Association of County Commissions of Alabama
Workers' Compensation Self – Insurers' Fund

WORKERS' COMPENSATION INFORMATION PAGE

1. **PARTICIPANT:**

DATE PREPARED: 8/29/16

Baldwin County Commission
312 Courthouse Square, Ste 11
Bay Minette, AL 36507-0000

ACCOUNT NUMBER: [redacted]

CONTRACT PERIOD: 10-01-2016 **to** 10-01-2017

Estimated Billing

2.

Code	Sub	Classification of Operations	Payroll & Production	Rate	Estimated Annual Contribution
5506	00	St/Rd Constr/Pav - Incl Drivers	3,982,780.00	6.09	$242,551.30
6217	00	Excavation - Incl Drivers	1,263,864.00	7.85	$99,213.32
7380	00	Drivers, Chauffeurs	1,223,323.00	5.77	$70,585.74
7720	00	Sheriff's Depart/Correction Offi	1,918,490.00	4.04	$77,507.00
8380	00	County Shop/Auto & Truck Repair	445,522.00	4.96	$22,097.89
8810	00	Clerical Office Employees - NOC	11,253,657.00	.21	$23,632.68
8831	00	Hospital - Vet & Drivers	40,651.00	1.64	$666.68
8832	00	Coroner	16,423.00	.48	$78.83
8835	00	Public Health	.00	3.06	$.00
9015	00	Building Custodian	931,186.00	4.35	$40,506.59
9403	00	Garbage Collectors - Incl Driver	2,085,403.00	9.19	$191,648.54
9410	00	County Employees - Incl Drivers	3,585,702.00	1.79	$64,184.07

Total Manual Contribution	$832,672.64
Total Fund Adjustments/Discounts	$21,862.66
Total Limited Normal Contribution	$854,535.30
Amount Due – Fund	$854,535.30
Experience Modification	1.12

If Paid on Time 10-01-16	10-31-16	Save These Penalties 2% added 11-01-16	& 8% added 12-01-16	After 11-01-16 PAY	After 12-01-16 PAY
$854,535.30		$17,090.71	$68,362.82	$871,626.01	$922,898.12

Adopted February 24, 1994 by the Board of Trustees of the ACCA Worker's Compensation Fund:

If full payment is not received on or before October 31, the non-paying entity shall be assessed two percent (2%) of the unpaid balance on November 1 and an additional eight percent (8%) of the unpaid balance on December 1.

If payment is not received by December 10, a notice of cancellation will be sent by the service company, with cancellation effective

If payment is not received by December 31, a final 10-day notice of cancellation will be sent, to be effective January 10.

Make check payable to: A.C.C.A.W.C.S.I.F.

Mail payment to:

MEADOWBROOK INSURANCE GROUP
P.O. Box 11047
Montgomery, Alabama 36111
(334) 954-7200