



Workers Compensation and Employers Liability Insurance Policy

Policy Number: 279790

Named Insured: Teton County School District 401

Agency Name: Direct Policy

Schedule of Billing/Reporting

Number of Installments	Bill Date	Premium Amount
1	07/01/2024	\$147,089.00

Issue Date: Apr 9, 2024

WC 99 06 03



April 9, 2024

Teton County School District 401
PO Box 775
Driggs, ID 83422-0775

Re: Teton County School District 401
Workers' Compensation Policy #279790

Your workers' compensation policy with SIF, Idaho Workers' Compensation is scheduled to renew on 07/01/2024. Enclosed is SIF's renewal information for your review.

Please note:

- **If changes are needed, contact your agent or underwriter as soon as possible**
- **If there is a balance due, you will receive a statement after the policy renews**
- The payroll shown on the Extension of Information page is an estimate
 - This may be adjusted when final payroll is reported for the year
- If there are no changes to report, your policy will renew as scheduled

Questions? Contact our Customer Relations Team at (208) 332-2137 or crt@idahosif.org

Thank you,

Underwriting Department



Workers Compensation and Employers Liability Insurance Policy

Policy Number: 279790
Policy Period: 07/01/2024 - 07/01/2025

Information Page			
1. Named Insured and Address Teton County School District 401 PO Box 775 Driggs, ID 83422-0775		Agency Information Direct Policy	
Carrier No.	FEIN	Risk ID	Entity Type
19992	82-6000887	110115245	Public Entity
Additional Workplaces not shown above: Refer to Schedule of Locations Endorsement WC 99 06 02 (01-06)			

2. The Policy Period is from 07/01/2024 to 07/01/2025 12:01 A.M. at the insured's mailing address.
3. A. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed here: IDAHO
- B. Employers Liability Insurance: Part Two of the policy applies to work in each state listed in Item 3.A. The limits of our liability under part Two are:
- | | | |
|---------------------------|--------------|---------------|
| Bodily Injury by Accident | \$100,000.00 | each accident |
| Bodily Injury by Disease | \$500,000.00 | policy limit |
| Bodily Injury by Disease | \$100,000.00 | each employee |
- C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here: NONE
- D. This policy includes these endorsements and schedules: SEE ATTACHED SCHEDULE OF ENDORSEMENTS
4. 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.

SEE ATTACHED CLASSIFICATIONS OF OPERATIONS

Minimum Premium \$400.00	Total Written Premium \$147,089.00
	Deposit Premium/Initial Installment \$147,089.00

Underwriter: Chris Edwards
Policy Declaration Number: 33893943

 Authorized Representative

**Workers Compensation and Employers Liability
Insurance Policy**

Policy Number: 279790
 Named Insured: Teton County School District 401
 Agency Name: Direct Policy

**Extension of Information Page
Classification of Operations**

Class Code No.	Class Description	Exposure	Rate Per \$100 of Remuneration	Estimated Written Premium
Period - 07/01/2024 to 07/01/2025				
INSURED: Teton County School District 401				
Teton County School District 401 481 N Main St Driggs				
7380003	SCHOOL BUS & ACTIVITY DRIVERS	\$764,122	\$3.58	\$27,356.00
8811010	SCHOOL BOARD MEMBERS	\$9,973	\$0.09	\$9.00
8868000	COLLEGE: PROFESSIONAL EMPLOYEES & CLERICAL	\$9,956,562	\$0.52	\$51,774.00
9101000	COLLEGE: ALL OTHER EMPLOYEES	\$943,118	\$4.96	\$46,779.00
9101007	WORK EXPERIENCE STUDENT-NOT PAID	\$3,736	\$4.96	\$185.00
Total Manual Premium				\$126,103.00
Experience Modification Premium			1.1	\$12,610.00
Schedule Rating Premium			1.14	\$19,420.00
Total Standard Premium				\$158,133.00
Premium Discount			0.0852	(\$13,480.00)
Expense Constant				\$100.00
Terrorism			\$0.01	\$1,168.00
Catastrophe (Other Than Certified Acts of Terrorism)			\$0.01	\$1,168.00
Total Written Premium				\$147,089.00



Workers Compensation and Employers Liability Insurance Policy

Policy Number: 279790

Named Insured: Teton County School District 401

Agency Name: Direct Policy

Schedule of Endorsements

State	Form Number	Form Title
ID	UW648	Renewal Cover Letter
ID	UW645	Schedule of Endorsements
ID	UW646	Schedule of Locations
ID	UW521	Terrorism Endorsement
ID	UW644	Extension of Information Page Classification of Operations
ID	UW557	Catastrophe Premium Endorsement
ID	UW413	Policy Information Page
ID	UW555	90 Day Reporting Requirement-Ownership
ID	UW665	Schedule of Billing/Reporting
ID	UW558	Premium Amendatory Endorsement
ID	UW556	Volunteer Endorsement Public Policy
ID	UW547	Premium Discount Endorsement



Workers Compensation and Employers Liability Insurance Policy

Policy Number: 279790

Named Insured: Teton County School District 401

Agency Name: Direct Policy

Schedule of Locations

Location Address

481 N Main St, Driggs ID 83422-5185



Policy Number: 279790 - 07/01/2024

INSURED

Teton County School District 401
PO Box 775
Driggs, ID 83422-0775

ENDORSEMENT

THIS ENDORSEMENT CHANGES THE POLICY TO WHICH IT IS ATTACHED AND IS EFFECTIVE ON THE DATE ISSUED UNLESS OTHERWISE STATED

Volunteer Endorsement

This policy provides workers compensation coverage under the Idaho Workers Compensation Act for individuals who volunteer for a public employer as defined by Idaho Code § 72-205.

DISCLAIMER: Although SIF is extending workers' compensation coverage for volunteers, the Idaho Supreme Court has not ruled that the exclusive remedy as stated in Idaho Code § 72-201 applies to volunteers.

Endorsement Effective: 07/01/2024

Policy No: 279790

Endorsement No.

Insured: Teton County School District 401

Premium

Insurance Company: State Insurance Fund

WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY
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WC990315



Policy Number: 279790 - 07/01/2024

INSURED

Teton County School District 401
PO Box 775
Driggs, ID 83422-0775

ENDORSEMENT

THIS ENDORSEMENT CHANGES THE POLICY TO WHICH IT IS ATTACHED AND IS EFFECTIVE ON THE DATE ISSUED UNLESS OTHERWISE STATED

TERRORISM RISK INSURANCE PROGRAM REAUTHORIZATION ACT DISCLOSURE ENDORSEMENT

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.

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.
3. The premium charge for the coverage your policy provides for Insured Losses is indicated in the amount shown in Item 4 of the Information Page or in the Schedule below.

	Schedule	
State	Rate	Premium
ID	0.01	\$1,168.00

Endorsement Effective: 07/01/2024

Policy No: 279790

Endorsement No.

Insured: Teton County School District 401

Premium

Insurance Company: State Insurance Fund

WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY

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Policy Number: 279790 - 07/01/2024

INSURED

Teton County School District 401
PO Box 775
Driggs, ID 83422-0775

ENDORSEMENT

THIS ENDORSEMENT CHANGES THE POLICY TO WHICH IT IS ATTACHED AND IS EFFECTIVE ON THE DATE ISSUED UNLESS OTHERWISE STATED

CATASTROPHE (OTHER THAN CERTIFIED ACTS OF TERRORISM) PREMIUM ENDORSEMENT

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
ID	0.01	\$1168.00

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

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective: 07/01/2024

Policy No: 279790

Endorsement No.

Insured: Teton County School District 401

Premium

Insurance Company: State Insurance Fund

WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY
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WC 00 04 21 F



Policy Number: 279790 - 07/01/2024

INSURED

Teton County School District 401
PO Box 775
Driggs, ID 83422-0775

ENDORSEMENT

THIS ENDORSEMENT CHANGES THE POLICY TO WHICH IT IS ATTACHED AND IS EFFECTIVE ON THE DATE ISSUED UNLESS OTHERWISE STATED

PART FIVE - PREMIUM AMENDATORY ENDORSEMENT

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

Part Five - Premium, Section A. (Our Manuals) is replaced by the following 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. **(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)**

Endorsement Effective: 07/01/2024

Policy No: 279790

Endorsement No.

Insured: Teton County School District 401

Premium

Insurance Company: State Insurance Fund



Policy Number: 279790 - 07/01/2024

INSURED

Teton County School District 401
PO Box 775
Driggs, ID 83422-0775

ENDORSEMENT

THIS ENDORSEMENT CHANGES THE POLICY TO WHICH IT IS ATTACHED AND IS EFFECTIVE ON THE DATE ISSUED UNLESS OTHERWISE STATED

PREMIUM DISCOUNT ENDORSEMENT

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 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. State	Estimated Eligible Premium			
ID	0	0.091	0.113	0.123
	First \$10,000.00	Next \$190,000.0	Next \$1,550,000	Balance

2. Average percentage discount: 9 %

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:

Endorsement Effective: 07/01/2024

Policy No: 279790

Endorsement No.

Insured: Teton County School District 401

Premium

Insurance Company: State Insurance Fund

WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY
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Policy Number: 279790 - 07/01/2024

INSURED

Teton County School District 401
PO Box 775
Driggs, ID 83422-0775

ENDORSEMENT

THIS ENDORSEMENT CHANGES THE POLICY TO WHICH IT IS ATTACHED AND IS EFFECTIVE ON THE DATE ISSUED UNLESS OTHERWISE STATED

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

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.

Endorsement Effective: 07/01/2024

Policy No: 279790

Endorsement No.

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Premium

Insurance Company: State Insurance Fund