



**Bureau of Workers'
Compensation**

30 West Spring Street
Columbus, Ohio 43215-2256

1-800-644-6292 BWC.Ohio.gov

Mike DeWine, Governor Jon Husted, Lt. Governor John Logue, Administrator/CEO

10/25/2024
Date Mailed

#BWNFVSQ
#XX10437361#

ELIDA SCHOOLS
4380 SUNNYDALE ST
ELIDA OH 45807-9593

Policy Number: 30250851

Re: 2025 Policy Year Renewal, Notice of Estimated Annual Premium and Workers' Compensation Certificate

Dear Employer:

This letter is a notification of your **Estimated Annual Premium** and **Premium Installment** schedule for the renewal of your workers' compensation policy for the policy year that begins Jan. 1, 2025. This letter includes your certificate of coverage for the upcoming workers' compensation policy year.

You will receive your first invoice for the 2025 policy year in December. Payment is due by Dec. 23. You have the **option to receive a 2% discount by paying the full 12-month estimated annual premium** on or before Jan. 3, 2025.

How do we estimate your premium?

We base your premium estimate on your most recent reported payroll. Please notify us if you believe the payroll estimate needs to be corrected.

If you would like to request a change in your installment schedule, you have until Nov. 15, 2024, or your premium installment schedule will remain the same.

You can view your policy information online through our website. Your online account provides important information for managing your policy, including your estimated payroll and your premium installment schedule. We encourage you to visit this page often to ensure your information is accurate and up to date.

If you have questions, visit our website, bwc.ohio.gov, or call us at 1-800-644-6292.

Sincerely,

John Logue
Administrator/CEO



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General Information

Payment of premium: Failure to pay the premium by the installment due date will result in a lapse in coverage and penalties. If a claim occurs during this lapsed period, you will be responsible for all claim costs associated with that claim. Pay all installment billings timely to avoid penalties.

Policy cancellation: You must notify us in writing if you cancel your policy. When canceling your coverage, you must file a final payroll true-up report. **Important note:** Once you cancel the policy, you may be eligible for a refund. We cannot modify the name on the refund. Before closing your business bank account, we recommend you confirm with us that no additional refunds are in order.

Important dates to remember

Date	Item
Nov. 15, 2024	Last day to change your premium installment schedule
Dec. 2024	First installment / invoice mailed for 2025 policy year
Dec. 23, 2024	First installment due for 2025 policy year

Policy Information

Policy number: 30250851
Employer name: ELIDA SCHOOLS

Policy period is from January 1, 2025, to January 1, 2026.

Selected installments: 12
Total estimated annual premium: \$42,043.00

THIS IS NOT A BILL. DO NOT PAY AT THIS TIME. YOU WILL RECEIVE AN INVOICE.

Installment schedule	
Bill date	Amount
December 01, 2024	\$3,502.18
January 01, 2025	\$3,502.18
February 01, 2025	\$3,502.18
March 01, 2025	\$3,502.18
April 01, 2025	\$3,502.18
May 01, 2025	\$3,502.18
June 01, 2025	\$3,502.18
July 01, 2025	\$3,502.18
August 01, 2025	\$3,502.18
September 01, 2025	\$3,502.18
October 01, 2025	\$3,502.18
November 01, 2025	\$3,519.02

Breakdown of estimated premium calculation				
Class code	Experience modifier (EM)	(A) Blended rate per \$100 payroll	(B) Estimated payroll	(A x B)/100 Estimated premium
9434	0.63	.2794	\$14,990,107.00	\$41,882.00
9444	0.63	.1253	\$128,670.00	\$161.00
Total estimated annual premium				\$42,043.00
For additional rating information, visit www.bwc.ohio.gov , and sign in with your e-account.				



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