



**VACORP**

**2020 - 2021**

**Self Insurance Proposal for:  
Carroll County Volunteer Fire/EMS**



For additional information, contact:  
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**Presented: April 29, 2020**

Package coverages, terms, conditions and exclusions are only briefly outlined. For complete provisions, please refer to the coverage contract.



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**Contribution Summary Form**

Coverage	Deductible	Contribution
Workers' Compensation	None	\$27,340
Total Annual Contribution		<b>\$27,340</b>

Quarterly installment payment terms available for Workers' Compensation coverage.

*\* minimum contribution applies*



## Workers' Compensation

- VACORP provides the most affordable and responsive Workers' Compensation coverage available.
- VACORP provides leading medical bill review and case management services to ensure cost effective treatment and return to work for injured employees.
- In addition, telephonic nurse triage claim reporting service and first fill prescription drug card included.

### Coverages

Workers' Compensation coverage is provided in accordance with and limited to the Virginia Workers' Compensation Act and Employer's Liability.

### Employers' Liability

Bodily Injury by Accident	\$1,000,000
Bodily Injury by Disease (Per Person)	\$1,000,000
Bodily Injury by Disease (Per Accident)	\$1,000,000

Classification	Group	Code	Payroll	Rate (Per \$100 Payroll)	Contribution
Firefighters-Volunteer		7711	\$457,200	\$6.20	\$28,346.40
<b>Total Payroll:</b>			<b>\$457,200</b>		

Manual Contribution	\$28,346.40
Experience Modification	1.00
Modified Contribution	\$28,346.40
Premium Discount	(\$1,006.30)
Scheduled Debit/Credit	\$0.00
<b>Total Estimated Annual Contribution</b>	<b>\$27,340</b>

*\* minimum contribution applies*

The classifications and codes shown are established by the National Council on Compensation Insurance (NCCI) and are the same as those used by insurance companies in Virginia.

Rates have been filed with the State Corporation Commission and are subject to approval.

**Workers' Compensation Coverage Contribution is payable in equal quarterly installments.**

Subject to Audit and Annual Adjustment

### Endorsements, Exclusions, Amendments, and Notes

#### Member Schedules

WC coverage includes the following departments: Cana Rescue Squad, Cana Volunteer Fire Department, Hillsville Volunteer Fire Department, Laurel Fork Rescue Squad, Laurel Fork Volunteer Fire Department, Laurel Rescue Squad, and Pipers Gap Rescue Squad



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**ATTENTION**

Upon review, please sign/return to [sbrown@riskprograms.com](mailto:sbrown@riskprograms.com) to ensure prompt processing of documents, including invoice and certificates of coverage.

**2020 - 2021 Coverage Intent Form**

After careful consideration of your proposal, we accept your coverage program subject to the following selections or changes:

	ACCEPT - We accept all coverages as presented in this proposal.
	MODIFY - We wish to request the following changes:
	REJECT - We do not accept your proposal.

If additional quote options are provided herein, please indicate below if electing. Otherwise, coverage will be based upon current coverage as you do not wish to select option(s).

<b>BILLING TERMS</b>	
We wish to select the following billing terms shown below	
Coverages (if applicable):	
Workers' Compensation	<input type="checkbox"/> Annual Payment
	<input type="checkbox"/> Quarterly Installments
A late charge of 1% per month(12% per annum) will be assessed for contributions received 30 days after due date.	

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE