body Part** Lower arm
Suit Filed No **Loss Cause** Struck or injured by object handled by others
Class Code 7720 POLICE OFFICERS & DRIVERS

	Paid	Outstanding	Incurred	Recoveries
Medical	\$3,043.44	\$0.00	\$3,043.44	\$0.00
Indemnity	\$0.00	\$0.00	\$0.00	\$0.00
Expense	\$49.64	\$0.00	\$49.64	\$0.00
Total	\$3,093.08	\$0.00	\$3,093.08	\$0.00

IW was in the process of arresting a combative individual who struck him on the left arm with a shovel.

Claim Number: 20242406051

Location 5055 MONTICELLO RD JEFFERSON CITY MO 65101
Jurisdiction State MO **Incident Date** 8/8/2024 **Incident Date/Time** Thursday / 08:50
Report Date 8/13/2024 **Close Date** **Claim Status** Open
Claim Type Medical Only **Claimant**
Lost Workdays Paid 0 **Body Part** Thumb
Suit Filed No **Loss Cause** Struck or injured, miscellaneous
Class Code 9015 BUILDING OR PROPERTY MANAGEMENT-ALL OTHER EMPLOYEES

IW was helping repair a guardrail when the post slipped and struck IW's hand

	Paid	Outstanding	Incurred	Recoveries
Medical	\$0.00	\$0.00	\$0.00	\$0.00
Indemnity	\$0.00	\$0.00	\$0.00	\$0.00
Expense	\$0.00	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00	\$0.00

Claim Number: 20242406052

Location 350 E HIGH ST JEFFERSON CITY MO 65101
Jurisdiction State MO **Incident Date** 8/11/2024 **Incident Date/Time** Sunday / 14:31
Report Date 8/13/2024 **Close Date** **Claim Status** Open
Claim Type Medical Only **Claimant**
Lost Workdays Paid 0 **Body Part** Knee
Suit Filed No **Loss Cause** Fall, slip, or trip injury on same level
Class Code 7720 POLICE OFFICERS & DRIVERS

As IW was assisting with the arrest of an uncooperative suspect the suspect tripped IW, twisting his knee, causing him to land on the other knee

	Paid	Outstanding	Incurred	Recoveries
Medical	\$0.00	\$0.00	\$0.00	\$0.00
Indemnity	\$0.00	\$0.00	\$0.00	\$0.00
Expense	\$0.00	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00	\$0.00

Claim Number: 20242406053

Location 350 E HIGH ST JEFFERSON CITY MO 65101
Jurisdiction State MO **Incident Date** 8/11/2024 **Incident Date/Time** Sunday / 14:31
Report Date 8/13/2024 **Close Date** **Claim Status** Open
Claim Type Medical Only **Claimant**
Lost Workdays Paid 0 **Body Part** Shoulder(s)
Suit Filed No **Loss Cause** Strain or injury by miscellaneous
Class Code 7720 POLICE OFFICERS & DRIVERS

IW was assisting with the arrest of an uncooperative subject who fell off the porch, landing on IW, causing abrasions to his face and dislocating his shoulder

	Paid	Outstanding	Incurred	Recoveries
Medical	\$1,961.89	\$0.00	\$1,961.89	\$0.00
Indemnity	\$0.00	\$0.00	\$0.00	\$0.00
Expense	\$59.25	\$0.00	\$59.25	\$0.00
Total	\$2,021.14	\$0.00	\$2,021.14	\$0.00

Claim Number: 20242406150

Location 350 E HIGH ST JEFFERSON CITY MO 65101
Jurisdiction State MO **Incident Date** 8/15/2024 **Incident Date/Time** Thursday / 18:25
Report Date 8/16/2024 **Close Date** **Claim Status** Open
Claim Type Medical Only **Claimant**
Lost Workdays Paid 0 **Body Part** Knee
Suit Filed No **Loss Cause** Fall, slip, or trip injury on same level
Class Code 7720 POLICE OFFICERS & DRIVERS

	Paid	Outstanding	Incurred	Recoveries
Medical	\$0.00	\$0.00	\$0.00	\$0.00
Indemnity	\$0.00	\$0.00	\$0.00	\$0.00
Expense	\$0.00	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00	\$0.00

Involved in taking down an inmate who was unruly. IW fell on his knee

Claim Number: 20242406391

Location 7229 HERITAGE HIGHWAY JEFFERSON CITY MO 65101
Jurisdiction State MO **Incident Date** 7/22/2024 **Incident Date/Time** Monday / 16:53
Report Date 8/26/2024 **Close Date** **Claim Status** Open
Claim Type Indemnity **Claimant**
Lost Workdays Paid 0 **Body Part** Shoulder(s)
Suit Filed No **Loss Cause** Strain or injury by miscellaneous
Class Code 7720 POLICE OFFICERS & DRIVERS

	Paid	Outstanding	Incurred	Recoveries
Medical	\$0.00	\$0.00	\$0.00	\$0.00
Indemnity	\$0.00	\$0.00	\$0.00	\$0.00
Expense	\$0.00	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00	\$0.00

IW was placing a subject under arrest and he was resisting, causing IW to strain his shoulder

Claim Number: 20242406714

Location 350 E HIGH ST JEFFERSON CITY MO 65101
Jurisdiction State MO **Incident Date** 9/3/2024 **Incident Date/Time** Tuesday / 15:13
Report Date 9/5/2024 **Close Date** **Claim Status** Open
Claim Type Medical Only **Claimant**
Lost Workdays Paid 0 **Body Part** Nose
Suit Filed No **Loss Cause** Struck or injured by fellow worker; patient
Class Code 7720 POLICE OFFICERS & DRIVERS

	Paid	Outstanding	Incurred	Recoveries
Medical	\$0.00	\$0.00	\$0.00	\$0.00
Indemnity	\$0.00	\$0.00	\$0.00	\$0.00
Expense	\$0.00	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00	\$0.00

IW is a jailer and he was struck with a fist by an inmate in the jail

Claim Number: 20242406719

Location 350 E HIGH ST JEFFERSON CITY MO 65101
Jurisdiction State MO **Incident Date** 9/3/2024 **Incident Date/Time** Tuesday / 15:13
Report Date 9/5/2024 **Close Date** **Claim Status** Open
Claim Type Medical Only **Claimant**
Lost Workdays Paid 0 **Body Part** Lower arm
Suit Filed No **Loss Cause** Struck or injured by fellow worker; patient
Class Code 7720 POLICE OFFICERS & DRIVERS
 IW was bitten by an inmate of the jail; bite broke the skin

	Paid	Outstanding	Incurred	Recoveries
Medical	\$0.00	\$0.00	\$0.00	\$0.00
Indemnity	\$0.00	\$0.00	\$0.00	\$0.00
Expense	\$0.00	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00	\$0.00

* Denotes employees with more than one claim.

Claim Totals

			Paid	Outstanding	Incurred	Recoveries
Total Claims	102	Medical	\$565,724.95	\$46,397.08	\$612,122.03	\$7,809.51
Report Only Claims	11	Indemnity	\$165,618.87	\$201,327.59	\$366,946.46	\$0.00
Medical Only Claims	70	Expense	\$38,820.17	\$0.00	\$38,820.17	\$38.34
Indemnity Claims	21	Total	\$770,163.99	\$247,724.67	\$1,017,888.66	\$7,847.85

Claims by Policy Period

Policy Period: 12/31/2019 - 12/31/2020

			Paid	Outstanding	Incurred	Recoveries
Total Claims	17	Medical	\$127,884.65	\$0.00	\$127,884.65	\$713.85
Report Only Claims	0	Indemnity	\$73,156.28	\$0.00	\$73,156.28	\$0.00
Medical Only Claims	11	Expense	\$7,581.16	\$0.00	\$7,581.16	\$4.54
Indemnity Claims	6	Total	\$208,622.09	\$0.00	\$208,622.09	\$718.39

Policy Period: 12/31/2020 - 12/31/2021

			Paid	Outstanding	Incurred	Recoveries
Total Claims	19	Medical	\$19,312.49	\$0.00	\$19,312.49	\$0.00
Report Only Claims	2	Indemnity	\$5,000.00	\$0.00	\$5,000.00	\$0.00
Medical Only Claims	16	Expense	\$2,361.88	\$0.00	\$2,361.88	\$0.00
Indemnity Claims	1	Total	\$26,674.37	\$0.00	\$26,674.37	\$0.00

Policy Period: 12/31/2021 - 12/31/2022

			Paid	Outstanding	Incurred	Recoveries
Total Claims	29	Medical	\$110,045.41	\$97.71	\$110,143.12	\$362.30
Report Only Claims	4	Indemnity	\$69,608.35	\$32,879.04	\$102,487.39	\$0.00
Medical Only Claims	21	Expense	\$8,866.38	\$0.00	\$8,866.38	\$0.00
Indemnity Claims	4	Total	\$188,520.14	\$32,976.75	\$221,496.89	\$362.30

Policy Period: 12/31/2022 - 12/31/2023

			Paid	Outstanding	Incurred	Recoveries
Total Claims	15	Medical	\$274,423.87	\$46,299.37	\$320,723.24	\$5,386.08
Report Only Claims	1	Indemnity	\$17,854.24	\$168,448.55	\$186,302.79	\$0.00
Medical Only Claims	5	Expense	\$18,198.01	\$0.00	\$18,198.01	\$33.80
Indemnity Claims	9	Total	\$310,476.12	\$214,747.92	\$525,224.04	\$5,419.88

Policy Period: 12/31/2023 - 12/31/2024

			Paid	Outstanding	Incurred	Recoveries
Total Claims	22	Medical	\$34,058.53	\$0.00	\$34,058.53	\$1,347.28
Report Only Claims	4	Indemnity	\$0.00	\$0.00	\$0.00	\$0.00
Medical Only Claims	17	Expense	\$1,812.74	\$0.00	\$1,812.74	\$0.00
Indemnity Claims	1	Total	\$35,871.27	\$0.00	\$35,871.27	\$1,347.28

Location Analysis

Work Location	# of Claims	% of Total	\$ in Claims	% of Total
1736 SOUTHRIDGE DR JEFFERSON CITY MO 65101	22	22	\$40,359.23	4
210 ADAM ST JEFFERSON CITY MO 65101	3	3	\$22,219.13	2
311 E HIGH ST JEFFERSON CITY MO 65101	42	41	\$701,915.75	69
321 MANILA STREET JEFFERSON CITY MO 65101	1	1	\$0.00	0
350 E HIGH ST JEFFERSON CITY MO 65101	23	23	\$246,246.85	24
5055 MONTICELLO RD JEFFERSON CITY MO 65101	10	10	\$7,147.70	1
7229 HERITAGE HIGHWAY JEFFERSON CITY MO 65101	1	1	\$0.00	0

Incident Analysis - By Injury Cause

Injury Cause	# of Claims	% of Total	\$ in Claims	% of Total
Caught in, under, or between object handled	4	4	\$9,018.16	1
Strain or injury by miscellaneous	9	9	\$236,256.09	23
Strain or injury by lifting	7	7	\$53,284.15	5

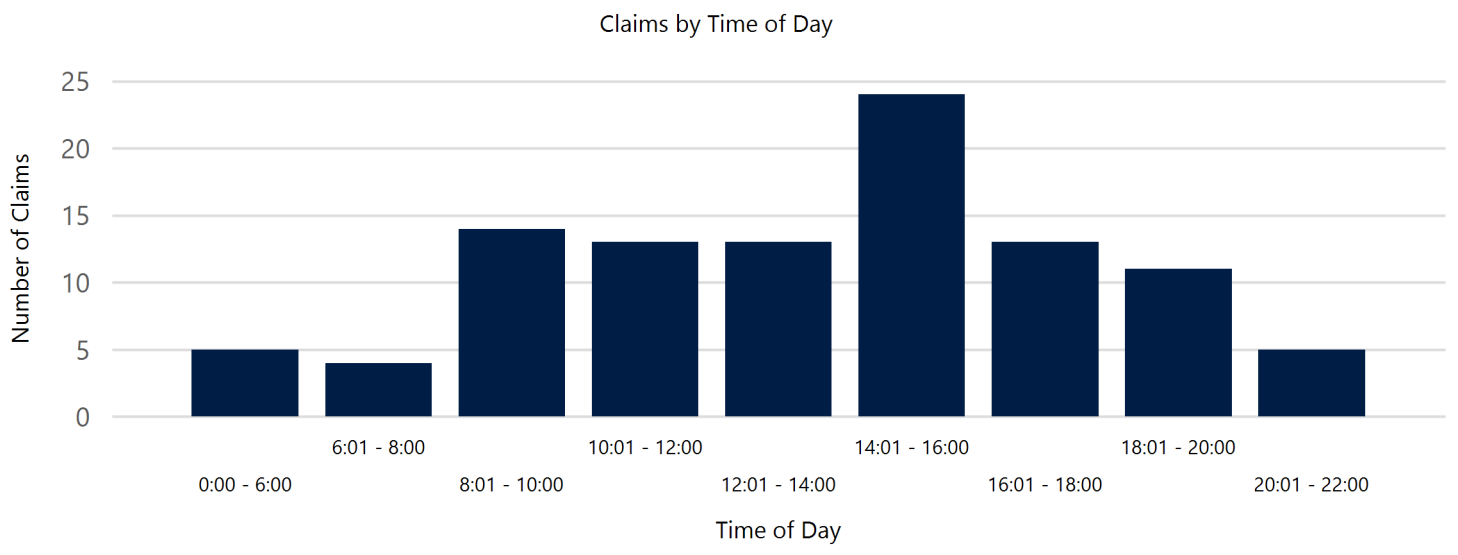
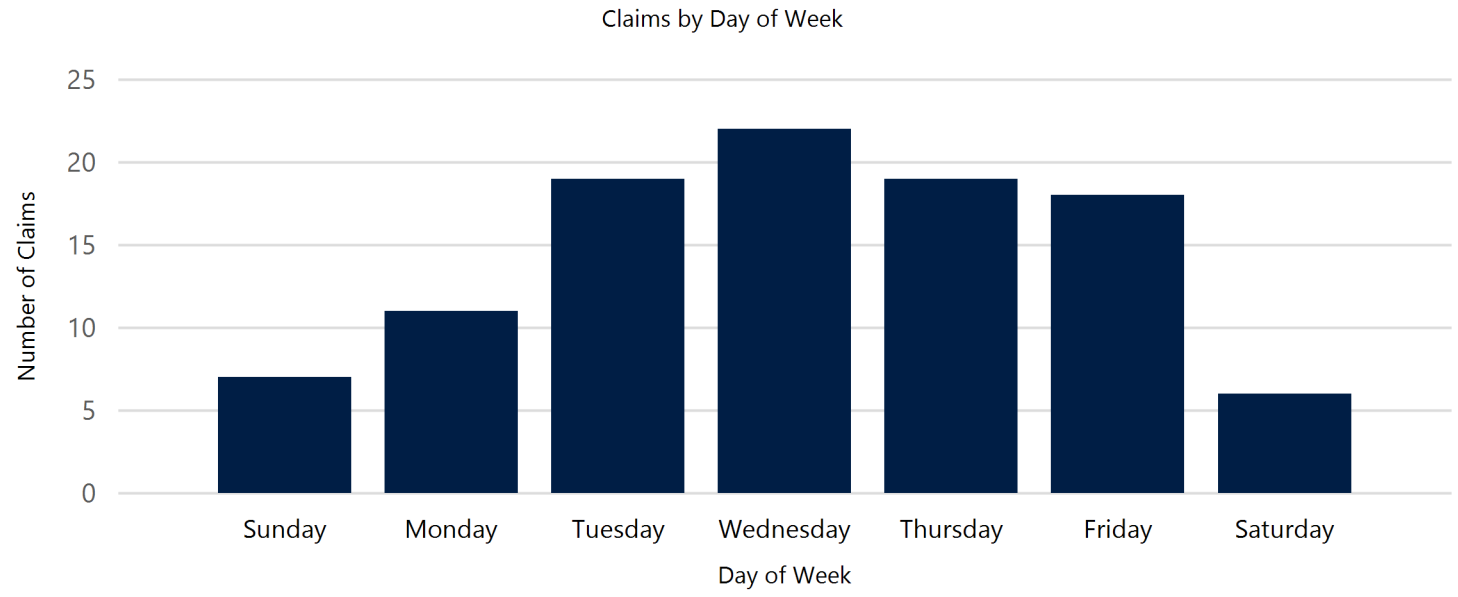
Absorption, ingestion, or inhalation, miscellaneous	4	4	\$3,946.75	0
Contact with temperature extremes	1	1	\$0.00	0
Strain or injury by holding or carrying	2	2	\$3,209.77	0
Cut, puncture, scrape, injured by miscellaneous	3	3	\$23,184.21	2
Cut, puncture, scrape, injured by hand tool, utensil; not powered	1	1	\$7,517.39	1
Struck or injured by falling or flying object	1	1	\$2,332.49	0
Miscellaneous - other than physical cause of injury	4	4	\$2,029.35	0
Fall, slip, or trip injury, miscellaneous	3	3	\$5,814.99	1
Fall, slip, or trip injury on same level	12	12	\$203,116.38	20
Struck or injured by object being lifted or handled	3	3	\$7,281.94	1
Fall, slip, or trip injury on stairs	4	4	\$6,399.67	1
Fall, slip, or trip injury from different level (elevation)	1	1	\$0.00	0
Fall, slip, or trip injury from ladder or scaffolding	1	1	\$10,506.20	1
Strain or injury by repetitive motion	1	1	\$1,906.45	0
Striking against or stepping on stationary object	1	1	\$2,496.32	0
Motor vehicle, miscellaneous	2	2	\$150,444.89	15
Pandemic	3	3	\$27,913.05	3
Cut, puncture, scrape, injured by broken glass	1	1	\$834.49	0
Fall, slip, or trip injury from liquid or grease spills	1	1	\$243.37	0
Struck or injured by object handled by others	1	1	\$3,093.08	0
Strain or injury by jumping	1	1	\$117,737.80	12
Collision or sideswipe with another vehicle	3	3	\$499.34	0
Struck or injured by fellow worker; patient	12	12	\$25,535.01	3
Struck or injured, miscellaneous	2	2	\$98,334.37	10
Struck or injured by animal or insect	8	8	\$3,018.02	0
Foreign matter (body) in eye(s)	1	1	\$213.35	0
Strain or injury by using tool or machinery	1	1	\$4,658.22	0
Struck or injured by moving parts of machine	1	1	\$177.40	0
Strain or injury by twisting	1	1	\$4,783.51	0
Contact with hot objects or substances	2	2	\$2,102.45	0

Incident Analysis - By Body Part

Body Part	# of Claims	% of Total	\$ in Claims	% of Total
Finger(s)	12	12	\$35,608.75	3
Soft Tissue (neck area)	1	1	\$885.71	0
Multiple body parts	3	3	\$4,571.84	0
Upper arm	2	2	\$539.75	0
No physical injury	4	4	\$29,590.05	3
Upper Spinal Cord (neck)	1	1	\$2,026.10	0
Knee	13	13	\$138,853.86	14
Lower back area	10	10	\$88,230.62	9
Ankle	7	7	\$11,803.06	1
Ear(s)	1	1	\$0.00	0
Sacrum and coccyx	2	2	\$2,003.58	0
Shoulder(s)	9	9	\$495,110.00	49
Brain	1	1	\$3.25	0
Facial bones	2	2	\$822.55	0
Body systems (with no external injury)	2	2	\$0.00	0
Wrist(s) and Hand(s)	1	1	\$148,942.46	15
Foot	2	2	\$281.66	0
Hand	7	7	\$25,036.12	2
Lower arm	4	4	\$7,016.96	1
Lower leg	5	5	\$7,349.72	1
Soft Tissue (head and face)	4	4	\$2,975.30	0
Great toe	1	1	\$7,847.28	1
Mouth	1	1	\$0.00	0
Nose	1	1	\$0.00	0
Elbow	2	2	\$6,417.46	1
Pelvis	1	1	\$1,434.65	0
Chest	1	1	\$177.40	0
Thumb	1	1	\$0.00	0
Upper back area	1	1	\$360.53	0

Incident Analysis - By New Employees (Employed < 6 Months)

New Employee?	# of Claims	% of Total	\$ in Claims	% of Total
Yes	18	18	\$233,226.22	23
No	84	82	\$784,662.44	77



November 28, 2023

Acrisure Wallstreet Partners, LLC 2479-3
1530 Rax Ct
Jefferson City, MO 65109

Re: County of Cole | Account No.: 1021213 | Policy No.: MEM 1021213-16

Policy Issuance

Dear Agency Partner,

Thank you for choosing us to serve as your client's workers compensation provider. We look forward to our partnership and strive to provide unmatched value-added services supported by our safety and risk resources, exceptional claims management, and customer care.

Below is information regarding your Missouri Employers Mutual policy. For a copy of the full policy, visit our online portal at www.mem-ins.com. The policy is subject to any changes recommended by our Safety and Risk Services or Premium Consultation teams.

Missouri Employers Mutual Policy:

- Effective 12/31/2023 - 12/31/2024
- Includes schedule rating
 - Please refer to premium details for more information
- Uses our Select Rates
- Includes the experience modification of 0.83
- To obtain confidential loss runs
 - Log into the portal, access the **Policy**, select **Generate A Loss Run**, add dates up to five years prior, and select **Generate Report**

For your reference, the Dimensions managed care partner on the account is CorVel.

Please maintain a copy of the required ACORD 130 signed by the policyholder.

If you have any questions, please contact our Customer Care Department at 1.800.442.0593 or customer care@mem-ins.com.

We appreciate your support in creating safe, healthy, and injury-free workplaces.

Sincerely,

Jennifer Wheatley
Underwriting



PO Box 1810, Columbia, MO 65205-1810

Policyholder Notice

If you have any questions regarding your policy including the premium calculation, you may contact your agent or us at:

Missouri Employers Mutual Insurance Company
101 N. Keene Street
Columbia, MO 65201
1-800-442-0593

Policy Number: MEM 1021213-16

Workers Compensation and Employers Liability Insurance Policy
Insurer: Missouri Employers Mutual Insurance Company - Carrier #33413

INFORMATION PAGE			
1.	INSURED: County of Cole 311 E High St Jefferson City, MO 65101-3250		PRODUCER: 2479-3 Acrisure Wallstreet Partners, LLC 1530 Rax Ct Jefferson City, MO 65109
	FEDERAL ID NO.: 44-6000488		OTHER NAMED INSURED:
	RISK ID NO.: 240916614		OTHER LOCATIONS: See WC 99 06 04
	INSURED'S LEGAL STATUS: Government entity		
2.	The policy period is from: 12/31/2023 to 12/31/2024 12:01 A.M. standard time at the insured mailing address.		
3a.	Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed here: MO		
3b.	Employers Liability Insurance: Part Two of the policy applies to work in each state listed in item 3a. 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
3c.	Other States Insured: Part Three of the policy applies to the states, if any, listed here: NONE		
3d.	This policy includes these endorsements and schedules: See WC 99 06 02		
4.	<i>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.</i>		
	See Classification Schedule	Total Estimated Premium:	\$320,460.00
		Estimated Second Injury Fund Surcharge	\$9,614.00
Expense Constant: \$240.00			
Minimum Premium: \$800.00		Total Estimated Premium and Surcharges:	\$330,074.00
Billing Payment Mode: Nine installment			

ISSUING OFFICE:

101 N. Keene St.
Columbia, MO 65201

Countersigned By:



Policy Number: MEM 1021213-16

**Workers Compensation and Employers Liability Insurance Policy
Insurer: Missouri Employers Mutual Insurance Company - Carrier #33413**

CLASSIFICATION SCHEDULE				
Insured: County of Cole				
The policy period is from: 12/31/2023 to 12/31/2024				
The rating period is from: 12/31/2023 to 12/31/2024				
Classifications	Code No.	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium
Missouri				
Location 1: 311 E High St Jefferson City MO 65101-3250				
STREET OR ROAD CONSTRUCTION Paving or Repaving	5506	2,822,251.00	5.55	\$156,635.00
AMBULANCE SERVICE COMPANIES AND EMS (EMERGENCY)	7705	3,071,960.00	4.23	\$129,944.00
POLICE OFFICERS & DRIVERS	7720	4,530,588.00	4.10	\$185,754.00
CLERICAL OFFICE EMPLOYEES NOC.	8810	3,445,066.00	0.15	\$5,168.00
ATTORNEY-ALL EMPLOYEES & CLERICAL, MESSENGERS,	8820	1,148,353.00	0.13	\$1,493.00
HOSPITAL-VETERINARY & DRIVERS	8831	46,454.00	1.34	\$622.00
PHYSICIAN & CLERICAL	8832	1,326,922.00	0.31	\$4,113.00
BUILDING OR PROPERTY MANAGEMENT-ALL OTHER EMPL	9015	161,144.00	3.62	\$5,833.00
MUNICIPAL, TOWNSHIP, COUNTY, OR STATE EMPLOYEE	9410	561,836.00	3.73	\$20,956.00
Location 2: 5055 Monticello Rd Jefferson City MO 65101				
CLERICAL OFFICE EMPLOYEES NOC.	8810	0.00	0.15	\$0.00
Location 3: 1736 Southridge Dr Jefferson City MO 65101				
CLERICAL OFFICE EMPLOYEES NOC.	8810	0.00	0.15	\$0.00
Location 4: 350 E High St Jefferson City MO 65101				
CLERICAL OFFICE EMPLOYEES NOC.	8810	0.00	0.15	\$0.00
Location 5: 210 Adam St Jefferson City MO 65101				
CLERICAL OFFICE EMPLOYEES NOC.	8810	0.00	0.15	\$0.00
Location 6: 1616 Industrial Dr Jefferson City MO 65101				
CLERICAL OFFICE EMPLOYEES NOC.	8810	0.00	0.15	\$0.00
Location 7: 209 Adam St Jefferson City MO 65101				
CLERICAL OFFICE EMPLOYEES NOC.	8810	0.00	0.15	\$0.00
Manual Premium				510,518.00
Increased Employers Liability 1.011				5,616.00

Billing Payment Mode: Nine installment
ISSUE DATE: 11/28/2023

Policy Number: MEM 1021213-16

Workers Compensation and Employers Liability Insurance Policy
Insurer: Missouri Employers Mutual Insurance Company - Carrier #33413

Subject Premium	516,134.00
Exp. Modifier 0.83	(87,743.00)
Modified Premium	428,391.00
Schedule Rating Credit/Debit -19.0%	(81,394.00)
Standard Premium	346,997.00
Premium Discount 0.908	(31,911.00)
Expense Constant	240.00
Terrorism Risk Act	1,711.00
Catastrophe Surcharge	3,423.00
Total Estimated Premium	320,460.00
Missouri SIF 0.03	9,614.00
Total Premium and Surcharges	330,074.00

Policy Number: MEM 1021213-16

**Workers Compensation and Employers Liability Insurance Policy
Insurer: Missouri Employers Mutual Insurance Company - Carrier #33413**

INFORMATION PAGE

Coverage is provided by Missouri Employers Mutual Insurance Company. The complete Home Office address and location for receipt of premium payment is:

Missouri Employers Mutual Insurance Company
101 N. Keene St.
Columbia, MO 65201

By acceptance of this policy, the named insured becomes a member of the Company and shall be entitled to vote at all meetings of the members and, upon termination of this policy, shall participate in the distribution of dividends as fixed and determined by the directors in accordance with the law.

This policy is not assessable. Your liability as a policyholder and a member of the Company under this policy is limited to payment of premium.

The annual meeting will be held at the principle offices of the Corporation or at such other place within the State as the Board of Directors shall from time to time determine, on the first business day of July or as deemed by majority vote of the Board of Directors.

MEM offers loss prevention resources including consultation, seminars and custom training to help you protect your employees and your business. Information about MEM's free safety resources and additional services can be found at mem-ins.com

The Information Page and all the forms and endorsements listed on it and including with it complete this policy. Coverage under this policy is provided by the Company named in the Information Page (a Mutual Company). In witness whereof we have executed and attested this policy, but this policy is not valid unless it has been countersigned by our authorized representative.



Secretary



President and CEO

Workers Compensation and Employers Liability Insurance Policy
Insurer: Missouri Employers Mutual Insurance Company

WORKPLACE OF INSURED ENDORSEMENT

Insured: County of Cole

Effective Date: 12/31/2023

The policy period is from: 12/31/2023 to: 12/31/2024

Schedule of Locations

210 Adam St
Jefferson City, MO 65101
Effective: 12/31/2023 to 12/31/2024

350 E High St
Jefferson City, MO 65101
Effective: 12/31/2023 to 12/31/2024

1736 Southridge Dr
Jefferson City, MO 65101
Effective: 12/31/2023 to 12/31/2024

1616 Industrial Dr
Jefferson City, MO 65101
Effective: 12/31/2023 to 12/31/2024

5055 Monticello Rd
Jefferson City, MO 65101
Effective: 12/31/2023 to 12/31/2024

311 E High St
Jefferson City, MO 65101-3250
Effective: 12/31/2023 to 12/31/2024

209 Adam St
Jefferson City, MO 65101
Effective: 12/31/2023 to 12/31/2024

**Workers Compensation and Employers Liability Insurance Policy
Insurer: Missouri Employers Mutual Insurance Company**

SCHEDULE OF ENDORSEMENTS

Insured: County of Cole

Effective Date: 12/31/2023

The policy period is from: 12/31/2023 to: 12/31/2024

Schedule of Endorsements:

UWMON	Missouri Policyholder Notice
WC 00 00 01 A	Information Page
WC 99 06 04	Workplace of Insured Endorsement
WC 99 06 02	Schedule of Endorsements
WC 00 00 00 C	Workers Compensation And Employers Liability Insurance Policy
WC 00 04 03	Experience Rating Modification Factor Endorsement
WC 00 04 06	Premium Discount Endorsement Form
WC 00 04 14 A	Notification Of Change In Ownership Endorsement
WC 00 04 19 A	Premium Due Date Endorsement
WC 00 04 21 F	Catastrophe (Other Than Certified Acts of Terrorism) Premium Endorsement
WC 00 04 22 C	Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement
WC 00 04 25	Experience Rating Modification Factor Revision Endorsement
WC 24 03 02	Missouri Notification Of Additional Mesothelioma Benefits Endorsement
WC 24 04 01	Missouri Contracting Classification Premium Adjustment Endorsement
WC 24 04 06 D	Missouri Employer-Paid Medical Endorsement
WC 24 06 02 B	Missouri Property and Casualty Guaranty Association Notification Endorsement
WC 24 06 04 C	Missouri Amendatory Endorsement
WC 89 04 06	Experience Modification Endorsement
WC 99 03 01 B	Limited Coverage for Temporary and Incidental Operations in Other states
WC 99 06 05	Installment Schedule
WC 99 06 01 A	Second Injury Fund Surcharge
WC 99 06 08 E	Payment Plan Endorsement
WC 99 06 18	Safety Grant Program Endorsement
WC 99 06 20	Cancellation and Nonrenewal Endorsement
WC 99 06 22	Non-Insurance Goods and/or Services
WC 99 06 23	U.S. Treasury Department's Office Of Foreign Assets Control ("OFAC") Advisory Notice To Policyholders

**Workers Compensation and Employers Liability Insurance Policy
Insurer: Missouri Employers Mutual Insurance Company**

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

In return for the payment of the premium and subject to all terms of this policy, we agree with you as follows:

GENERAL SECTION

A. The Policy

This policy includes at its effective date the Information Page and all endorsements and schedules listed there. It is a contract of insurance between you (the employer named in Item 1 of the Information Page) and us (the insurer named on the Information Page). The only agreements relating to this insurance are stated in this policy. The terms of this policy may not be changed or waived except by endorsement issued by us to be part of this policy.

B. Who Is Insured

You are insured if you are an employer named in Item 1 of the Information Page. If that employer is a partnership, and if you are one of its partners, you are insured, but only in your capacity as an employer of the partnership's employees.

C. Workers Compensation Law

Workers Compensation Law means the workers or workmen's compensation law and occupational disease law of each state or territory named in Item 3.A. of the Information Page. It includes any amendments to that law which are in effect during the policy period. It does not include any federal workers or workmen's compensation law, any federal occupational disease law or the provisions of any law that provide nonoccupational disability benefits.

D. State

State means any state of the United States of America, and the District of Columbia.

E. Locations

This policy covers all of your workplaces listed in Items 1 or 4 of the Information Page; and it covers all other workplaces in Item 3.A. states unless you have other insurance or are self-insured for such workplaces.

PART ONE - WORKERS COMPENSATION INSURANCE

A. How This Insurance Applies

This workers compensation insurance applies to bodily injury by accident or bodily injury by disease. Bodily injury includes resulting death.

1. Bodily injury by accident must occur during the policy period.
2. Bodily injury by disease must be caused or aggravated by the conditions of your employment. The employee's last day of last exposure to the conditions causing or aggravating such bodily injury by disease must occur during the policy period.

B. We Will Pay

We will pay promptly when due the benefits required of you by the workers compensation law.

C. We Will Defend

We have the right and duty to defend at our expense any claim, proceeding or suit against you for benefits payable by this insurance. We have the right to investigate and settle these claims, proceedings or suits.

**Workers Compensation and Employers Liability Insurance Policy
Insurer: Missouri Employers Mutual Insurance Company**

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

We have no duty to defend a claim, proceeding or suit that is not covered by this insurance.

D. We Will Also Pay

We will also pay these costs, in addition to other amounts payable under this insurance, as part of any claim, proceeding or suit we defend:

1. reasonable expenses incurred at our request, but not loss of earnings;
2. premiums for bonds to release attachments and for appeal bonds in bond amounts up to the amount payable under this insurance;
3. litigation costs taxed against you;
4. interest on a judgment as required by law until we offer the amount due under this insurance;
and
5. expenses we incur.

E. Other Insurance

We will not pay more than our share of benefits and costs covered by this insurance and other insurance or self-insurance. Subject to any limits of liability that may apply, all shares will be equal until the loss is paid. If any insurance or self-insurance is exhausted, the shares of all remaining insurance will be equal until the loss is paid.

F. Payments You Must Make

You are responsible for any payments in excess of the benefits regularly provided by the workers compensation law including those required because:

1. of your serious and willful misconduct;
2. you knowingly employ an employee in violation of law;
3. you fail to comply with a health or safety law or regulation; or
4. you discharge, coerce or otherwise discriminate against any employee in violation of the workers compensation law.

If we make any payments in excess of the benefits regularly provided by the workers compensation law on your behalf, you will reimburse us promptly.

G. Recovery From Others

We have your rights, and the rights of persons entitled to the benefits of this insurance, to recover our payments from anyone liable for the injury. You will do everything necessary to protect those rights for us and to help us enforce them.

H. Statutory Provisions

These statements apply where they are required by law.

1. As between an injured worker and us, we have notice of the injury when you have notice.
2. Your default or the bankruptcy or insolvency of you or your estate will not relieve us of our duties under this insurance after an injury occurs.

**Workers Compensation and Employers Liability Insurance Policy
Insurer: Missouri Employers Mutual Insurance Company**

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

3. We are directly and primarily liable to any person entitled to the benefits payable by this insurance. Those persons may enforce our duties; so may an agency authorized by law. Enforcement may be against us or against you and us.
4. Jurisdiction over you is jurisdiction over us for purposes of the workers compensation law. We are bound by decisions against you under that law, subject to the provisions of this policy that are not in conflict with that law.
5. This insurance conforms to the parts of the workers compensation law that apply to:
 - a. benefits payable by this insurance;
 - b. special taxes, payments into security or other special funds, and assessments payable by us under that law.
6. Terms of this insurance that conflict with the workers compensation law are changed by this statement to conform to that law.

Nothing in these paragraphs relieves you of your duties under this policy.

PART TWO - EMPLOYERS LIABILITY INSURANCE

A. How This Insurance Applies

This employers liability insurance applies to bodily injury by accident or bodily injury by disease. Bodily injury includes resulting death.

1. The bodily injury must arise out of and in the course of the injured employee's employment by you.
2. The employment must be necessary or incidental to your work in a state or territory listed in Item 3.A. of the Information Page.
3. Bodily injury by accident must occur during the policy period.
4. Bodily injury by disease must be caused or aggravated by the conditions of your employment. The employee's last day of last exposure to the conditions causing or aggravating such bodily injury by disease must occur during the policy period.
5. If you are sued, the original suit and any related legal actions for damages for bodily injury by accident or by disease must be brought in the United States of America, its territories or possessions, or Canada.

B. We Will Pay

We will pay all sums that you legally must pay as damages because of bodily injury to your employees, provided the bodily injury is covered by this Employers Liability Insurance.

The damages we will pay, where recovery is permitted by law, include damages:

1. For which you are liable to a third party by reason of a claim or suit against you by that third party to recover the damages claimed against such third party as a result of injury to your employee;
2. For care and loss of services; and
3. For consequential bodily injury to a spouse, child, parent, brother or sister of the injured employee; provided that these damages are the direct consequence of bodily injury that arises out of and in the course of the injured employee's employment by you; and

**Workers Compensation and Employers Liability Insurance Policy
Insurer: Missouri Employers Mutual Insurance Company**

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

4. Because of bodily injury to your employee that arises out of and in the course of employment, claimed against you in a capacity other than as employer.

C. Exclusions

This insurance does not cover:

1. Liability assumed under a contract. This exclusion does not apply to a warranty that your work will be done in a workmanlike manner;
2. Punitive or exemplary damages because of bodily injury to an employee employed in violation of law;
3. Bodily injury to an employee while employed in violation of law with your actual knowledge or the actual knowledge of any of your executive officers;
4. Any obligation imposed by a workers compensation, occupational disease, unemployment compensation, or disability benefits law, or any similar law;
5. Bodily injury intentionally caused or aggravated by you;
6. Bodily injury occurring outside the United States of America, its territories or possessions, and Canada. This exclusion does not apply to bodily injury to a citizen or resident of the United States of America or Canada who is temporarily outside these countries;
7. Damages arising out of coercion, criticism, demotion, evaluation, reassignment, discipline, defamation, harassment, humiliation, discrimination against or termination of any employee, or any personnel practices, policies, acts or omissions;
8. Bodily injury to any person in work subject to the Longshore and Harbor Workers' Compensation Act (33 U.S.C. Sections 901 et seq.), the Nonappropriated Fund Instrumentalities Act (5 U.S.C. Sections 8171 et seq.), the Outer Continental Shelf Lands Act (43 U.S.C. Sections 1331 et seq.), the Defense Base Act (42 U.S.C. Sections 1651-1654), the Federal Mine Safety and Health Act (30 U.S.C. Sections 801 et seq. and 901-944), any other federal workers or workmen's compensation law or other federal occupational disease law, or any amendments to these laws;
9. Bodily injury to any person in work subject to the Federal Employers' Liability Act (45 U.S.C. Sections 51 et seq.), any other federal laws obligating an employer to pay damages to an employee due to bodily injury arising out of or in the course of employment, or any amendments to those laws;
10. Bodily injury to a master or member of the crew of any vessel, and does not cover punitive damages related to your duty or obligation to provide transportation, wages, maintenance, and cure under any applicable maritime law;
11. Fines or penalties imposed for violation of federal or state law; and
12. Damages payable under the Migrant and Seasonal Agricultural Worker Protection Act (29 U.S.C. Sections 1801 et seq.) and under any other federal law awarding damages for violation of those laws or regulations issued thereunder, and any amendments to those laws.

D. We Will Defend

We have the right and duty to defend, at our expense, any claim, proceeding or suit against you for damages payable by this insurance. We have the right to investigate and settle these claims, proceedings and suits.

We have no duty to defend a claim, proceeding or suit that is not covered by this insurance. We have no duty to defend or continue defending after we have paid our applicable limit of liability under this insurance.

**Workers Compensation and Employers Liability Insurance Policy
Insurer: Missouri Employers Mutual Insurance Company**

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

E. We Will Also Pay

We will also pay these costs, in addition to other amounts payable under this insurance, as part of any claim, proceeding, or suit we defend:

1. Reasonable expenses incurred at our request, but not loss of earnings;
2. Premiums for bonds to release attachments and for appeal bonds in bond amounts up to the limit of our liability under this insurance;
3. Litigation costs taxed against you;
4. Interest on a judgment as required by law until we offer the amount due under this insurance; and
5. Expenses we incur.

F. Other Insurance

We will not pay more than our share of damages and costs covered by this insurance and other insurance or self-insurance. Subject to any limits of liability that apply, all shares will be equal until the loss is paid. If any insurance or self-insurance is exhausted, the shares of all remaining insurance and self-insurance will be equal until the loss is paid.

G. Limits of Liability

Our liability to pay for damages is limited. Our limits of liability are shown in Item 3.B. of the Information Page. They apply as explained below.

1. Bodily Injury by Accident. The limit shown for "bodily injury by accident-each accident" is the most we will pay for all damages covered by this insurance because of bodily injury to one or more employees in any one accident.

A disease is not bodily injury by accident unless it results directly from bodily injury by accident.
2. Bodily Injury by Disease. The limit shown for "bodily injury by disease-policy limit" is the most we will pay for all damages covered by this insurance and arising out of bodily injury by disease, regardless of the number of employees who sustain bodily injury by disease. The limit shown for "bodily injury by disease-each employee" is the most we will pay for all damages because of bodily injury by disease to any one employee.

Bodily injury by disease does not include disease that results directly from a bodily injury by accident.
3. We will not pay any claims for damages after we have paid the applicable limit of our liability under this insurance.

H. Recovery From Others

We have your rights to recover our payment from anyone liable for an injury covered by this insurance. You will do everything necessary to protect those rights for us and to help us enforce them.

I. Actions Against Us

There will be no right of action against us under this insurance unless:

1. You have complied with all the terms of this policy; and
2. The amount you owe has been determined with our consent or by actual trial and final judgment.

**Workers Compensation and Employers Liability Insurance Policy
Insurer: Missouri Employers Mutual Insurance Company**

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

This insurance does not give anyone the right to add us as a defendant in an action against you to determine your liability. The bankruptcy or insolvency of you or your estate will not relieve us of our obligations under this Part.

PART THREE - OTHER STATES INSURANCE

A. How This Insurance Applies

1. This other states insurance applies only if one or more states are shown in Item 3.C. of the Information Page.
2. If you begin work in any one of those states after the effective date of this policy and are not insured or are not self-insured for such work, all provisions of the policy will apply as though that state were listed in Item 3.A. of the Information Page.
3. We will reimburse you for the benefits required by the workers compensation law of that state if we are not permitted to pay the benefits directly to persons entitled to them.
4. If you have work on the effective date of this policy in any state not listed in Item 3.A. of the Information Page, coverage will not be afforded for that state unless we are notified within thirty days.

B. Notice

Tell us at once if you begin work in any state listed in Item 3.C. of the Information Page.

PART FOUR - YOUR DUTIES IF INJURY OCCURS

Tell us at once if injury occurs that may be covered by this policy. Your other duties are listed here.

1. Provide for immediate medical and other services required by the workers compensation law.
2. Give us or our agent the names and addresses of the injured persons and of witnesses, and other information we may need.
3. Promptly give us all notices, demands and legal papers related to the injury, claim, proceeding or suit.
4. Cooperate with us and assist us, as we may request, in the investigation, settlement or defense of any claim, proceeding or suit.
5. Do nothing after an injury occurs that would interfere with our right to recover from others.
6. Do not voluntarily make payments, assume obligations or incur expenses, except at your own cost.

PART FIVE - PREMIUM

A. Our Manuals

All premium for this policy will be determined by our manuals of rules, rates, rating plans and classifications. We may change our manuals and apply the changes to this policy if authorized by law or a governmental agency regulating this insurance.

B. Classifications

Item 4 of the Information Page shows the rate and premium basis for certain business or work classifications. These classifications were assigned based on an estimate of the exposures you would have

**Workers Compensation and Employers Liability Insurance Policy
Insurer: Missouri Employers Mutual Insurance Company**

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

during the policy period. If your actual exposures are not properly described by those classifications, we will assign proper classifications, rates and premium basis by endorsement to this policy.

C. Remuneration

Premium for each work classification is determined by multiplying a rate times a premium basis. Remuneration is the most common premium basis. This premium basis includes payroll and all other remuneration paid or payable during the policy period for the services of:

1. all your officers and employees engaged in work covered by this policy; and
2. all other persons engaged in work that could make us liable under Part One (Workers Compensation Insurance) of this policy. If you do not have payroll records for these persons, the contract price for their services and materials may be used as the premium basis. This paragraph 2 will not apply if you give us proof that the employers of these persons lawfully secured their workers compensation obligations.

D. Premium Payments

You will pay all premium when due. You will pay the premium even if part or all of a workers compensation law is not valid.

E. Final Premium

The premium shown on the Information Page, schedules, and endorsements is an estimate. The final premium will be determined after this policy ends by using the actual, not the estimated, premium basis and the proper classifications and rates that lawfully apply to the business and work covered by this policy. If the final premium is more than the premium you paid to us, you must pay us the balance. If it is less, we will refund the balance to you. The final premium will not be less than the highest minimum premium for the classifications covered by this policy.

If this policy is canceled, final premium will be determined in the following way unless our manuals provide otherwise:

1. If we cancel, final premium will be calculated pro rata based on the time this policy was in force. Final premium will not be less than the pro rata share of the minimum premium.
2. If you cancel, final premium will be more than pro rata; it will be based on the time this policy was in force, and increased by our short-rate cancellation table and procedure. Final premium will not be less than the minimum premium.

F. Records

You will keep records of information needed to compute premium. You will provide us with copies of those records when we ask for them.

G. Audit

You will let us examine and audit all your records that relate to this policy. These records include ledgers, journals, registers, vouchers, contracts, tax reports, payroll and disbursement records, and programs for storing and retrieving data. We may conduct the audits during regular business hours during the policy period and within three years after the policy period ends. Information developed by audit will be used to determine final premium. Insurance rate service organizations have the same rights we have under this provision.

**Workers Compensation and Employers Liability Insurance Policy
Insurer: Missouri Employers Mutual Insurance Company**

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

PART SIX - CONDITIONS

A. Inspection

We have the right, but are not obliged to inspect your workplaces at any time. Our inspections are not safety inspections. They relate only to the insurability of the workplaces and the premiums to be charged. We may give you reports on the conditions we find. We may also recommend changes. While they may help reduce losses, we do not undertake to perform the duty of any person to provide for the health or safety of your employees or the public. We do not warrant that your workplaces are safe or healthful or that they comply with laws, regulations, codes or standards. Insurance rate service organizations have the same rights we have under this provision.

B. Long Term Policy

If the policy period is longer than one year and sixteen days, all provisions of this policy will apply as though a new policy were issued on each annual anniversary that this policy is in force.

C. Transfer of Your Rights and Duties

Your rights or duties under this policy may not be transferred without our written consent.

If you die and we receive notice within thirty days after your death, we will cover your legal representative as insured.

D. Cancellation

1. You may cancel this policy. You must mail or deliver advance written notice to us stating when the cancellation is to take effect.
2. We may cancel this policy. We must mail or deliver to you not less than ten days advance written notice stating when the cancellation is to take effect. Mailing that notice to you at your mailing address shown in Item 1 of the Information Page will be sufficient to prove notice.
3. The policy period will end on the day and hour stated in the cancellation notice.
4. Any of these provisions that conflict with a law that controls the cancellation of the insurance in this policy is changed by this statement to comply with the law.

E. Sole Representative

The insured first named in Item 1 of the Information Page will act on behalf of all insureds to change this policy, receive return premium, and give or receive notice of cancellation.

Policy Number: MEM 1021213-16

**Workers Compensation and Employers Liability Insurance Policy
Insurer: Missouri Employers Mutual Insurance Company**

EXPERIENCE RATING MODIFICATION FACTOR ENDORSEMENT

Insured: County of Cole

Effective Date: 12/31/2023

The policy period is from: 12/31/2023 to: 12/31/2024

The premium for the policy will be adjusted by an experience rating modification factor. The factor was not available when the policy was issued. The factor, if any, shown on the Information Page is an estimate. We will issue an endorsement to show the proper factor, if different from the factor shown, when it is calculated.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

ISSUE DATE: 11/28/2023

**Workers Compensation and Employers Liability Insurance Policy
Insurer: Missouri Employers Mutual Insurance Company**

PREMIUM DISCOUNT ENDORSEMENT

Insured: County of Cole

Effective Date: 12/31/2023

The policy period is from: 12/31/2023 to: 12/31/2024

The premium for this policy and the policies, if any, listed in Item 3 of the Schedule may be eligible for a discount. This endorsement shows your estimated discount in Items 1 or 2 of the Schedule. The final calculation of premium discount will be determined by our manuals and your premium basis as determined by audit. Premium subject to retrospective rating is not subject to premium discount.

Schedule

1. <u>State</u>				<u>Estimated Eligible Premium</u>					
	First	Next	Next	Next	Next	Next	Next	Next	
MO	\$10,000	\$15,000	\$25,000	\$25,000	\$25,000	\$100,000	\$1,550,000	\$1,750,000	
	0.0%	4.5%	5.0%	7.0%	8.5%	9.5%	11.3%	12.3%	

2. Average percentage discount:

3. Other policies:

4. If there are no entries in Items 1, 2 and 3 of the Schedule, see the Premium Discount Endorsement attached to your policy number:

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

Policy Number: MEM 1021213-16

**Workers Compensation and Employers Liability Insurance Policy
Insurer: Missouri Employers Mutual Insurance Company**

**90-DAY REPORTING REQUIREMENT - NOTIFICATION
OF CHANGE IN OWNERSHIP ENDORSEMENT**

Insured: County of Cole

Effective Date: 12/31/2023

The policy period is from: 12/31/2023 to: 12/31/2024

You must report any change in ownership to us in writing within 90 days of the date of the change. Change in ownership includes sales, purchases, other transfers, mergers, consolidations, dissolutions, formations of a new entity, and other changes provided for in the applicable experience rating plan. Experience rating is mandatory for all eligible insureds. The experience rating modification factor, if any, applicable to this policy, may change if there is a change in your ownership or in that of one or more of the entities eligible to be combined with you for experience rating purposes.

Failure to report any change in ownership, regardless of whether the change is reported within 90 days of such change, may result in revision of the experience rating modification factor used to determine your premium.

This reporting requirement applies regardless of whether an experience rating modification is currently applicable to this policy.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

ISSUE DATE: 11/28/2023

**Workers Compensation and Employers Liability Insurance Policy
Insurer: Missouri Employers Mutual Insurance Company**

PART FIVE - PREMIUM AMENDATORY ENDORSEMENT

Insured: County of Cole

Effective Date: 12/31/2023

The policy period is from: 12/31/2023 to: 12/31/2024

This endorsement amends Part Five - Premium of the policy as follows:

Part Five - Premium, Section A. (Our Manuals) is replaced by this provision:

A. Our Manuals

All premium for this policy will be determined by our manuals of rules, rates and loss costs (as applicable), rating plans, forms, endorsements, and classifications, and such manuals are expressly incorporated by reference into, and apply to, this policy and any renewals (our manuals). As used in this policy and any renewals, our manuals means manuals that have been:

1. Developed in any format and filed by the state-designated workers compensation rating or advisory organization on our behalf with the appropriate state insurance regulatory authority; or
2. Developed in any format and filed by the respective state rating bureau on our behalf with the appropriate state insurance regulatory authority; or
3. Developed in any format and filed by us with the appropriate state insurance regulatory authority; and
4. For each or any of the three scenarios above, the manuals also must be approved for use by the appropriate state insurance regulatory authority, or as otherwise authorized by law as applicable.

We may change our manuals and apply the changes to this policy and any renewals if such manual changes are approved for use by the appropriate state insurance regulatory authority, or as otherwise authorized by law as applicable.

Part Five - Premium, Section D. (Premium Payments) is replaced by the following provision.

D. Premium Payments

You will pay all premium when due. You will pay the premium even if part or all of a workers compensation law is not valid. The due date for audit and retrospective premiums is the due date specified in the billing for the policy.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

Policy Number: MEM 1021213-16

**Workers Compensation and Employers Liability Insurance Policy
Insurer: Missouri Employers Mutual Insurance Company**

**CATASTROPHE (OTHER THAN CERTIFIED ACTS
OF TERRORISM) PREMIUM ENDORSEMENT**

Insured: County of Cole

Effective Date: 12/31/2023

The policy period is from: 12/31/2023 to: 12/31/2024

This endorsement is notification that we are charging premium to cover the losses that may occur in the event of a Catastrophe (Other Than Certified Acts of Terrorism) as that term is defined below. Your policy provides coverage for workers compensation losses caused by a Catastrophe (Other Than Certified Acts of Terrorism). Coverage for such losses is subject to all terms, definitions, exclusions, and conditions in your policy, and any applicable federal and/or state laws, rules, or regulations. This premium charge does not provide funding for Certified Acts of Terrorism contemplated under the Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement, attached to this policy.

For purposes of this endorsement, Catastrophe (Other Than Certified Acts of Terrorism) is defined as: A single event, or peril resulting in a group of claims with aggregate workers compensation losses in excess of \$50 million. This \$50 million threshold applies per occurrence, across all states for which claims arise from a single event or peril.

The premium charge for the coverage your policy provides for workers compensation losses caused by a Catastrophe (Other Than Certified Acts of Terrorism) is shown in Item 4 of the Information Page or in the Schedule below.

Schedule

State

Rate

Premium

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

**Workers Compensation and Employers Liability Insurance Policy
Insurer: Missouri Employers Mutual Insurance Company**

Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement

Insured: County of Cole

Effective Date: 12/31/2023

The policy period is from: 12/31/2023 to: 12/31/2024

This endorsement addresses the requirements of the Terrorism Risk Insurance Act of 2002 as amended and extended by the Terrorism Risk Insurance Program Reauthorization Act of 2019. It serves to notify you of certain limitations under the Act, and that your insurance carrier is charging premium for losses that may occur in the event of an Act of Terrorism.

Your policy provides coverage for workers compensation losses caused by Acts of Terrorism, including workers compensation benefit obligations dictated by state law. Coverage for such losses is still subject to all terms, definitions, exclusions, and conditions in your policy, and any applicable federal and/or state laws, rules, or regulations.

Definitions

The definitions provided in this endorsement are based on and have the same meaning as the definitions in the Act. If words or phrases not defined in this endorsement are defined in the Act, the definitions in the Act will apply.

"Act" means the Terrorism Risk Insurance Act of 2002, which took effect on November 26, 2002, and any amendments thereto, including any amendments resulting from the Terrorism Risk Insurance Program Reauthorization Act of 2019.

"Act of Terrorism" means any act that is certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security, and the Attorney General of the United States as meeting all of the following requirements:

- a. The act is an act of terrorism.
- b. The act is violent or dangerous to human life, property, or infrastructure.
- c. The act resulted in damage within the United States, or outside of the United States in the case of the premises of United States missions or certain air carriers or vessels.
- d. The act has been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

"Insured Loss" means any loss resulting from an act of terrorism (and, except for Pennsylvania, including an act of war, in the case of workers compensation) that is covered by primary or excess property and casualty insurance issued by an insurer if the loss occurs in the United States or at the premises of United States missions or to certain air carriers or vessels.

"Insurer Deductible" means, for the period beginning on January 1, 2021, and ending on December 31, 2027, an amount equal to 20% of our direct earned premiums, during the immediately preceding calendar year.

Limitation of Liability

The Act limits our liability to you under this policy. If aggregate Insured Losses exceed \$100,000,000,000 in a calendar year and if we have met our Insurer Deductible, we are not liable for the payment of any portion of the amount of Insured Losses that exceeds \$100,000,000,000; and for aggregate Insured Losses up to \$100,000,000,000, we will pay only a pro rata share of such Insured Losses as determined by the Secretary of the Treasury.

**Workers Compensation and Employers Liability Insurance Policy
Insurer: Missouri Employers Mutual Insurance Company**

Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement

Insured: County of Cole

Effective Date: 12/31/2023

The policy period is from: 12/31/2023 to: 12/31/2024

Policyholder Disclosure Notice

1. Insured Losses would be partially reimbursed by the United States Government. If the aggregate industry Insured Losses occurring in any calendar year exceed \$200,000,000, the United States Government would pay 80% of our Insured Losses that exceed our Insurer Deductible.
2. Notwithstanding item 1 above, the United States Government will not make any payment under the Act for any portion of Insured Losses that exceed \$100,000,000,000.
3. The premium charge for the coverage your policy provides for Insured Losses is included in the amount shown in Item 4 of the Information Page or in the Schedule below.

Schedule

State

Rate

Premium

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

Policy Number: MEM 1021213-16

**Workers Compensation and Employers Liability Insurance Policy
Insurer: Missouri Employers Mutual Insurance Company**

EXPERIENCE RATING MODIFICATION FACTOR REVISION ENDORSEMENT

Insured: County of Cole

Effective Date: 12/31/2023

The policy period is from: 12/31/2023 to: 12/31/2024

This endorsement is added to Part Five - Premium of the policy.

The premium for the policy is adjusted by an experience rating modification factor. The factor shown on the Information Page may be revised and applied to the policy in accordance with our manuals and endorsements. We will issue an endorsement to show the revised factor, if different from the factor shown, when it is calculated.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

ISSUE DATE: 11/28/2023

**Workers Compensation and Employers Liability Insurance Policy
Insurer: Missouri Employers Mutual Insurance Company**

Missouri Notification of Additional Mesothelioma Benefits Endorsement

Insured: County of Cole

Effective Date: 12/31/2023

The policy period is from: 12/31/2023 to: 12/31/2024

This endorsement applies only to insurance provided by the policy because Missouri is shown in Item 3.A. of the Information Page.

Section 287.200.4, subdivision (3), of the Missouri Revised Statutes provides additional benefits in the case of occupational diseases due to toxic exposure that are diagnosed to be mesothelioma and result in permanent total disability or death. Your policy provides insurance for these additional benefits.

If you reject liability for mesothelioma additional benefits provided under Section 287.200.4, subdivision (3), of the Missouri Revised Statutes, you must notify us of this election. Once you notify us, we will endorse this policy to exclude insurance for these additional benefits. If you reject liability for mesothelioma additional benefits, the exclusive remedy provisions under Missouri Revised Statutes Section 287.120 shall not apply to your liability for mesothelioma additional benefits.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

Policy Number: MEM 1021213-16

**Workers Compensation and Employers Liability Insurance Policy
Insurer: Missouri Employers Mutual Insurance Company**

MISSOURI CONTRACTING CLASSIFICATION PREMIUM ADJUSTMENT ENDORSEMENT

Insured: County of Cole

Effective Date: 12/31/2023

The policy period is from: 12/31/2023 to: 12/31/2024

The premium for the policy may be adjusted by a Missouri Contracting Classification Premium Adjustment factor. The factor was not available when the policy was issued. If you qualify, we will issue an endorsement to show the premium adjustment factor after it is calculated.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

ISSUE DATE: 11/28/2023

**Workers Compensation and Employers Liability Insurance Policy
Insurer: Missouri Employers Mutual Insurance Company**

MISSOURI EMPLOYER PAID MEDICAL ENDORSEMENT

Insured: County of Cole

Effective Date: 12/31/2023

The policy period is from: 12/31/2023 to: 12/31/2024

This endorsement applies because Missouri is shown in Item 3.A. of the Information Page.

As a Missouri employer, you have the right, as provided by Section 287.957 of the Revised Statutes of Missouri, to have medical-only claims that do not exceed 20% of the current primary and excess loss split point amount, as shown in the Schedule below, excluded from your experience rating modification calculation. This will only be allowed when you pay all of the employee's medical costs, there is no lost time from the employment, other than the first three days or less of disability; and no claim is filed. The current primary and excess loss split point amount is provided in the rating values of NCCI's *Experience Rating Plan Manual*. **You still must report all injuries, regardless of the dollar amount, to the Division of Workers' Compensation and to us.**

However, it should be noted that if, at any time, the medical expenses that are paid out of pocket due to a particular injury ever exceed 20% of the current primary and excess loss split point amount, and/or the employee misses more than three days from work due to the injury, then this injury must be reported to us as a claim. We will pay the full amount of the claim, which includes any reimbursements due to you for past medical expenses incurred by you for this particular claim. As a result, the total amount of losses incurred by us due to this claim will be included in your experience rating modification calculation.

Schedule

20% of the Current Primary and Excess Loss Split Point Amount	\$3,700.00
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This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

**Workers Compensation and Employers Liability Insurance Policy
Insurer: Missouri Employers Mutual Insurance Company**

**MISSOURI PROPERTY AND CASUALTY GUARANTY
ASSOCIATION NOTIFICATION ENDORSEMENT**

Insured: County of Cole

Effective Date: 12/31/2023

The policy period is from: 12/31/2023 to: 12/31/2024

This endorsement applies only to the insurance provided by the policy because Missouri is shown in Item 3.A. of the Information Page.

Missouri Property and Casualty Insurance Guaranty Association Coverage Limits:

1. Subject to the provisions of the Missouri Property and Casualty Insurance Guaranty Association Act (Act), if we are a member of the Missouri Property and Casualty Insurance Guaranty Association (Association), the Association will pay claims covered under the Act if we become insolvent.
2. The Act contains various exclusions, conditions and limitations that govern a claimant's eligibility to collect payment from the Association and affect the amount of any payment. The following limitation applies subject to all other provisions of the Act:
 - a. Claims covered by the Association do not include a claim by or against an insured of an insolvent insurer if the insured has a net worth of more than \$25 million on the later of the end of the insured's most recent fiscal year or the December thirty-first of the year next preceding the date the insurer becomes an insolvent insurer; provided that an insured's net worth on such date shall be deemed to include the aggregate net worth of the insured and all of its affiliates as calculated on a consolidated basis.

If the insured prepares an annual report to shareholders, or an annual report to management reflecting net worth, then such report for the fiscal year immediately preceding the date of insolvency of the insurer will be used to determine net worth.

However, the association will not:

- (1) Pay an amount in excess of the applicable limit of insurance of the policy from which a claim arises; or
- (2) Return to an insured any unearned premium in excess of \$25,000.

These limitations have no effect on the coverage we will provide under this policy.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

**Workers Compensation and Employers Liability Insurance Policy
Insurer: Missouri Employers Mutual Insurance Company**

MISSOURI AMENDATORY ENDORSEMENT

Insured: County of Cole

Effective Date: 12/31/2023

The policy period is from: 12/31/2023 to: 12/31/2024

This endorsement applies because Missouri is shown in Item 3.A. of the Information Page.

Part Five - Premium, Section G (Audit) of the policy is replaced by the following:

G. Audit

You will let us examine and audit all of your records relating to this policy during regular business hours throughout and after the policy period. These records include ledgers, journals, registers, vouchers, contracts, tax reports, payroll and disbursement records, and programs for storing and retrieving data. Information developed by audit will be used to determine final premium. Insurance rate service organizations have the same rights that we have under this provision.

Audits must be completed and billed, and any premiums will be returned, within 120 days of policy expiration or cancellation unless:

1. Delay is caused by your failure to respond to reasonable audit requests, provided that the requests are timely and adequately documented; or
2. A written agreement between you and us provides a longer time frame.

If you or we have any objection to the results of any audit, you or we may send a written notice demanding a reconsideration of the audit within three years from the date of expiration or cancellation of this policy. The written notice must be based upon sufficiently clear and specific facts as to why the audit should be reconsidered.

If you do not allow us to examine and audit all of your records relating to this policy, and/or do not provide audit information as timely and reasonably requested, we may apply an Audit Noncompliance Charge equal to a maximum of up to two times the estimated annual premium. The method for determining the Audit Noncompliance Charge is shown in the Schedule below.

If you allow us to examine and audit all of your records after we have applied an Audit Noncompliance Charge, we will revise your premium in accordance with our manuals and Part 5-Premium, E.(Final Premium) of this policy.

Failure to cooperate with this policy provision may also result in the cancellation of your insurance coverage, as specified under the policy and allowed under Missouri law.

Basis of Audit Noncompliance Charge	<u>Schedule</u>	Maximum Audit Noncompliance Charge Multiplier
\$320,460.00		2

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

Policy Number: MEM 1021213-16

**Workers Compensation and Employers Liability Insurance Policy
Insurer: Missouri Employers Mutual Insurance Company**

EXPERIENCE MODIFICATION ENDORSEMENT

Insured: County of Cole

Effective Date: 12/31/2023

The policy period is from: 12/31/2023 to: 12/31/2024

Experience Modification is changed to read:

MO - 12/31/2023 to 12/31/2024 - 0.83

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

ISSUE DATE: 11/28/2023

**Workers Compensation and Employers Liability Insurance Policy
Insurer: Missouri Employers Mutual Insurance Company**

LIMITED COVERAGE FOR TEMPORARY AND INCIDENTAL OPERATIONS IN OTHER STATES

Insured: County of Cole

Effective Date: 12/31/2023

The policy period is from: 12/31/2023 to: 12/31/2024

"PART THREE-OTHER STATES INSURANCE" of the policy is replaced by the following:

PART THREE-LIMITED COVERAGE FOR TEMPORARY AND INCIDENTAL OPERATIONS IN OTHER STATES

A. How this insurance applies:

1. We will pay promptly, when required by the workers compensation law of Missouri, the benefits due to employees pursuant to Missouri law if the claim for such benefits involves work performed by a Missouri Employee and all conditions of this policy are met. For the purpose of this endorsement, a Missouri Employee is someone who is an employee under Missouri law **AND** whose claim is filed in and satisfies the jurisdiction requirements of the State of Missouri.
2. If we are not permitted to pay the benefits directly to persons entitled to them under circumstances described in Item 1. above, we will reimburse you for the benefits required to be paid.

B. This insurance does not apply to:

1. Any employee unless the employee is a covered employee under Missouri law.
2. Any person claiming benefits under the workers compensation law of any state that requires you to obtain coverage in such state before you begin work in such state; or
3. Any person claiming benefits in a state for which you have workers compensation coverage; or
4. Your operations in any state other than Missouri, unless these operations are of a temporary and incidental nature, and are performed by a covered employee under Missouri law and all terms of this policy.
5. Fines or penalties arising out of your failure to comply with the requirements of the workers compensation law.

IMPORTANT NOTICE

If you hire any employees outside of Missouri or begin operations in any state other than Missouri, you must obtain insurance coverage in that state and do whatever else may be required under that state's law, as this endorsement does not satisfy the requirements of that state's workers compensation law.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

**Workers Compensation and Employers Liability Insurance Policy
Insurer: Missouri Employers Mutual Insurance Company**

INSTALLMENT SCHEDULE		
Insured: County of Cole		Effective Date: 12/31/2023
The policy period is from: 12/31/2023 to: 12/31/2024		
Installment/Endorsement No.	Installment Amount*	Due Date
Downpayment	\$62,250.90	01/20/2024
Installment#1	\$33,477.89	02/20/2024
Installment#2	\$33,477.89	03/20/2024
Installment#3	\$33,477.89	04/20/2024
Installment#4	\$33,477.89	05/20/2024
Installment#5	\$33,477.89	06/20/2024
Installment#6	\$33,477.89	07/20/2024
Installment#7	\$33,477.88	08/20/2024
Installment#8	\$33,477.88	09/20/2024
Total	\$330,074.00	
*A service fee will be added to each installment - if applicable		

Policy Number: MEM 1021213-16

Workers Compensation and Employers Liability Insurance Policy
Insurer: Missouri Employers Mutual Insurance Company

SECOND INJURY FUND SURCHARGE

Insured: County of Cole

Effective Date: 12/31/2023

The policy period is from: 12/31/2023 to: 12/31/2024

In addition to the premium charged by Missouri Employers Mutual Insurance, the Missouri Division of Workers' Compensation has made the policy subject to a surcharge. The surcharge will finance the Second Injury Fund.

The amount of the surcharge will be shown on the Policy Information Page and collected from you at the same time that we collect your premium. We will then remit the amount due to the State of Missouri. Any adjustments to your premium will require an adjustment to the surcharge.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

ISSUE DATE: 11/28/2023

Workers Compensation and Employers Liability Insurance Policy
Insurer: Missouri Employers Mutual Insurance Company

PAYMENT PLAN ENDORSEMENT

Insured: County of Cole

Effective Date: 12/31/2023

The policy period is from: 12/31/2023 to: 12/31/2024

Please check your Policy Information Page to see the basis upon which your policy was issued, in order to determine which of the following apply:

Annual Payment:

The premium for this policy is payable in full before the policy's effective date. This premium is based on the estimates shown on your Policy Information Page. The premium for each annual period of this policy is subject to a final audit. If the policy was issued without payment, payment in full must be received by the invoice due date, or the policy will be canceled.

EZ-Pay:

The premium for this policy will be calculated based on the EZ-Pay pay plan indicated on your Policy Information Page. The online premium reporting form must be filled out and submitted with the premium payment from the approved payroll service company. The policy will be canceled if the report and premium are not received by the due date. Any unpaid premium balance will be billed to you. Any remaining funds will be returned to you, subject to the final audit. Premium reports received are subject to review.

Installment Payments:

The premium for this policy is based on the estimates indicated on your Policy Information Page and will be divided into the installments listed. Premium is due on or before the date shown on the installment billing statement. The policy will be canceled if the premium is not received by the due date on the installment billing. Any unpaid premium balance will be billed to you. Any remaining funds will be returned to you, subject to the final audit.

Monthly Premium Reporting:

The premium for this policy will be calculated monthly based on the pay plan indicated on your Policy Information Pages. The online premium reporting form must be filled out and submitted with the premium payment each month. The policy will be canceled if the report and premium are not received by the due date. In the event of cancellation, any security deposit will be applied to the unpaid premium balance after the final audit. If an additional balance remains, it will be billed to you. If there is a credit balance after the final audit, those funds will be returned to you. Premium reports received are subject to review.

Pay-As-You-Go:

The premium for this policy will be calculated based on the Pay-As-You-Go pay plan indicated on your Policy Information Page. The online premium reporting form must be filled out and submitted with the premium payment by the approved payroll service vendor. Your policy will be canceled if the report and premium are not received by the due date. Any unpaid premium balance will be billed to you. Any remaining funds will be returned to you, subject to the final audit. Premium reports received are subject to review.

Quarterly Premium Reporting:

The premium for this policy will be calculated quarterly based on the pay plan indicated on your Policy Information Pages. The online premium reporting form must be filled out and submitted with the premium payment at the end of each calendar quarter. The policy will be canceled if the report and premium are not received by the due date. In the event of cancellation, any security deposit will be applied to the unpaid premium balance after the final audit. If an additional balance remains, it will be billed to you. If there is a credit balance after the final audit, those funds will be returned to you. Premium reports received are subject to review.

Workers Compensation and Employers Liability Insurance Policy
Insurer: Missouri Employers Mutual Insurance Company

Safety Grant Program Endorsement

Insured: County of Cole

Effective Date: 12/31/2023

The policy period is from: 12/31/2023 to: 12/31/2024

We offer all MEM policyholders the opportunity to apply for a grant through our Safety Grant Program. The objective of the Safety Grant Program is to offer matching funds to financially assist employers in the implementation of approved programs or equipment that reduce injuries and illnesses associated with a particular workplace. Grants are awarded to selected applicants that meet certain eligibility criteria and best satisfy the Safety Grant Program goals for the Program Year as determined by an internal selection committee.

Details of the Safety Grant Program and the application process can be found on our website at www.mem-ins.com or by contacting MEM's Safety & Risk Services Department at 1-888-499-SAFE (7233).

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

Workers Compensation and Employers Liability Insurance Policy
Insurer: Missouri Employers Mutual Insurance Company

CANCELLATION AND NONRENEWAL ENDORSEMENT

Insured: County of Cole

Effective Date: 12/31/2023

The policy period is from: 12/31/2023 to: 12/31/2024

This endorsement applies only to the insurance provided by the policy because Missouri is shown in Item 3.A. of the Information Page.

The **Cancellation** Condition of the policy is replaced by the following:

Cancellation

1. You may cancel this policy. You will mail or deliver advance written notice to us, stating when the cancellation is to take effect.
2. We may cancel this policy. We will mail or deliver to you not less than 60 days advance written notice stating when the cancellation is to take effect and our reason for the cancellation. Proof of mailing of this notice to you at your mailing address shown in Item 1 of the Information Page will be sufficient to prove notice. This notice shall be the last and final notice of cancellation of your policy prior to the effective date and time of cancellation indicated in the notice. You hereby agree to the sufficiency of this notice for this purpose. Any additional communications from us to you, including, but not limited to, billing notices or offers to reinstate your policy, do not invalidate or void any cancellation pursuant to this section.
3. The 60-day notice requirement does not apply where cancellation is based on one or more of the following reasons:
 - a. nonpayment of premium;
 - b. fraud or material misrepresentation affecting the policy or in the presentation of a claim under the policy;
 - c. a violation of policy terms;
 - d. changes in conditions after the effective date of the policy materially increasing the hazards originally insured;
 - e. our insolvency;
 - f. our involuntary loss of reinsurance for the policy.
4. The policy period will end on the day and hour stated in the cancellation notice.

Nonrenewal

1. We may elect not to renew the policy. We will mail to you not less than 60 days advance written notice stating when the nonrenewal will take effect and our reason for nonrenewal. Proof of mailing of this notice to you at your mailing address shown in Item 1 of the Information Page will be sufficient to prove notice.
2. If we fail to provide notice of nonrenewal as required, the policy will still terminate on its expiration date if:
 - a. we show you our willingness to renew the policy but you notify us or the agent or broker who procured this policy that you do not want the policy renewed; or
 - b. you fail to pay all premiums when due; or
 - c. you obtain other insurance as a replacement of the policy.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

Policy Number: MEM 1021213-16

Workers Compensation and Employers Liability Insurance Policy
Insurer: Missouri Employers Mutual Insurance Company

NON-INSURANCE GOODS AND/OR SERVICES ENDORSEMENT

Insured: County of Cole

Effective Date: 12/31/2023

The policy period is from: 12/31/2023 to: 12/31/2024

From time to time, we may arrange for third-party service providers to provide discounted goods and services to our insureds for their commercial, safety and risk management needs. While we may arrange for these third-party service provider discounts, we do not warrant the merchantability, fitness, value or quality of any product or service offered or provided by these third-party service providers. Nor is there any inherent rate, premium or insurability consideration implied herein.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

ISSUE DATE: 11/28/2023

Policy Number: MEM 1021213-16

**Workers Compensation and Employers Liability Insurance Policy
Insurer: Missouri Employers Mutual Insurance Company**

**U.S. TREASURY DEPARTMENT'S OFFICE OF FOREIGN ASSETS
CONTROL ("OFAC") ADVISORY NOTICE TO POLICYHOLDERS**

Insured: County of Cole

Effective Date: 12/31/2023

The policy period is from: 12/31/2023 to: 12/31/2024

No coverage is provided by this Policyholder Notice nor can it be construed to replace any provisions of your policy. You should read your policy and review your Declarations page for complete information on the coverages you are provided.

This Notice provides information concerning possible impact on your insurance coverage due to directives issued by OFAC. **Please read this Notice carefully.**

The Office of Foreign Assets Control (OFAC) administers and enforces sanctions policy, based on Presidential declarations of "national emergency". OFAC has identified and listed numerous:

- Foreign agents;
- Front organizations;
- Terrorists;
- Terrorist organizations; and
- Narcotics traffickers;

as "Specially Designated Nationals and Blocked Persons". This list can be located on the United States Treasury's website - <http://www.treas.gov/ofac>.

In accordance with OFAC regulations, if it is determined that you or any other insured, or any person or entity claiming the benefits of this insurance has violated U.S. sanctions law or is a Specially Designated National and Blocked Person, as identified by OFAC, this insurance will be considered a blocked or frozen contract and all provisions of this insurance are immediately subject to OFAC. When an insurance policy is considered to be such a blocked or frozen contract, no payments nor premium refunds may be made without authorization from OFAC. Other limitations on the premiums and payments also apply.