



4/4/2024

**Northwest Fire District**  
**Securis Insurance Pool, Inc.**  
**Coverage Acceptance Form**  
**Effective Dates of Coverage: 7/1/2024 – 6/30/2025**

Class Code	Classification	Payroll	Rate per \$100 traditional workers' compensation	Rate per \$100 COVID	Rate per \$100 Presumptive Cancer	Contribution
7710	Operational Staff (e.g., firefighters, firefighter/EMT, firefighter/paramedic)	\$21,880,212	3.19	0.97	2.56	\$1,470,350
8385	Other Full or Part-Time Employees (e.g., mechanics)	\$384,491	1.48	0.00	0.00	\$5,690
8810	Other Full or Part-Time Employees (e.g., clerical or office employees)	\$3,333,760	0.09	0.00	0.00	\$3,000
9015	Building Operation/Lessee	\$421,134	2.29	0.00	0.00	\$9,644
<b>Annual Estimated Contribution (subject to payroll audit)</b>			<b>\$1,488,684</b>			

Workers' compensation limit: Statutory

Employer liability limit bodily injury by accident:  
Bodily injury by disease:  
Bodily injury by disease:

\$1,000,000 each accident  
\$1,000,000 each employee  
\$1,000,000 coverage or policy limit

Deductible: None

The Terrorism Risk Insurance Act, DTEC surcharges, and adjustments are included. The member contribution is subject to annual payroll audit.

I, the undersigned, as the District Authorized Representative, do hereby accept, on behalf of the above-named District, the coverages and pricing indicated above, pending final board approval if necessary. I understand that my District will be bound by the terms and conditions of the Participation Agreement. I represent and confirm that, to the best of my knowledge, all information provided above is accurate and complete.

Authorized representative for **Northwest Fire District**:

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_