

COUNTY OF BOONE - MISSOURI



**REQUEST FOR PROPOSAL
FOR
WORKER'S COMPENSATION AND EMPLOYER'S
LIABILITY EXCESS INSURANCE COVERAGE –
SELF INSURED PUBLIC ENTITY**

**RFP # 18-14JUN11
Release Date: May 27, 2011**

**Submittal Deadline:
June 14, 2011
not later than 10:30 a.m. Central Time**

**Boone County Purchasing
601 E. Walnut Street, Room 208
Columbia, Missouri 65201**

**Melinda Bobbitt, CPPB, Director
Phone: (573) 886-4391 Fax: (573) 886-4390
E-mail: mbobbitt@boonecountymo.org**



NOTICE OF REQUEST FOR PROPOSAL

Boone County is accepting Request for Proposals for the following:

**PROPOSAL #: 18-14JUN11 – Worker’s Compensation and Employer’s
Liability Excess Insurance Coverage – Self Insured Public Entity**

Sealed proposals will be accepted until **10:30 a.m. on Tuesday, June 14, 2011** in the Boone County Purchasing Office, Boone County Johnson Building, Room 208, 601 E. Walnut Street, Columbia, MO 65201.

Request for Proposals are available in the Purchasing Office and requests for copies may be made by phone (573) 886-4391; fax (573) 886-4390 or e-mail: mbobbitt@boonecountymo.org.

Vendors may obtain further information on the Boone County Web Page at <http://www.showmeboone.com>.

Melinda Bobbitt, CPPB
Director of Purchasing

Insertion: Sunday, May 29, 2011
COLUMBIA MISSOURIAN



1. INSTRUCTIONS AND GENERAL CONDITIONS

1.1 **Delivery of Proposals:** Sealed proposals, subject to Instructions and General Conditions and any special conditions set forth herein, will be received at the Boone County Purchasing office until the proposal closing date and time indicated herein for furnishing the County with services as detailed in the following request for proposal.

- a) **Proposal Closing:** All proposals shall be **delivered before 10:30 A.M.**, Central Time., on **Tuesday, June 14, 2011** to:

Boone County Purchasing Department
Melinda Bobbitt, CPPB, Director
601 E. Walnut Street, Room 208
Columbia, Missouri 65201-4460

- b) The County may not accept any proposals received after **10:30 A.M.** and will return such late proposals to the Offeror.
- c) Offerors must submit one (1) original, and six (6) copies of the proposal (total of seven). Proposals will be opened publicly but only names of Offerors will be read aloud. All proposal responses will be considered public information and following contract execution or rejection of all proposal responses, all responses will become a part of public record and will be released to any person or firm who requests it.
- d) Proposals must be submitted in a sealed envelope identified with the proposal number and date of closing. List the proposal number on the outside of the box or envelope and note "Response to Request for Proposal enclosed."
- e) If you do not care to submit a proposal, please return the *No Bid Response Page* and note your reason. No fax or electronic transmitted proposals will be accepted.
- f) If you have obtained this proposal document from our Web Page or from a source other than the Boone County Purchasing Department, please check with our office prior to submitting your proposal to ensure that you have a complete package. The Purchasing Department cannot be responsible for providing addenda if we do not have you on our Vendor list for this proposal.



2. INTRODUCTION AND GENERAL INFORMATION

2.1 Introduction:

- 2.1.1 This document constitutes a request for sealed proposals for **Worker's Compensation and Employer's Liability Excess Insurance Coverage – Self Insured Public Entity** as set forth herein.
- 2.1.2 Organization – This document, referred to as a Request for Proposal (RFP), is divided into the following parts:
- 1) Instructions and General Conditions
 - 2) Introduction and General Information
 - 3) Scope of Services
 - 4) Response to Proposal
 - 5) Response/Pricing Page
 - 6) Exhibit A – Prior Experience
 - 7) Instructions for Compliance with House Bill 1549
 - 8) Work Authorization Certification
 - 9) Certification of Individual Bidder
 - 10) Certification Regarding Debarment
 - 11) "No Bid" Response Form
 - 12) Exhibit A - Standard Contract Terms and Conditions
 - 13) Claim History Summary Listing
 - 14) Open Claims Listing as of 3/31/2011
 - 15) Paid Claims History – By Claim Year (July 1 – June 30) 2005 through 3/31/2011
 - 16) Annual Reports to Division Workers Compensation – Calendar Years: 2005-2010; Includes compensation payments and payroll reports by worksite
 - 17) NCCI Workers Compensation Experience Ratings – 2005 – 2011. Includes payroll data by employee classification
 - 18) Vehicle and Operating Equipment Schedule
 - 19) Statement of Specific and Aggregate Insurance

2.2. Guideline for Written Questions:

- 2.2.1 All questions regarding this Request for Proposal should be submitted in writing, prior to the bid opening and no later than **5:00 p.m., Thursday, June 9, 2011**. All questions must be mailed, faxed or e-mailed to the attention of Melinda Bobbitt, CPPB, Director of Purchasing. All such questions will be answered in writing, and such answers will be provided to all parties having obtained a Request for Proposal packet by the County

by posting the addendum on the County Web site at www.showmeboone.com (Select Purchasing, then Current Bid Opportunities). Submit questions to:

- a. Melinda Bobbitt, CPPB
Director of Purchasing
601 E. Walnut Street, Room 208
Columbia, Missouri 65201
Phone: (573) 886-4391
Fax: (573) 886-4390
E-mail: mbobbitt@boonecountymo.org

- 2.2.2 In the event that it becomes necessary to revise any part of this RFP, written addenda will be issued. Any addendum to this RFP is valid only if in writing and issued by the Boone County Purchasing Department. Verbal conversations or agreements with any officer, agent, or employee of the County which modify any terms or obligations of this RFP are invalid.



SCOPE OF SERVICES

3.1. Project Description:

The County of Boone – Missouri, hereafter referred to as the *County*, seeks **Worker's Compensation and Employer's Liability Excess Insurance Coverage – Self Insured Public Entity.**

3.2. Special Conditions:

- A. Boone County is interested in remaining with the successful insurer for a three-year period in order to maintain stable premium estimates and allow the insurer an opportunity to develop some continuity in handling the risk. Therefore, any guarantee of rates for a three-year period by an insurer would be looked upon favorably by the County. Offerors may propose any or all of the following options:

Each Policy Proposal contains 3 Options to quote on Specific retention levels

1. One (1) year Policy option to renew
 2. Two (2) year Policy with guaranteed rates for length of policy
- B. The County reserves the right to choose the option(s) and/or rate deemed most beneficial to the County.
- C. Proposal responses will be accepted only from Insurance Agencies representing Insurance Companies admitted to the State of Missouri having an A.M. Best rating of not less than A+ and financial rating of not less than VI. Any bidding Broker or Agent must be licensed in the State of Missouri. No anticipated dividends will be considered in awarding this proposal; however, it is acceptable to submit dividend paying records on any company submitting a proposal response. The name of the Insurance Company must be designated and a specimen copy of the Policy and Endorsements that would be attached must accompany the Proposal Response for each Company submitted.
- D. Offerors must be authorized to do business in the State of Missouri and approved by the Division of Insurance to provide excess coverage Self-Insured Workers Compensation Employers
- E. Any agent or agency submitting a proposal response must be licensed by the carrier stipulated therein at the time it is submitted.

- F. Proof of these qualifications must be provided with the proposal response to be considered responsive to these specifications.
- G. The company shall have the right and duty to defend, at its own expense, any suite against the insured alleging acts or omissions falling within the coverage of this policy. In addition, the company will defend and pay all fees, court costs, and expenses incurred in such suits, and in no event shall the insured be charged with any legal fees incurred by the company.
- H. Complete specimen copies of all policies, endorsements, dividend disclosure statements and other coverage documents must be included with proposal response. If coverage is divided among more than one insurer, specimen copies must be provided for each insurer. All limits and deductibles on sample policies should be stated. Failure to provide complete specimen policies may disqualify a proposal response.
- I. The contract awarded offeror shall maintain in full force and effect, agents/broker's errors and omission coverage to cover the servicing of the County's account with a minimum limit of \$1,000,000.00.
- J. Proposal responses must clearly show all amounts of insurance, including any separate limits or sub-limits. For each coverage and sub-line, you must clearly show:
 - 1. Annual premium, minimum earned premium, rate basis and rate.
 - 2. Premium payment terms (No premium will be earned or paid until all binders, policy and endorsement specimens are received, approved and accepted by the County).
- K. The insuring company shall provide 90 days written notice to the County prior to the cancellation, non-renewal, or material change in the coverage of the policy. If the policy is under the One year policy proposal with option to renew then the insuring company shall provide 90 day notice of renewal rates in the same format as the attached form or the renewal rates and retention requirements shall be the same as quoted of the first year.
- L. The information shall be organized and assembled in the following order to assist in comparison:
 - 1. Table of Contents
 - 2. A letter of transmittal indicating the firm's interest in providing the service and any other information that would assist the County in making a selection. This letter must be signed by a person legally authorized to bind the firm to a contract.
 - 3. A statement demonstrating understanding and your capability of providing the services required within this Request for Proposal.
- M. All costs associated with responding to this RFP are strictly the responsibility of the responding brokers and insurer. There is no implied or express guarantee that

any broker or insurer will receive any compensation or remuneration for their response.

N. Boone County is exempt from Federal Excise and State Sales Tax; therefore, tax must not be included in the proposed price.

O. Statement / Invoices: Awarded Offeror's statement shall be sent directly to the Boone County Clerk's office, 801 E. Walnut, Columbia, MO 65201. Payments will be processed within thirty days after receipt of the invoice if all terms of the contract have been met.

P. The terms of any policy/agreement arising out of this RFP shall be governed by the statutes, rules and regulations governing self-insured employers in the State of Missouri and policies issued shall be subject to approval by the Division of Workers Compensation.

Q. The Offeror shall be responsible for compliance with all reporting requirements to the Missouri Department of Insurance and the Division of Workers Compensation. The Insuring company shall notify the Division of Workers Compensation not later than 60 days prior to the effective date of any change status of the County under the terms of the policy including rates, retention levels and/or notice of cancellation of policy. In addition the Insuring party shall file, on behalf of the County, the Statement of Specific and Aggregate Excess Coverage (or its successor document) not later than 10 days after the start of any policy period

R. General Requirements:

A. Insurance Requirements (unless waived by the County): The Contractor shall not commence work under this contract until they have obtained all insurance required under this paragraph and such insurance has been approved by the County, nor shall the Contractor allow any subcontractor to commence work on their subcontract until all similar insurance required of subcontractor has been so obtained and approved. All policies shall be in amounts, form and companies satisfactory to the County which must carry an A-6 or better rating as listed in the A.M. Best or equivalent rating guide. Insurance limits indicated below may be lowered at the discretion of the County.

1) **Compensation Insurance:** The Contractor shall take out and maintain during the life of this contract, **Employee's Liability and Worker's Compensation Insurance** for all of their employees employed at the site of work, and in case any work is sublet, the Contractor shall require the subcontractor similarly to provide Worker's Compensation Insurance for all of the latter's employees unless such employees are covered by the protection afforded by the Contractor. Worker's Compensation coverage shall meet Missouri statutory limits. Employers' Liability limits shall be \$1,000,000.00 each employee, \$1,000,000.00 each accident, and \$1,000,000.00 policy limit. In case any class of employees engaged in hazardous work under this Contract at the site of the work is not protected under the Worker's Compensation Statute, the Contractor shall provide and

shall cause each subcontractor to provide Employers' Liability Insurance for the protection of their employees not otherwise protected.

- 2) **Comprehensive General Liability Insurance:** The Contractor shall take out and maintain during the life of this contract, such comprehensive general liability insurance as shall protect them and any subcontractor performing work covered by this contract, from claims for damages for personal injury including accidental death, as well as from claims for property damages, which may arise from operations under this contract, whether such operations be by themselves or for any subcontractor or by anyone directly or indirectly employed by them. The amounts of insurance shall be not less than \$2,000,000.00 combined single limit for any one occurrence covering both bodily injury and property damage, including accidental death. If the Contract involves any underground/digging operations, the general liability certificate shall include X, C, and U (Explosion, Collapse, and Underground) coverage. If providing Comprehensive General Liability Insurance, then the Proof of Coverage of Insurance shall also be included.
- 3) **Commercial Automobile Liability:** The Contractor shall maintain during the life of this contract, automobile liability insurance in the amount of not less than \$2,000,000.00 combined single limit for any one occurrence, covering both bodily injury, including accidental death, and property damage, to protect themselves from any and all claims arising from the use of the Contractor's own automobiles, teams and trucks; hired automobiles, teams and trucks; and both on and off the site of work..
- 4) **Proof of Carriage of Insurance:** The Contractor shall furnish the County with Certificate(s) of Insurance which **name the County of Boone – Missouri as additional insured** in an amount as required in this contract, contain a description of the project or work to be performed, and requiring a thirty (30) day mandatory cancellation notice. In addition, such insurance shall be on occurrence basis and shall remain in effect until such time as the County has made final acceptance of the facility contracted.

B. Indemnity Agreement: To the fullest extent permitted by law, Contractor shall indemnify, hold harmless and defend the County, its directors, officers, agents, and employees from and against all claims, damages, losses and expenses (including but not limited to attorney's fees) arising by reason of any act or failure to act, negligent or otherwise, of Contractor, of any subcontractor (meaning anyone, including but not limited to consultants having a contract with contractor or a subcontract for part of the services), of anyone directly or indirectly employed by contractor or by any subcontractor, or of anyone for whose acts the contractor or its subcontractor may be liable, in connection with providing these services. This provision does not, however, require contractor to indemnify, hold harmless, or defend the County of Boone from its own negligence.

C. Contract Terms and Conditions: Standard Contract Terms and Conditions are attached as Exhibit A.

D. Cancellation Agreement: The County reserves the right to cancel the contract without cause by giving not less than thirty (30) days prior notice to the Contractor in writing of the intention to cancel, or with cause, if at any time the Contractor fails

to fulfill or abide by any of the terms or conditions specified. Failure of the Contractor to comply with any of the provisions of this contract may be considered a material breach of contract and shall be cause for immediate termination of the contract at the discretion of Boone County. Boone County may allow Contractor reasonable opportunity to cure material breach, but is not required to do so.

- E. The successful Offeror is prohibited from assigning, transferring, conveying, subletting, or otherwise disposing of this agreement or its rights, title or interest therein, or its power to execute such agreement to any other person, company or corporation without the prior consent and approval in writing by the County.
- F. Offeror must clearly state in writing any restrictions or deviations from these specifications. In the absence of such statement, the County will assume that all items/services offered are in strict compliance with the technical and financial requirements, contract terms and conditions as described in these specifications. The proposal of the Contractor will be included as part of the final contract.
- G. **Fiscal Non-Funding Clause:** In the event sufficient budgeted funds are not available for a new fiscal period, the County shall notify the provider of such occurrence and contract shall terminate on the last day of current fiscal period without penalty or expense to the County.

H. Work Authorization Certification: Employment of Unauthorized Aliens Prohibited

Contractor agrees to comply with Missouri State Statute section 285.530 in that they shall not knowingly employ, hire for employment, or continue to employ an unauthorized alien to perform work within the state of Missouri.

As a condition for the award of this contract, the Contractor shall, by sworn affidavit and provision of documentation, affirm its enrollment and participation in a federal work authorization program with respect to the employees working in connection with the contracted services. The contractor shall also sign an affidavit affirming that it does not knowingly employ any person who is an unauthorized alien in connection with the contracted services.

Contractor shall require each subcontractor to affirmatively state in its contract with Contractor that the subcontractor shall not knowingly employ, hire for employment or continue to employ an unauthorized alien to perform work within the state of Missouri. Contractor shall also require each subcontractor to provide Contractor with a sworn affidavit under the penalty of perjury attesting to the fact that the subcontractor's employees are lawfully present in the United States.

3.3. General Underwriting Information

The County of Boone is a political subdivision of the state of Missouri and a non charter statutory body under Missouri law. As such, the County is charged with the following primary responsibilities:

Governmental activities including assessment and collection of property taxes, elections, recording of deeds, marriage licenses and financial transactions, planning, zoning and building inspection, road and bridge maintenance, construction and repair.

Law Enforcement functions covering the unincorporated area of the county and under contract to small municipalities, operation of county jail and process services.

Court functions including prosecution of criminal and civil violations of state law and county ordinance, courts and civil and criminal records.

Under Missouri law, all but a few court employees are state paid employees. Juvenile court employees are county employees but by statute are covered under the State worker's compensation fund. All employees of the prosecutor and public administrator are county employees covered under the county workers compensation fund.

The County does not provide fire or rescue services.

Financial

Boone County participates in Government Finance Officers Association's (GFOA) Excellence in Financial Reporting program and has received a certificate of achievement annually since 1982. Additionally, the County Auditor's office voluntarily participates in GFOA's Distinguished Budget Presentation Award program and has received the budget award since 1997.

Copies of the County's audited financial statements and budgets are available on the County's website:

www.showmeboone.com/auditor

Workers Compensation

Boone County received conditional approval by the Missouri Division of Workers Compensation to self insure its Workers Compensation on July 1, 2005 and received final approval January, 2007.

Workers Compensation reports filed with the state for each year are included with this packet.

Copies of the County's NCCI Workers Compensation Ratings for each claim year (July 1, 2005 forward) are included in this packet. The current Experience rating effective July 1, 2011 is 1.00.

Claims data provided includes:

Summary data for 2005 through 3/31/2011

Open Claims

Complete Claim history 2005 through 3.31/2011

Prior to being self-insured, Boone County was a member of the MARCIT self-insured pool for Workers Compensation

Claims Administration

Third party claims administration is currently under contract to 5Star Administrators (Formerly known as Uhlemeyer Administrators) 906 S. Kirkwood Road St. Louis, MO. 63122

The County will seek RFP's later this year for TPA services to the Workers Compensation fund. Any restrictions on the counties choice of TPA must be included as an exception to the County's terms and conditions. Contracts for TPA services do not exceed 4 years.

If the insuring agent requires pre-approval of 3rd Party Administrator a list of approved Administrators shall be provided not later than August 1, 2011.

Volunteer Labor

The sheriff has a reserve deputy volunteer workforce that assists with routine events (county fair, local events traffic control). These volunteers receive training and hours are included in estimated payroll calculations pursuant to statute. Any policy issued under this proposal shall provide coverage to these volunteers to the extent they are covered under the Workers Compensation laws of the State of Missouri.

Contracts

All contracts are reviewed prior to execution by the county's legal counsel to determine necessity of certificates of insurance for workers compensation and general liability.

Hazards

It is the county's policy to contract with outside vendors for the following:

- underground
- tunnel
- bridge
- demolition, wrecking

Vehicles – as of 12/31/2010 the county had 175 vehicles in service as follows:

Public Works – 54
Law Enforcement – 86
Maintenance – 7
Assessment - 5
Planning and Zoning – 6
Facility maintenance - 6
General Administration – 7

Juvenile – 4 (employees covered under state worker's compensation policy)

The county also has additional operating equipment (snow plows, road graders, brush chippers etc) used in the Public Works Department.

A complete listing of vehicles and operating equipment is included with this bid packet.

The County does not own or lease any aircraft or watercraft.

Payroll

Payroll data by workers compensation classification for 2005-2010 is included with each year's NCCI filings that are included in this RFP packet. For underwriting purposes, prospective payroll for 2011-2012 should be based on 2010 data as the County does not anticipate increases in payroll in the next budget cycle.

SAFETY PROGRAM

Boone County maintains a strong commitment to risk assessment, management and prevention program development. Claims and incidents in all areas of risk are investigated and evaluated. In addition to maintaining ongoing safety programs (i.e. safe driver training, facility inspections) the County evaluates claims and targets safety budget items to those risks. Primary example:

In 2006, the Sheriff started a mandatory intensive defensive tactics training program for his employees. Despite numerous warnings to employees that they would need to get in shape to take this training, numerous injuries started occurring as a result of this training. This caused a large spike in workers compensation claims in 2007 and early 2008.

To counter this, the County contracted with local gym to have certified trainers to develop a mandatory program that prepared sheriff's employees for their defensive tactics training. Each employee participates in a 4 week "boot camp" that is designed to harden and strengthen necessary muscle groups used in the sheriff's defensive tactics training.

As a result of this \$35,000 annual safety expenditure, both the number and severity of claims have dropped significantly. The County has enhanced its commitment to this program by building an in-house physical training facility at the sheriff's office to allow deputies and corrections officials to access to training facilities 24-7.

Another example is contracting for lifting and back programs with Boone Hospital to counter an increase in lifting claims. We will also be intensifying some safe driving programs this year as a result of an increase in auto claims last year.

Boone County conducts quarterly facility safety inspections and documents any hazards that need to be addressed to the department head and or facilities maintenance. Safety budget funds are available to address these issues to insure a safe workplace for county employees.

Boone County will continue to invest in high quality safety programs to reduce risk under our workers compensation and liability policies.

3.5. Contract Period:

The contract period with the successful firm shall begin **July 1, 2011 and may extend through June 30, 2013**. The contract shall have one, optional one-year renewal periods following the completion of the initial contract term, renewable annually, providing there is no material change in conditions or premiums. In the event you cannot procure two year guaranteed rates, quote a term of a one year period with 1 annual option to renew. In the event there is a change in rates or retention levels, the agent **MUST** advise the Boone County Clerk's office, in writing, ninety (90) days prior to the annual renewal date of the contract by submitting a revised Proposal Sheet #1. The County shall have 30 days to notify the Offeror if it chooses not to renew under the terms of the revised policy terms premium rates and retention levels. If the Insuring entity does not to submit revisions in writing by the required deadline a renewal policy shall be issue under the same terms, retentions and rates and the original policy unless the County chooses not to seek renewal by notifying the Insuring entity (or the agent submitting this proposal on its behalf.).

Each renewal option is exercisable at the sole discretion of the County.



4. PROPOSAL SUBMISSION INFORMATION

4.1. RESPONSE TO PROPOSAL

4.1.1. Submission of Proposals:

4.1.1.1. When submitting a proposal, the Offeror should include the **original and six (6) additional copies**.

a. The Offeror shall submit the proposal to:

Boone County Purchasing Department
Attn: Melinda Bobbitt, CPPB, Director of Purchasing
601 E. Walnut Street, Room 208
Columbia, MO 65201

b. The proposals must be delivered no later than **10:30 a.m. on June 14, 2011**. Proposals will not be accepted after this date and time.

4.1.1.2. To facilitate the evaluation process, the Offeror is encouraged to organize their proposal into distinctive sections that correspond with the individual evaluation categories described herein.

a. Each distinctive section should be titled with each individual evaluation category and all material related to that category should be included therein.

b. The signed response page from the original RFP and all signed amendments should be placed at the beginning of the proposal.

c. The Proposal must, at a minimum, address all mandatory and desired services, equipment, materials, etc. Responses will fully describe how the service will be performed and what hardware/software (if any) is required at the County to access the service.

4.1.1.3. The Offeror is cautioned that it is the Offeror's sole responsibility to submit information related to the evaluation categories, and that the County is under no obligation to solicit such information if it is not included with the proposal. The Offeror's failure to submit such information may cause an adverse impact on the evaluation of the proposal. Any Offeror whose responses deviate from the outlined specifications may automatically be disqualified.

4.1.1.4. Offeror's Contacts: Offerors and their agents (including subcontractors, employees, consultants, or anyone else acting on their behalf) must direct all of their questions or comments regarding the RFP, the evaluation, etc. to the buyer of record indicated on the first page of this RFP. Offerors and their agents may not contact any County employee other than the buyer of record regarding any of these matters during the solicitation and evaluation process. Inappropriate contacts are grounds for suspension and/or exclusion from specific procurements. Offerors and their agents who have questions regarding this matter should contact the buyer of record.

4.1.2. Competitive Negotiation of Proposals: The Offeror is advised that under the provisions of this Request for Proposal, the County reserves the right to conduct negotiations of the proposals received or to award a contract without negotiations. If such negotiations are conducted, the following conditions shall apply:

4.1.2.1. Negotiations may be conducted in person, in writing, or by telephone.

4.1.2.2. Negotiations will only be conducted with potentially acceptable proposals. The County reserves the right to limit negotiations to those proposals, which received the highest rankings during the initial evaluation phase.

4.1.2.3. Terms, conditions, prices, methodology, or other features of the Offeror's proposal may be subject to negotiation and subsequent revision. As part of the negotiations, the Offeror may be required to submit supporting financial, pricing and other data in order to allow a detailed evaluation of the feasibility, reasonableness, and acceptability of the proposal.

4.1.2.4. The mandatory requirements of the Request for Proposal shall not be negotiable and shall remain unchanged unless the County determines that a change in such requirements is in the best interest of the entities.

4.1.3. Evaluation and Award Process:

4.1.3.1. After determining a responsible Offeror and a responsive proposal through the determination that the proposal satisfies the mandatory requirements stated in the Request for Proposal, the evaluator(s) shall use both objective analysis and subjective judgment in conducting a comparative assessment of the proposal in accordance with the evaluation criteria stated below:

a. Method of Performance

- Policy terms & conditions
- Organization and preparation of proposal

b. Experience/Expertise

- County's evaluation of offeror's ability to perform
- Financial stability of the insuring company and offeror

c. Premium Cost and required retention levels

4.1.3.2. After an initial evaluation process, a question and answer interview may be conducted with the Offeror, if deemed necessary by the County. In addition, the Offeror may be asked to make an oral presentation of their proposal to the evaluation team at a designated Boone County location. Attendance cost shall be at the Offeror's expense. All arrangements and scheduling will be coordinated by the County.

4.1.4. Evaluation:

4.1.4.1. Experience and reliability of the Offeror's organization are considered subjectively in the evaluation process. Therefore, the Offeror is advised to submit any information, which documents successful and reliable experience in past performances, especially those performances related to the requirements of this RFP.

4.1.4.2. **Qualifications Statement/References:** The Offeror should provide the following information related to previous and current services/contracts performed by the Offeror's organization and any proposed subcontractors which are similar to the requirements of this RFP

- a. State the names and capacity of the professional staff assigned to work on the County account and a brief resume of their background and experience including certifications in the State of Missouri. Indicate professional staff familiar with Missouri and federal legislation. The proposal should also include how the professional personnel will operate organizationally and the name and the title of the person who will direct the work.
- b. Name other government agencies/municipalities (at least three) for which you have provided similar services in the last five (5) years and provide a current contact name, email address, phone number for each account and indicate the number of years as a client.
- c. Provide a total list of three clients that you have lost during the past three years, providing client name, contact person, and reason for the loss of business.
- d. Detail any experience you have with similar industries, including past and current clients, and the number of years you actively serviced the account.

- 4.1.4.3. The Offeror should submit a copy of all licenses, certifications, accreditation, and/or permits, which may be required by state, federal, and/or local law, statute, or regulation in the course of conduct of the Offeror's business. If not submitted with the proposal, the County reserves the right to request and obtain a copy of any license or certification required to perform the defined services prior to contract award. The Offeror shall provide a copy of the most recent AM Best rating report.
- 4.1.4.4. Proposals will be subjectively evaluated based on the Offeror's distinctive plan for performing the requirements of the RFP. Therefore, the Offeror should present a written narrative, which demonstrates the method or manner in which the Offeror proposes to satisfy these requirements. The language of the narrative should be straightforward and limited to facts, solutions to problems, and plans of action.
- 4.1.4.5. Where the words "shall" or "must" are used, they signify a required minimum function of system capacity that will heavily impact the Bidder's final response rating.
- 4.1.4.6. Where the words "should", "may" or "desired" are used, they signify that the feature or capacity is desirable but not mandatory; therefore, the specifications in question will possess minimal impact on the Bidder's final response rating.
- 4.1.4.7. The method by which the proposed method of performance is written will be left to the discretion of the Offeror. However, the Offeror should address each specific paragraph and subparagraph of the Specifications by paragraph and page number as an item for discussion. Immediately below these numbers, write descriptions of how, when, by whom, with what, to what degree, why, where, etc, the requirements will be satisfied.

4.1.5. Rejection / Withdrawal of Proposals Response:

Rejection of Proposals The right is reserved by the County at its discretion to reject any or all proposals or parts thereof. The County reserves the right to waive defects or informalities, to negotiate with bidders and to accept the proposal deemed to be in the best interest of the County.

Withdrawal of Proposals Proposals may be withdrawn on written request from the bidder at the address shown in the solicitation prior to the time of acceptance.

Negligence on the part of the bidder in preparing the proposal confers no right of withdrawal after the time fixed for the acceptance of the proposals.

4.1.6. Validity of Proposal Response:

Bidders agree that proposals will remain firm for a period of ninety (90) calendar days after the date specified for the return of proposals.

4.1.7. Confidentiality:

The Contractor shall be responsible for maintaining the confidentiality of the County records and data, which cannot be sold, shared or otherwise disclosed to other companies or individuals without written permission from the County Employee Benefits Plan officials.



5. Response/Pricing Page

In compliance with this Request for Proposal and subject to all the conditions thereof, the Offeror agrees to furnish the services/equipment/supplies requested and proposed and certifies he/she has read, understands, and agrees to all terms, conditions, and requirements of this proposal and is authorized to contract on behalf of the firm named below. (Note: This form must be signed. All signatures must be original and not photocopies).

Company Name: _____

Address: _____

Telephone: _____ Fax: _____

Federal Tax ID (or Social Security #): _____

Print Name: _____ Title: _____

Signature: _____ Date: _____

E-Mail Address: _____

Complete the attached Proposal Quote

Proposal Quote Sheet #1 is for a one (1) year guaranteed rate with an option to renew for 1 year. The Quote Sheet contains 3 separate Options for retention levels and premium to be quoted. The insuring company shall notify the County not later than 90 days before the renewal date of any changes in the policy by filing of a revised Proposal Quote Sheet #1. Changes in retention levels above the current rate require approval of the Division of Workers Compensation.

Proposal Quote Sheet #2 is for a (2) year guaranteed rates. The quote sheet contains 3 separate options for retention levels and premium to be quoted. Changes in retention levels above the current rate require approval of the Division of Workers Compensations.

PROPOSAL QUOTE SHEET #1
 ONE YEAR RATE GUARANTEE WITH OPTION TO RENEW(1)
 REQUIRES 90 DAY NOTICE OF RENEWAL RATE AND RETENTION LEVELS

| | |
|---------------------------------------|--------------------------------------|
| OPTION 1 | YEAR 1 - JULY 1, 2011 - JUNE 30 2012 |
| SELF INSURED RETENTION PER OCCURANCE | |
| EACH ACCIDENT | 300,000 |
| EACH EMPLOYEE PER DISEASE | 300,000 |
| SPECIFIC LIMITS EACH ACCIDENT | |
| PART ONE WORKERS COMPENSATION | STATUTORY |
| PART TWO EMPLOYERS LIABILITY | 1,000,000 PER OCCURANCE |
| SPECIFIC LIMITS EACH DISEASE | |
| PART ONE WORKERS COMPENSATION | STATUTORY |
| PART TWO EMPLOYERS LIABILITY | 1,000,000 PER OCCURANCE |
| AGGREGATE | |
| AGGREGATE EXCESS RETENTION PERCENTAGE | QUOTE |
| MINIMUM EXCESS RETENTION | QUOTE |
| AGGREGATE EXCESS LIMIT | 1,000,000 |
| PREMIUM | QUOTE |

| | |
|---------------------------------------|--------------------------------------|
| OPTION 2 | YEAR 1 - JULY 1, 2011 - JUNE 30 2012 |
| SELF INSURED RETENTION PER OCCURANCE | |
| EACH ACCIDENT | 350,000 |
| EACH EMPLOYEE PER DISEASE | 350,000 |
| SPECIFIC LIMITS EACH ACCIDENT | |
| PART ONE WORKERS COMPENSATION | STATUTORY |
| PART TWO EMPLOYERS LIABILITY | 1,000,000 PER OCCURANCE |
| SPECIFIC LIMITS EACH DISEASE | |
| PART ONE WORKERS COMPENSATION | STATUTORY |
| PART TWO EMPLOYERS LIABILITY | 1,000,000 PER OCCURANCE |
| AGGREGATE | |
| AGGREGATE EXCESS RETENTION PERCENTAGE | QUOTE |
| MINIMUM EXCESS RETENTION | QUOTE |
| AGGREGATE EXCESS LIMIT | 1,000,000 |
| PREMIUM | QUOTE |

| | |
|---------------------------------------|--------------------------------------|
| OPTION 3 | YEAR 1 - JULY 1, 2011 - JUNE 30 2012 |
| SELF INSURED RETENTION PER OCCURANCE | |
| EACH ACCIDENT | 400,000 |
| EACH EMPLOYEE PER DISEASE | 400,000 |
| SPECIFIC LIMITS EACH ACCIDENT | |
| PART ONE WORKERS COMPENSATION | STATUTORY |
| PART TWO EMPLOYERS LIABILITY | 1,000,000 PER OCCURANCE |
| SPECIFIC LIMITS EACH DISEASE | |
| PART ONE WORKERS COMPENSATION | STATUTORY |
| PART TWO EMPLOYERS LIABILITY | 1,000,000 PER OCCURANCE |
| AGGREGATE | |
| AGGREGATE EXCESS RETENTION PERCENTAGE | QUOTE |
| MINIMUM EXCESS RETENTION | QUOTE |
| AGGREGATE EXCESS LIMIT | 1,000,000 |
| PREMIUM | QUOTE |

**PROPOSAL QUOTE SHEET #2
2 YEAR GUARANTEED RATE QUOTE SHEET
PLEASE COMPLETE EACH QUOTE OPTION**

| OPTION 1 | YEAR 1 - JULY 1, 2011 - JUNE 30 2012 | YEAR 2 - JULY 1, 2012 - JUNE 30 2013 |
|---|---|---|
| SELF INSURED RETENTION PER OCCURANCE | | |
| EACH ACCIDENT | 300,000 | 300,000 |
| EACH EMPLOYEE PER DISEASE | 300,000 | 300,000 |
| SPECIFIC LIMITS EACH ACCIDENT | | |
| PART ONE WORKERS COMPENSATION | STATUTORY | STATUTORY |
| PART TWO EMPLOYERS LIABILITY | 1,000,000 PER OCCURANCE | 1,000,000 PER OCCURANCE |
| SPECIFIC LIMITS EACH DISEASE | | |
| PART ONE WORKERS COMPENSATION | STATUTORY | STATUTORY |
| PART TWO EMPLOYERS LIABILITY | 1,000,000 PER OCCURANCE | 1,000,000 PER OCCURANCE |
| AGGREGATE | | |
| AGGREGATE EXCESS RETENTION PERCENTAGE | QUOTE _____ | QUOTE _____ |
| MINIMUM EXCESS RETENTION | QUOTE _____ | QUOTE _____ |
| AGGREGATE EXCESS LIMIT | 1,000,000 | 1,000,000 |
| PREMIUM | QUOTE _____ | QUOTE _____ |
| OPTION 2 | YEAR 1 - JULY 1, 2011 - JUNE 30 2012 | YEAR 2 - JULY 1, 2012 - JUNE 30 2013 |
| SELF INSURED RETENTION PER OCCURANCE | | |
| EACH ACCIDENT | 350,000 | 350,000 |
| EACH EMPLOYEE PER DISEASE | 350,000 | 350,000 |
| SPECIFIC LIMITS EACH ACCIDENT | | |
| PART ONE WORKERS COMPENSATION | STATUTORY | STATUTORY |
| PART TWO EMPLOYERS LIABILITY | 1,000,000 PER OCCURANCE | 1,000,000 PER OCCURANCE |
| SPECIFIC LIMITS EACH DISEASE | | |
| PART ONE WORKERS COMPENSATION | STATUTORY | STATUTORY |
| PART TWO EMPLOYERS LIABILITY | 1,000,000 PER OCCURANCE | 1,000,000 PER OCCURANCE |
| AGGREGATE | | |
| AGGREGATE EXCESS RETENTION PERCENTAGE | QUOTE _____ | QUOTE _____ |
| MINIMUM EXCESS RETENTION | QUOTE _____ | QUOTE _____ |
| AGGREGATE EXCESS LIMIT | 1,000,000 | 1,000,000 |
| PREMIUM | QUOTE _____ | QUOTE _____ |
| OPTION 3 | YEAR 1 - JULY 1, 2011 - JUNE 30 2012 | YEAR 2 - JULY 1, 2012 - JUNE 30 2013 |
| SELF INSURED RETENTION PER OCCURANCE | | |
| EACH ACCIDENT | 400,000 | 400,000 |
| EACH EMPLOYEE PER DISEASE | 400,000 | 400,000 |
| SPECIFIC LIMITS EACH ACCIDENT | | |
| PART ONE WORKERS COMPENSATION | STATUTORY | STATUTORY |
| PART TWO EMPLOYERS LIABILITY | 1,000,000 PER OCCURANCE | 1,000,000 PER OCCURANCE |
| SPECIFIC LIMITS EACH DISEASE | | |
| PART ONE WORKERS COMPENSATION | STATUTORY | STATUTORY |
| PART TWO EMPLOYERS LIABILITY | 1,000,000 PER OCCURANCE | 1,000,000 PER OCCURANCE |
| AGGREGATE | | |
| AGGREGATE EXCESS RETENTION PERCENTAGE | QUOTE _____ | QUOTE _____ |
| MINIMUM EXCESS RETENTION | QUOTE _____ | QUOTE _____ |
| AGGREGATE EXCESS LIMIT | 1,000,000 | 1,000,000 |
| PREMIUM | QUOTE _____ | QUOTE _____ |

- 5.1. Name of Carrier quoted: _____
5.2. A.M. Best Rating: _____
5.3. Is Employer Liability quoted at same limit? Yes _____ No _____
5.4. Is not, what is the limit? _____
5.5. NOTE: Attach additional sheets if submitting more than one bid.

5.7. **Renewal Option:**

The County shall have the sole option to renew the contract in one year increments for a total accumulated period of two additional years following the initial term. If the options are exercised, the Contractor shall charge the County the same prices as quoted originally except as modified in the paragraph below. Offerors are to state if prices are firm for these renewal periods.

Yes _____ No _____

If no, please indicate the maximum percentage of increase or decrease off pricing for each renewal: _____%

EXHIBIT A

PRIOR EXPERIENCE

(References of similar services for governmental agencies are preferred)

1. Prior Services Performed for:

Company Name:

Address:

Contact Name:

Telephone Number:

Date of Contract:

Length of Contract:

Description of Prior Services (include dates):

2. Prior Services Performed for:

Company Name:

Address:

Contact Name:

Telephone Number:

Date of Contract:

Length of Contract:

Description of Prior Services (include dates):

3. Prior Services Performed for:

Company Name:

Address:

Contact Name:

Telephone Number:

Date of Contract:

Length of Contract:

Description of Prior Services (include dates):

INSTRUCTIONS FOR COMPLIANCE WITH HOUSE BILL 1549

House Bill 1549 addresses the Department of Homeland Security's and the Social Security Administration's E-Verify Program (Employment Eligibility Verification Program) that requires the County to verify "lawful presence" of individuals when we contract for work/service; verify that contractor has programs to verify lawful presence of their employees when contracts exceed \$5,000; and a requirement for OSHA safety training for public works projects.

The County is required to obtain certification that the bidder awarded the attached contract participates in a federal work authorization program. To obtain additional information on the Department of Homeland Security's E-Verify program, go to:

http://www.dhs.gov/xprevprot/programs/ge_1185221678150.shtm

Please complete and return form *Work Authorization Certification Pursuant to 285.530 RSMo* if your contract amount is in excess of \$5,000. Attach to this form the *E-Verify Memorandum of Understanding* that you completed when enrolling. The link for that form is:

<http://www.uscis.gov/files/nativedocuments/save-mou.pdf>

Additional information may be obtained from:

<http://www.uscis.gov/files/nativedocuments/MOU.pdf>

If you are an Individual/Proprietorship, then you must return the attached *Certification of Individual Bidder*. On that form, you may do one of the three options listed. Be sure to attach any required information for those options as detailed on the *Certification of Individual Bidder*. If you choose option number two, then you will also need to complete and return the attached form *Affidavit*.

CERTIFICATION OF INDIVIDUAL BIDDER

Pursuant to Section 208.009 RSMo, any person applying for or receiving any grant, contract, loan, retirement, welfare, health benefit, post secondary education, scholarship, disability benefit, housing benefit or food assistance who is over 18 must verify their lawful presence in the United States. Please indicate compliance below. Note: A parent or guardian applying for a public benefit on behalf of a child who is citizen or permanent resident need not comply.

- 1. I have provided a copy of documents showing citizenship or lawful presence in the United States. (Such proof may be a Missouri driver's license, U.S. passport, birth certificate, or immigration documents). Note: If the applicant is an alien, verification of lawful presence must occur prior to receiving a public benefit.

- 2. I do not have the above documents, but provide an affidavit (copy attached) which may allow for temporary 90 day qualification.

- 3. I have provided a completed application for a birth certificate pending in the State of _____. Qualification shall terminate upon receipt of the birth certificate or determination that a birth certificate does not exist because I am not a United States citizen.

Applicant

Date

Printed Name

AFFIDAVIT
(Only Required for Individual Bidder Certification Option #2)

State of Missouri)
)SS.
County of _____)

I, the undersigned, being at least eighteen years of age, swear upon my oath that I am either a United States citizen or am classified by the United States government as being lawfully admitted for permanent residence.

Date

Signature

Social Security Number
or Other Federal I.D. Number

Printed Name

On the date above written _____ appeared before me and swore that the facts contained in the foregoing affidavit are true according to his/her best knowledge, information and belief.

Notary Public

My Commission Expires:

(Please complete and return with Bid)

Certification Regarding
Debarment, Suspension, Ineligibility and Voluntary Exclusion
Lower Tier Covered Transactions

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98 Section 98.510, Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988, Federal Register (pages 19160-19211).

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR
CERTIFICATION)

- (1) The prospective recipient of Federal assistance funds certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- (2) Where the prospective recipient of Federal assistance funds is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Name and Title of Authorized Representative

Signature

Date



"No Bid" Response Form

Boone County Purchasing
601 E. Walnut, Room 208
Columbia, MO 65201

Melinda Bobbitt, CPPB, Director
(573) 886-4391 – Fax: (573) 886-4390

"NO BID RESPONSE FORM"

**NOTE: COMPLETE AND RETURN THIS FORM ONLY IF YOU DO NOT WANT TO
SUBMIT A BID**

If you do not wish to respond to this bid request, but would like to remain on the Boone County vendor list **for this service/commodity**, please remove form and return to the Purchasing Department by mail or fax.

If you would like to FAX this "No Bid" Response Form to our office, the FAX number is (573) 886-4390. Or e-mail to: mbobbitt@boonecountymo.org

**Bid: 18-14JUN11 –Worker's Compensation and Employer's
Liability Excess Insurance Coverage – Self Insured Public Entity**

Business Name: _____

Address: _____

Telephone: _____

Contact: _____

Date: _____

Reason(s) for Not Submitting Proposal Response :

EXHIBIT A

STANDARD TERMS AND CONDITIONS – CONTRACT WITH BOONE COUNTY, MISSOURI

1. Responses shall include all charges for packing, delivery, installation, etc., (unless otherwise specified) to the Boone County Department identified in the Request for Bid and/or Proposal.
2. The Boone County Commission has the right to accept or reject any part or parts of all bids, to waive technicalities, and to accept the offer the County Commission considers the most advantageous to the County. Boone County reserves the right to award this bid on an item-by-item basis, or an "all or none" basis, whichever is in the best interest of the County.
3. Bidders must use the bid forms provided for the purpose of submitting bids, must return the bid and bid sheets comprised in this bid, give the unit price, extended totals, and sign the bid.
4. When products or materials of any particular producer or manufacturer are mentioned in our specifications, such products or materials are intended to be descriptive of type or quality and not restricted to those mentioned.
5. Do not include Federal Excise Tax or Sales and Use Taxes in bid process, as law exempts the County from them.
6. The delivery date shall be stated in definite terms, as it will be taken into consideration in awarding the bid.
7. The County Commission reserves the right to cancel all or any part of orders if delivery is not made or work is not started as guaranteed. In case of delay, the Contractor must notify the Purchasing Department.
8. In case of default by the Contractor, the County of Boone will procure the articles or services from other sources and hold the Bidder responsible for any excess cost occasioned thereby.
9. Failure to deliver as guaranteed may disqualify Bidder from future bidding.
10. Prices must be as stated in units of quantity specified, and must be firm. Bids qualified by escalator clauses may not be considered unless specified in the bid specifications.
11. No bid transmitted by fax machine or **e-mail** will be accepted. **U.S. mail only.**
12. The County of Boone, Missouri expressly denies responsibility for, or ownership of any item purchased until same is delivered to the County and is accepted by the County.
13. The County reserves the right to award to one or multiple respondents. The County also reserves the right to not award any item or group of items if the services can be obtained from a state or other governmental entities contract under more favorable terms.
14. The County, from time to time, uses federal grant funds for the procurement of goods and services. Accordingly, the provider of goods and/or services shall comply with federal laws, rules and regulations applicable to the funds used by the County for said procurement, and contract clauses required by the federal government in such circumstances are incorporated herein by reference. These clauses can generally be found in the Federal Transit Administration's Best Practices

Procurement Manual – Appendix A. Any questions regarding the applicability of federal clauses to a particular bid should be directed to the Purchasing Department prior to bid opening.

15. In the event of a discrepancy between a unit price and an extended line item price, the unit price shall govern.

CLAIM HISTORY SUMMARY LISTING

CLAIMS HISTORY SUMMARY BY CLAIM YEAR

| | | | |
|------------------------------|----|--|--------------------|
| | | <u>2005 July 1, 2005-June 30, 2006</u> | |
| <u>MEDICAL ONLY</u> | | TOTAL PAID | TOTAL OUTSTANDING |
| | | <u>\$20,614.37</u> | <u>\$0.00</u> |
| COUNT | 42 | | |
| <u>LOST TIME / INDEMNITY</u> | | TOTAL PAID | TOTAL OUTSTANDING |
| | | <u>\$347,160.20</u> | <u>\$0.00</u> |
| COUNT | 14 | | |
| | | <u>2006 July 1, 2006-June 30, 2007</u> | |
| <u>MEDICAL ONLY</u> | | TOTAL PAID | TOTAL OUTSTANDING |
| | | <u>\$13,272.24</u> | <u>\$0.00</u> |
| COUNT | 23 | | |
| <u>LOST TIME / INDEMNITY</u> | | TOTAL PAID | TOTAL OUTSTANDING |
| | | <u>\$306,119.39</u> | <u>\$0.00</u> |
| COUNT | 12 | | |
| | | <u>2007 July 1, 2007-June 30, 2008</u> | |
| <u>MEDICAL ONLY</u> | | TOTAL PAID | TOTAL OUTSTANDING |
| | | <u>\$12,317.64</u> | <u>\$0.00</u> |
| COUNT | 21 | | |
| <u>LOST TIME / INDEMNITY</u> | | TOTAL PAID | TOTAL OUTSTANDING |
| | | <u>\$188,448.33</u> | <u>\$23,019.42</u> |
| COUNT | 10 | | |
| | | <u>2008 July 1, 2008-June 30, 2009</u> | |
| <u>MEDICAL ONLY</u> | | TOTAL PAID | TOTAL OUTSTANDING |
| | | <u>\$15,000.53</u> | <u>\$0.00</u> |
| COUNT | 25 | | |
| <u>LOST TIME / INDEMNITY</u> | | TOTAL PAID | TOTAL OUTSTANDING |
| | | <u>\$239,250.04</u> | <u>\$0.00</u> |
| COUNT | 11 | | |
| | | <u>2009 July 1, 2009-June 30, 2010</u> | |
| <u>MEDICAL ONLY</u> | | TOTAL PAID | TOTAL OUTSTANDING |
| | | <u>\$7,172.92</u> | <u>\$0.00</u> |
| COUNT | 20 | | |
| <u>LOST TIME / INDEMNITY</u> | | TOTAL PAID | TOTAL OUTSTANDING |
| | | <u>\$131,374.48</u> | <u>\$55,285.05</u> |
| COUNT | 11 | | |

CLAIMS HISTORY SUMMARY BY CLAIM YEAR

2010 July 1, 2010-March 31, 2011

| | | | |
|---------------------|----|---------------------|--------------------|
| <u>MEDICAL ONLY</u> | | TOTAL PAID | TOTAL OUTSTANDING |
| | | <u>\$14,472.06</u> | <u>\$8,814.90</u> |
| COUNT | 26 | | |
| <u>LOST TIME /</u> | | TOTAL PAID | TOTAL OUTSTANDING |
| <u>INDEMNITY</u> | | <u>\$139,596.61</u> | <u>\$68,614.76</u> |
| COUNT | 5 | | |

OPEN CLAIMS – 3/31/2011

COUNTY OF BOONE - OPEN CLAIM HISTORY

CLAIM PERIOD: 7/01/2007 - 6/30/2008

| <u>Loss date</u> | <u>Claim#</u> | <u>LOST TIME / INDEMNITY</u> | | |
|------------------------|-----------------|------------------------------|--------------------|--|
| 12/10/2007 10:30:00 AM | 071210MCGRU | Reopened | | |
| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> | |
| INDEMNITY | \$25,640.86 | \$7,589.34 | \$18,051.52 | |
| MEDICAL | \$17,500.00 | \$17,267.25 | \$232.75 | |
| EXPENSES | \$17,000.00 | \$12,264.85 | \$4,735.15 | |
| TOTAL | \$60,140.86 | \$37,121.44 | \$23,019.42 | |

STRAIN / SHOULDER(S) / FALL/SLIP INJ On Ice or
EE STATES WHILE PUSHING VEHICLE FELL SUSTAINING STRAIN TO SHOULDER 7720

CLAIM PERIOD: 7/01/2009 - 6/30/2010

| <u>Loss date</u> | <u>Claim#</u> | <u>LOST TIME / INDEMNITY</u> | | |
|----------------------|-----------------|------------------------------|--------------------|--|
| 8/17/2009 6:20:00 PM | 090817COOK | Reopened | | |
| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> | |
| INDEMNITY | \$15,949.36 | \$3,523.55 | \$12,425.81 | |
| MEDICAL | \$12,350.00 | \$9,389.51 | \$2,960.49 | |
| EXPENSES | \$7,500.00 | \$4,641.89 | \$2,858.11 | |
| TOTAL | \$35,799.36 | \$17,554.95 | \$18,244.41 | |

STRAIN / KNEE / STRAIN/INJ Misc
EE STATES WHILE STEPPING OFF STEP SUSTAINED STRAIN TO KNEE 7720

CLAIM PERIOD: 7/01/2009 - 6/30/2010

| <u>Loss date</u> | <u>Claim#</u> | <u>LOST TIME / INDEMNITY</u> | | |
|----------------------|-----------------|------------------------------|--------------------|--|
| 4/8/2010 11:05:00 AM | 100408ROBER | Reopened | | |
| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> | |
| INDEMNITY | \$27,637.92 | \$2,223.76 | \$25,414.16 | |
| MEDICAL | \$28,500.00 | \$19,300.08 | \$9,199.92 | |
| EXPENSES | \$5,000.00 | \$2,573.44 | \$2,426.56 | |
| TOTAL | \$61,137.92 | \$24,097.28 | \$37,040.64 | |

CONTUSION / LOWER ARM / FALL/SLIP INJ On St
EE STATES WHILE WALKING UP STAIRS SUSTAINED CONTUS TO LOWER ARM 8810

COUNTY OF BOONE - OPEN CLAIM HISTORY

CLAIM PERIOD: 7/01/2010 - 3/31/2011

Loss date Claim#
8/3/2010 1:18:00 AM 100803JAMES

LOST TIME / INDEMNITY

Open

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|--------------|--------------------|
| INDEMNITY | \$71,058.32 | \$20,054.03 | \$51,004.29 |
| MEDICAL | \$79,000.00 | \$69,423.75 | \$9,576.25 |
| EXPENSES | \$34,000.00 | \$30,455.98 | \$3,544.02 |
| TOTAL | \$184,058.32 | \$119,933.76 | \$64,124.56 |

MULTIPLE PHYSICAL INJURIES ONLY / MULTIPLE 7720

EE STATES MULT INJURIES TO MULT BODY PARTS SUSTAINED WHILE PARKED AT POST

CLAIM PERIOD: 7/01/2010 - 3/31/2011

Loss date Claim#
9/16/2010 9:08:00 AM 100916ROBIS

MEDICAL ONLY

Open

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$1,700.00 | \$434.00 | \$1,266.00 |
| EXPENSES | \$200.00 | \$9.45 | \$190.55 |
| TOTAL | \$1,900.00 | \$443.45 | \$1,456.55 |

MISC - NOT OTHERWISE CLASSIFIED / HAND / MI 7720

EE STATES EXPOSURE TO BODILY FLUIDS SUSTAINED WHILE HANDLING SUBJECT

CLAIM PERIOD: 7/01/2010 - 3/31/2011

Loss date Claim#
9/19/2010 4:20:00 PM 100919GRIFF

LOST TIME / INDEMNITY

Reopened

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$1,000.00 | \$0.00 | \$1,000.00 |
| MEDICAL | \$0.00 | \$0.00 | \$0.00 |
| EXPENSES | \$3,500.00 | \$9.80 | \$3,490.20 |
| TOTAL | \$4,500.00 | \$9.80 | \$4,490.20 |

MISC - NOT OTHERWISE CLASSIFIED / HEART / 7720

EE STATES CHEST PAINS DEVELOPED DURING OT TRAINING

COUNTY OF BOONE - OPEN CLAIM HISTORY

CLAIM PERIOD: 7/01/2010 - 3/31/2011

| <u>Loss date</u> | <u>Claim#</u> | MEDICAL ONLY | | |
|----------------------|-----------------|--------------|--------------------|----------|
| 10/3/2010 7:05:00 PM | 101003KIRKW | Open | | |
| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> | |
| INDEMNITY | \$0.00 | \$0.00 | | \$0.00 |
| MEDICAL | \$1,000.00 | \$323.00 | | \$677.00 |
| EXPENSES | \$150.00 | \$35.49 | | \$114.51 |
| TOTAL | \$1,150.00 | \$358.49 | | \$791.51 |

MISC - NOT OTHERWISE CLASSIFIED / EYE(S) / M 7720
 EE STATES EYE EXPOSED TO BODILY FLUIDS WHILE RESTRAINING SUBJECT

CLAIM PERIOD: 7/01/2010 - 3/31/2011

| <u>Loss date</u> | <u>Claim#</u> | MEDICAL ONLY | | |
|-----------------------|-----------------|--------------|--------------------|----------|
| 1/13/2011 12:15:00 PM | 110113BREWE | Open | | |
| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> | |
| INDEMNITY | \$0.00 | \$0.00 | | \$0.00 |
| MEDICAL | \$1,700.00 | \$777.26 | | \$922.74 |
| EXPENSES | \$150.00 | \$96.14 | | \$53.86 |
| TOTAL | \$1,850.00 | \$873.40 | | \$976.60 |

MULTIPLE PHYSICAL INJURIES ONLY / MULTIPLE 7720
 EE STATES MULT INJ TO MULT BODY PARTS SUSTAINED WHILE UNLOADING TRAILER

CLAIM PERIOD: 7/01/2010 - 3/31/2011

| <u>Loss date</u> | <u>Claim#</u> | MEDICAL ONLY | | |
|----------------------|-----------------|--------------|--------------------|------------|
| 1/13/2011 9:45:00 PM | 110113CARR | Open | | |
| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> | |
| INDEMNITY | \$0.00 | \$0.00 | | \$0.00 |
| MEDICAL | \$1,000.00 | \$0.00 | | \$1,000.00 |
| EXPENSES | \$150.00 | \$9.80 | | \$140.20 |
| TOTAL | \$1,150.00 | \$9.80 | | \$1,140.20 |

MISC - NOT OTHERWISE CLASSIFIED / LUNGS / 7720
 EE STATES EXPOSURE TO TB SUSTAINED WHILE INTERVIEWING FAMILY

COUNTY OF BOONE - OPEN CLAIM HISTORY

CLAIM PERIOD: 7/01/2010 - 3/31/2011

Loss date Claim#
2/24/2011 7:08:00 PM 110224RODGE

MEDICAL ONLY

Open

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$1,700.00 | \$0.00 | \$1,700.00 |
| EXPENSES | \$200.00 | \$9.80 | \$190.20 |
| TOTAL | \$1,900.00 | \$9.80 | \$1,890.20 |

MULTIPLE PHYSICAL INJURIES ONLY / MULTIPLE 7720
EE STATES WAS STRUCK AND SPAT ON WHILE TAKING SUBJECT IN CUSTODY

CLAIM PERIOD: 7/01/2010 - 3/31/2011

Loss date Claim#
3/6/2011 3:06:00 AM 110306SEINE

MEDICAL ONLY

Open

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$1,000.00 | \$0.00 | \$1,000.00 |
| EXPENSES | \$150.00 | \$9.80 | \$140.20 |
| TOTAL | \$1,150.00 | \$9.80 | \$1,140.20 |

STRAIN / KNEE / STRAIN/INJ Falling 7720
EE STATES STRAIN TO R KNEE SUSTAINED DURING FOOT PURSUIT

CLAIM PERIOD: 7/01/2010 - 3/31/2011

Loss date Claim#
3/12/2011 1:15:00 PM 110312MCGUI

MEDICAL ONLY

Open

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$1,300.00 | \$0.00 | \$1,300.00 |
| EXPENSES | \$150.00 | \$35.66 | \$114.34 |
| TOTAL | \$1,450.00 | \$35.66 | \$1,414.34 |

CONTUSION / SKULL / STRIKE AGAINST/STEP ON 7720
EE STATES CONTUS TO HEAD SUSTAINED WHILE USING CABINETS

COUNTY OF BOONE - OPEN CLAIM HISTORY

CLAIM PERIOD: 7/01/2010 - 3/31/2011

| <u>Loss date</u> | <u>Claim#</u> | <u>MEDICAL ONLY</u> | | |
|-----------------------|-----------------|---------------------|--------------------|--------|
| 3/26/2011 12:50:00 PM | 110326RIGGI | Open | | |
| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> | |
| INDEMNITY | \$0.00 | \$0.00 | | \$0.00 |
| MEDICAL | \$0.00 | \$0.00 | | \$0.00 |
| EXPENSES | \$15.00 | \$9.80 | | \$5.20 |
| TOTAL | \$15.00 | \$9.80 | | \$5.20 |

STRAIN / SHOULDER(S) / STRAIN/INJ Misc 7720
 EE STATES L SHOULDER STRAIN SUSTAINED DURING DEFENSIVE TRAINING

Paid Claims History

By Claim Year (July 1- June 30)

2005 through 3/31/2011

COUNTY OF BOONE - CLAIM HISTORY

CLAIM PERIOD: 7/01/2005 - 6/30/2006

Loss date Claim#
7/17/2005 050717WESELO

MEDICAL ONLY
Closed
Date Closed: 9/7/2005

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$249.89 | \$249.89 | \$0.00 |
| EXPENSES | \$69.76 | \$69.76 | \$0.00 |
| TOTAL | \$319.65 | \$319.65 | \$0.00 |

LACERATION / FINGER(S) / CUT,PUNC,SCRAPE I 7720
EE STATES CUT TO RT INDEX FINGER ON RUSTY EDGE OF HOLDING CELL.

Loss date Claim#
7/27/2005 050727NELSON

LOST TIME / INDEMNITY
Closed
Date Closed: 12/17/2007 12:09:53 P

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$0.00 | \$0.00 | \$0.00 |
| EXPENSES | \$9,141.68 | \$9,141.68 | \$0.00 |
| TOTAL | \$9,141.68 | \$9,141.68 | \$0.00 |

MULTIPLE PHYSICAL INJURIES ONLY / MULTIPLE 8810
NOTICE OF INJURY FROM FORM 21. EMPLOYER HAD NO KNOWLEDGE OF ALLEDGE OCCURR

Loss date Claim#
8/1/2005 050801GRAGG

LOST TIME / INDEMNITY
Closed
Date Closed: 6/7/2006 10:21:20 AM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$6,028.64 | \$6,028.64 | \$0.00 |
| MEDICAL | \$4,085.36 | \$4,085.36 | \$0.00 |
| EXPENSES | \$2,392.44 | \$2,392.44 | \$0.00 |
| TOTAL | \$12,506.44 | \$12,506.44 | \$0.00 |

STRAIN / MULT. UPPER EXTREM. / MISC CAUSES 8810
EE STATES PAIN IN RT HAND & ARM FROM REPETITIVE MOTION.

COUNTY OF BOONE - CLAIM HISTORY

CLAIM PERIOD: 7/01/2005 - 6/30/2006

Loss date Claim#
 8/3/2006 050803BOYCE

MEDICAL ONLY
 Closed
 Date Closed: 11/22/2005

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$227.00 | \$227.00 | \$0.00 |
| EXPENSES | \$21.15 | \$21.15 | \$0.00 |
| TOTAL | \$248.15 | \$248.15 | \$0.00 |

CONTAGIOUS DISEASE / INTERNAL ORGANS / MI 7720
 EE STATES WHEN SUBDUING SUBJECT, SUBJECT SPIT ON OFFICER & MAY HAVE GOTTEN

Loss date Claim#
 8/3/2006 050803DEVENN

MEDICAL ONLY
 Closed
 Date Closed: 10/24/2005

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$0.00 | \$0.00 | \$0.00 |
| EXPENSES | \$10.75 | \$10.75 | \$0.00 |
| TOTAL | \$10.75 | \$10.75 | \$0.00 |

CONTAGIOUS DISEASE / INTERNAL ORGANS / MI 7720
 EE STATES WHEN SUBDUING SUBJECT, SUBJECT SPIT ON OFFICER & MAY HAVE GOTTEN

Loss date Claim#
 8/3/2006 050803FOX

MEDICAL ONLY
 Closed
 Date Closed: 1/30/2006

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$409.40 | \$409.40 | \$0.00 |
| EXPENSES | \$33.35 | \$33.35 | \$0.00 |
| TOTAL | \$442.75 | \$442.75 | \$0.00 |

CONTAGIOUS DISEASE / NO PHYSICAL INJURY / 7720
 EE STATES RESTRAINING SUBJECT WHO SPIT ON HIM & WAS ADVISED SUBJECT WAS HEP

COUNTY OF BOONE - CLAIM HISTORY

CLAIM PERIOD: 7/01/2005 - 6/30/2006

Loss date Claim#
 8/3/2005 050803LESTER

LOST TIME / INDEMNITY

Closed

Date Closed: 12/13/2006 10:37:20 A

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$16,183.65 | \$16,183.65 | \$0.00 |
| EXPENSES | \$1,093.96 | \$1,093.96 | \$0.00 |
| TOTAL | \$17,277.61 | \$17,277.61 | \$0.00 |

CONTAGIOUS DISEASE / INTERNAL ORGANS / MI 7720

EE STATES COMBATIVE SUBJECT SPIT ON HIM & ADVISED HE HAD HEPATHIS C.

Loss date Claim#
 8/3/2005 050803RELLER

MEDICAL ONLY

Closed

Date Closed: 1/16/2006

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$69.86 | \$69.86 | \$0.00 |
| EXPENSES | \$37.54 | \$37.54 | \$0.00 |
| TOTAL | \$107.40 | \$107.40 | \$0.00 |

CONTAGIOUS DISEASE / INTERNAL ORGANS / MI 7720

EE STATES WHEN SUBDUING SUBJECT, SUBJECT SPIT ON OFFICER & MAY HAVE GOTTEN

Loss date Claim#
 8/4/2005 050804WEBER

LOST TIME / INDEMNITY

Closed

Date Closed: 10/3/2005

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$2,635.11 | \$2,635.11 | \$0.00 |
| EXPENSES | \$229.27 | \$229.27 | \$0.00 |
| TOTAL | \$2,864.38 | \$2,864.38 | \$0.00 |

CONTUSION / MULTIPLE BODY PARTS / MOTOR 7720

EE STATES VEHICLE STRUCK DEER, & HE SUSTAINED MULTIPLE CONTUSIONS.

COUNTY OF BOONE - CLAIM HISTORY

CLAIM PERIOD: 7/01/2005 - 6/30/2006

Loss date Claim#
 8/5/2005 060806BENNET

MEDICAL ONLY

Closed

Date Closed: 10/5/2005

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$165.06 | \$165.06 | \$0.00 |
| EXPENSES | \$19.59 | \$19.59 | \$0.00 |
| TOTAL | \$184.65 | \$184.65 | \$0.00 |

MISC CAUSES - (NOC) Not Otherwise Classi

5515

EE STATES UNKNOWN INJURY VIA TELEPHONE CONVERSATION ON 8/8/05. QUESTIONABL

Loss date Claim#
 9/5/2005 060905JAMESO

LOST TIME / INDEMNITY

Closed

Date Closed: 5/4/2007 10:42:29 AM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$15,550.95 | \$15,550.95 | \$0.00 |
| MEDICAL | \$20,424.02 | \$20,424.02 | \$0.00 |
| EXPENSES | \$8,724.97 | \$8,724.97 | \$0.00 |
| TOTAL | \$44,699.94 | \$44,699.94 | \$0.00 |

CONTUSION / KNEE / FALL/SLIP INJ From Same L

7720

EE STATES FELL & STRUCK KNEE ON PAVEMENT DURING FOOT PURSUIT. IW SUSTAINED

Loss date Claim#
 9/14/2005 060914JOHNSO

MEDICAL ONLY

Closed

Date Closed: 10/20/2005

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$310.00 | \$310.00 | \$0.00 |
| EXPENSES | \$18.55 | \$18.55 | \$0.00 |
| TOTAL | \$328.55 | \$328.55 | \$0.00 |

LACERATION / LOWER ARM / MISC CAUSES Anim

7720

EE STATES BIT ON LT LOWER ARM BY POLICE DOG WHEN PARTICIPATING IN K-9 TRAIN

COUNTY OF BOONE - CLAIM HISTORY

CLAIM PERIOD: 7/01/2005 - 6/30/2006

Loss date Claim#
 9/22/2005 050922LEWIS

MEDICAL ONLY
 Closed
 Date Closed: 11/15/2005

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$177.00 | \$177.00 | \$0.00 |
| EXPENSES | \$22.45 | \$22.45 | \$0.00 |
| TOTAL | \$199.45 | \$199.45 | \$0.00 |

STRAIN / LOW BACK AREA / STRAIN/INJ Lifting 9410

EE STATES STRAIN TO LOWER BACK UNLOADING PIPE FROM TRAILER.

Loss date Claim#
 10/12/2005 051012EDWARD

MEDICAL ONLY
 Closed
 Date Closed: 5/2/2006

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$648.12 | \$648.12 | \$0.00 |
| EXPENSES | \$73.92 | \$73.92 | \$0.00 |
| TOTAL | \$722.04 | \$722.04 | \$0.00 |

NO PHYSICAL INJURY / MULTIPLE BODY PARTS / 7720

EE STATES BLOOD EXPOSURE FROM PRISONER WITH SELF-INFLICTED WOUND.

Loss date Claim#
 10/22/2005 051022MCGRUD

MEDICAL ONLY
 Closed
 Date Closed: 12/15/2005

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$235.50 | \$235.50 | \$0.00 |
| EXPENSES | \$22.45 | \$22.45 | \$0.00 |
| TOTAL | \$257.95 | \$257.95 | \$0.00 |

STRAIN / UPPER BACK AREA / MOTOR VEHICLE 7720

EE STATES HE WAS ON ROUTINE PATROL ON US HWY 63 AT HINTON RD WHEN A DEER RA

COUNTY OF BOONE - CLAIM HISTORY

CLAIM PERIOD: 7/01/2005 - 6/30/2006

Loss date Claim#
 10/29/2005 051029BOYD

MEDICAL ONLY
 Closed
 Date Closed: 11/11/2005

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$0.00 | \$0.00 | \$0.00 |
| EXPENSES | \$10.75 | \$10.75 | \$0.00 |
| TOTAL | \$10.75 | \$10.75 | \$0.00 |

NO PHYSICAL INJURY / MULTIPLE BODY PARTS / 7720
 EE STATES HE WAS ON DUTY AT DEPARTMENT WHEN HE BEGAN EXPERIENCING CHEST PAI

Loss date Claim#
 11/3/2005 051103FOWLER

MEDICAL ONLY
 Closed
 Date Closed: 12/15/2005

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$271.92 | \$271.92 | \$0.00 |
| EXPENSES | \$45.92 | \$45.92 | \$0.00 |
| TOTAL | \$317.84 | \$317.84 | \$0.00 |

STRAIN / LOW BACK AREA / MOTOR VEHICLE Col 7720
 EE STATES HE WAS DRIVING PATROL CAR IN VEHICLE PURSUIT AND SUSPECT VEHICLE

Loss date Claim#
 11/7/2005 051107ZUCH

LOST TIME / INDEMNITY
 Closed
 Date Closed: 3/19/2008 8:26:10 AM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$22,009.06 | \$22,009.06 | \$0.00 |
| MEDICAL | \$39,270.34 | \$39,270.34 | \$0.00 |
| EXPENSES | \$16,400.91 | \$16,400.91 | \$0.00 |
| TOTAL | \$77,680.31 | \$77,680.31 | \$0.00 |

STRAIN / KNEE / FALL/SLIP INJ From Same Level 8810
 EE STATES SHE WAS WALKING ON THE SIDEWALK, TRIPPED ON BROKEN CONCRETE AND

COUNTY OF BOONE - CLAIM HISTORY

CLAIM PERIOD: 7/01/2005 - 6/30/2006

Loss date Claim#
 11/14/2005 8:00:00 AM 051114NELSO

LOST TIME / INDEMNITY

Closed

Date Closed: 12/18/2007 8:04:08 AM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$2,500.00 | \$2,500.00 | \$0.00 |
| MEDICAL | \$0.00 | \$0.00 | \$0.00 |
| EXPENSES | \$1,252.27 | \$1,252.27 | \$0.00 |
| TOTAL | \$3,752.27 | \$3,752.27 | \$0.00 |

STRAIN / LOW BACK AREA / STRAIN/INJ Misc

8810

BACK STRN FORM 21: EMP HAS NO KNOWLEDGE OF ALLEGED OCCURRENCE

Loss date Claim#
 11/20/2005 051120SKINNE

MEDICAL ONLY

Closed

Date Closed: 7/31/2006 12:45:22 PM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$1,036.84 | \$1,036.84 | \$0.00 |
| EXPENSES | \$75.28 | \$75.28 | \$0.00 |
| TOTAL | \$1,112.12 | \$1,112.12 | \$0.00 |

INFLAMMATION / HAND / STRUCK/INJ BY Person

7720

EE STATES SUBJECT BIT HIM ON LT HAND CAUSING INFLAMMATION

Loss date Claim#
 11/22/2005 051122MARTIN

MEDICAL ONLY

Closed

Date Closed: 2/15/2006

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$620.12 | \$620.12 | \$0.00 |
| EXPENSES | \$58.27 | \$58.27 | \$0.00 |
| TOTAL | \$678.39 | \$678.39 | \$0.00 |

CONTUSION / LOW BACK AREA / STRUCK/INJ BY

7720

EE STATES STRUCK IN LOWER BACK BY STUDENT WHEN PARTICIPATING IN MACE TRAINI

COUNTY OF BOONE - CLAIM HISTORY

CLAIM PERIOD: 7/01/2005 - 6/30/2006

Loss date Claim#
 12/5/2005 051205JONES

LOST TIME / INDEMNITY
 Closed
 Date Closed: 3/10/2006

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$99.99 | \$99.99 | \$0.00 |
| MEDICAL | \$831.30 | \$831.30 | \$0.00 |
| EXPENSES | \$65.34 | \$65.34 | \$0.00 |
| TOTAL | \$996.63 | \$996.63 | \$0.00 |

STRAIN / LOW BACK AREA / STRAIN/INJ Lifting 9015
 EE STATES LIFTING & STACKING CASES OF ENVELOPES & STRAINED LOWER BACK.

Loss date Claim#
 12/8/2005 051208EVANS

MEDICAL ONLY
 Closed
 Date Closed: 3/1/2006

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$105.00 | \$105.00 | \$0.00 |
| EXPENSES | \$14.90 | \$14.90 | \$0.00 |
| TOTAL | \$119.90 | \$119.90 | \$0.00 |

STRAIN / MULTIPLE BODY PARTS / MOTOR VEHI 7720
 EE STATES REAR-ENDED BY ANOTHER VEHICLE WHEN SITTING AT STOP SIGN NW SUST

Loss date Claim#
 12/9/2005 051209RIDGEW

MEDICAL ONLY
 Closed
 Date Closed: 12/28/2005

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$0.00 | \$0.00 | \$0.00 |
| EXPENSES | \$11.00 | \$11.00 | \$0.00 |
| TOTAL | \$11.00 | \$11.00 | \$0.00 |

NO PHYSICAL INJURY / THUMB / MISC CAUSES - 7720
 EE STATES RT THUMB CAME INTO CONTACT WITH BLOODY PAPER

COUNTY OF BOONE - CLAIM HISTORY

CLAIM PERIOD: 7/01/2005 - 6/30/2006

Loss date Claim#
 12/23/2005 051223BOLLES

MEDICAL ONLY
 Closed
 Date Closed: 2/27/2006

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$271.00 | \$271.00 | \$0.00 |
| EXPENSES | \$22.70 | \$22.70 | \$0.00 |
| TOTAL | \$293.70 | \$293.70 | \$0.00 |

STRAIN / ANKLE / FALL/SLIP INJ Misc 5610
 EE STATES STRAINED LT ANKLE WHEN HE SLIPPED ON A ROCK & TWISTED IT.

Loss date Claim#
 12/30/2005 051230ZUCCAR

MEDICAL ONLY
 Closed
 Date Closed: 3/16/2006

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$292.00 | \$292.00 | \$0.00 |
| EXPENSES | \$75.49 | \$75.49 | \$0.00 |
| TOTAL | \$367.49 | \$367.49 | \$0.00 |

CONTUSION / FACIAL SOFT TISSUE / STRIKE AG 7720
 EE STATES STRUCK FOREHEAD AGAINST WALL WHEN ENTERING CELL TO RESTRAIN INMATE

Loss date Claim#
 1/4/2006 060104EBERWE

LOST TIME / INDEMNITY
 Closed
 Date Closed: 7/23/2007 8:25:22 AM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$12,959.80 | \$12,959.80 | \$0.00 |
| MEDICAL | \$0.00 | \$0.00 | \$0.00 |
| EXPENSES | \$4,342.79 | \$4,342.79 | \$0.00 |
| TOTAL | \$17,302.59 | \$17,302.59 | \$0.00 |

STRAIN / SHOULDER(S) / STRAIN/INJ Lifting 5506
 EE ALLEGEDLY LIFTED MATERIAL OFF OF FLAT BED, WHICH WAS 4' OFF GROUND AND

COUNTY OF BOONE - CLAIM HISTORY

CLAIM PERIOD: 7/01/2005 - 6/30/2006

Loss date Claim#
 1/9/2006 060109THALL

MEDICAL ONLY
 Closed
 Date Closed: 2/27/2006

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$202.00 | \$202.00 | \$0.00 |
| EXPENSES | \$20.10 | \$20.10 | \$0.00 |
| TOTAL | \$222.10 | \$222.10 | \$0.00 |

CONTUSION / MULTIPLE BODY PARTS / FALL/SLI 8810
 EE STATES FELL ON BOONE COUNTY NATIONAL BANK PARKING LOT WHEN ON BREAK & SU

Loss date Claim#
 1/14/2006 060114JAMES

MEDICAL ONLY
 Closed
 Date Closed: 4/28/2006

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$375.48 | \$375.48 | \$0.00 |
| EXPENSES | \$84.59 | \$84.59 | \$0.00 |
| TOTAL | \$460.07 | \$460.07 | \$0.00 |

CONTAGIOUS DISEASE / NO PHYSICAL INJURY / 7720
 EE WAS TAKING SUBJECT INTO CUSTODY WHEN HE CAME IN CONTACT WITH ACTIVE TUBE

Loss date Claim#
 1/14/2006 060114KLAUSM

MEDICAL ONLY
 Closed
 Date Closed: 5/2/2006

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$345.52 | \$345.52 | \$0.00 |
| EXPENSES | \$82.72 | \$82.72 | \$0.00 |
| TOTAL | \$428.24 | \$428.24 | \$0.00 |

CONTAGIOUS DISEASE / NO PHYSICAL INJURY / 7720
 EE WAS TAKING SUBJECT INTO CUSTODY WHEN HE CAME IN CONTACT WITH ACTIVE TUBE

COUNTY OF BOONE - CLAIM HISTORY

CLAIM PERIOD: 7/01/2005 - 6/30/2006

Loss date Claim#
 1/14/2006 060114MARTIN

MEDICAL ONLY
 Closed
 Date Closed: 4/14/2006

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$375.48 | \$375.48 | \$0.00 |
| EXPENSES | \$84.59 | \$84.59 | \$0.00 |
| TOTAL | \$460.07 | \$460.07 | \$0.00 |

CONTAGIOUS DISEASE / NO PHYSICAL INJURY / 7720
 EE WAS TAKING SUBJECT INTO CUSTODY WHEN HE CAME IN CONTACT WITH ACTIVE TUBE

Loss date Claim#
 1/14/2006 060114SKINNE

MEDICAL ONLY
 Closed
 Date Closed: 6/14/2006 1:26:49 PM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$427.48 | \$427.48 | \$0.00 |
| EXPENSES | \$83.21 | \$83.21 | \$0.00 |
| TOTAL | \$510.69 | \$510.69 | \$0.00 |

CONTAGIOUS DISEASE / NO PHYSICAL INJURY / 7720
 EE WAS TAKING SUBJECT INTO CUSTODY WHEN HE CAME IN CONTACT WITH ACTIVE TUBE

Loss date Claim#
 1/27/2006 060127BURKS

MEDICAL ONLY
 Closed
 Date Closed: 11/7/2006 8:33:45 AM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$0.00 | \$1,356.51 | \$0.00 |
| EXPENSES | \$122.97 | \$122.97 | \$0.00 |
| TOTAL | \$122.97 | \$122.97 | \$0.00 |

CONTUSION / MULTIPLE BODY PARTS / STRUCK/ 7720
 EE STATES SUSPECT IN VEHICLE PUSHED UNOCCUPIED PATROL CAR INTO HIM. IW SUS

COUNTY OF BOONE - CLAIM HISTORY

CLAIM PERIOD: 7/01/2005 - 6/30/2006

Loss date Claim#
 1/31/2006 060131PAUL

MEDICAL ONLY
 Closed
 Date Closed: 3/29/2006

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$472.92 | \$472.92 | \$0.00 |
| EXPENSES | \$85.90 | \$85.90 | \$0.00 |
| TOTAL | \$558.82 | \$558.82 | \$0.00 |

CONTUSION / MULTIPLE BODY PARTS / FALL/SLI 7720

EE STATES CHASING SUSPECT, FELL TO GROUND & SUSTAINED CONTUSIONS TO BOTH SH

Loss date Claim#
 2/1/2006 060201GARRET

MEDICAL ONLY
 Closed
 Date Closed: 3/29/2006

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$879.00 | \$879.00 | \$0.00 |
| EXPENSES | \$384.70 | \$384.70 | \$0.00 |
| TOTAL | \$1,263.70 | \$1,263.70 | \$0.00 |

STRAIN / LOW BACK AREA / STRAIN/INJ Pushing, 5506

EE STATES HE WAS IN PROCESS OF TRYING TO LIFT A POST OUT OF THE GROUND & FE

Loss date Claim#
 2/6/2006 060206EVANS

MEDICAL ONLY
 Closed
 Date Closed: 3/30/2006

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$281.00 | \$281.00 | \$0.00 |
| EXPENSES | \$18.80 | \$18.80 | \$0.00 |
| TOTAL | \$299.80 | \$299.80 | \$0.00 |

LACERATION / MULTIPLE BODY PARTS / STRUCK 7720

EE STATES SUSTAINED LACERATIONS TO MULTIPLE BODY PARTS WHEN ATTEMPTING TO A

COUNTY OF BOONE - CLAIM HISTORY

CLAIM PERIOD: 7/01/2005 - 6/30/2006

Loss date Claim#
 3/10/2006 060310ATWELL

MEDICAL ONLY
 Closed
 Date Closed: 5/17/2006

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$165.60 | \$165.60 | \$0.00 |
| EXPENSES | \$21.35 | \$21.35 | \$0.00 |
| TOTAL | \$186.95 | \$186.95 | \$0.00 |

NO PHYSICAL INJURY / NO PHYSICAL INJURY / M 7720
 EE STATES POSITIVE TEST RESULTS FOR T.B.

Loss date Claim#
 3/10/2006 060310MONTGO

MEDICAL ONLY
 Closed
 Date Closed: 7/27/2006 3:38:28 PM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$1,059.44 | \$1,059.44 | \$0.00 |
| EXPENSES | \$76.51 | \$76.51 | \$0.00 |
| TOTAL | \$1,135.95 | \$1,135.95 | \$0.00 |

LACERATION / NOSE / STRUCK/INJ BY Misc 5506
 EE STATES WHILE CRIMPING A HOSE END CAME LOOSE AND STRUCK EE IN THE NOSE.

Loss date Claim#
 3/24/2006 060324CALVER

MEDICAL ONLY
 Closed
 Date Closed: 5/30/2006

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$735.32 | \$735.32 | \$0.00 |
| EXPENSES | \$99.58 | \$99.58 | \$0.00 |
| TOTAL | \$834.90 | \$834.90 | \$0.00 |

INFLAMMATION / CHEST/RIB/STERN/SOFT TISSU 7720
 EE STATES BIT ON SOFT TISSUE OF CHEST WHEN RESTRAINING INMATE.

COUNTY OF BOONE - CLAIM HISTORY

CLAIM PERIOD: 7/01/2005 - 6/30/2006

Loss date Claim#
 3/29/2006 060329LEER

MEDICAL ONLY

Closed

Date Closed: 5/16/2006

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$165.60 | \$165.60 | \$0.00 |
| EXPENSES | \$21.35 | \$21.35 | \$0.00 |
| TOTAL | \$186.95 | \$186.95 | \$0.00 |

NO PHYSICAL INJURY / NO PHYSICAL INJURY / M

7720

EE STATES POSITIVE TESTING FOR T.B.

Loss date Claim#
 4/7/2006 060407GARRET

MEDICAL ONLY

Closed

Date Closed: 7/31/2006 12:47:15 PM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$40.00 | \$40.00 | \$0.00 |
| EXPENSES | \$11.00 | \$11.00 | \$0.00 |
| TOTAL | \$51.00 | \$51.00 | \$0.00 |

INFLAMMATION / MULTIPLE BODY PARTS / MISC

5506

EE STATES HE CAME INTO CONTACT WITH POISON IVY DOING DAILY JOB.

Loss date Claim#
 4/12/2006 060412GARRET

LOST TIME / INDEMNITY

Closed

Date Closed: 9/28/2006 4:00:06 PM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$5,433.62 | \$5,433.62 | \$0.00 |
| MEDICAL | \$1,356.35 | \$1,356.35 | \$0.00 |
| EXPENSES | \$802.61 | \$802.61 | \$0.00 |
| TOTAL | \$7,592.58 | \$7,592.58 | \$0.00 |

STRAIN / LOW BACK AREA / STRAIN/INJ Misc

5506

EE STATES CLIMBING LADDER ONTO BACK OF TRUCK & STRAINED LOWER BACK

COUNTY OF BOONE - CLAIM HISTORY

CLAIM PERIOD: 7/01/2005 - 6/30/2006

Loss date Claim#
 4/21/2006 060421CARLYL

MEDICAL ONLY

Closed

Date Closed: 7/28/2006 8:33:05 AM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$868.52 | \$868.52 | \$0.00 |
| EXPENSES | \$87.17 | \$87.17 | \$0.00 |
| TOTAL | \$955.69 | \$955.69 | \$0.00 |

LACERATION / MULTIPLE BODY PARTS / CUT,PU 7720

EE STATES SUSPECT WAS RESISTING ARREST, AND BOTH PARTIES WERE BLEEDING.

Loss date Claim#
 4/21/2006 060421PHILLI

MEDICAL ONLY

Closed

Date Closed: 12/28/2006 8:38:57 AM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$858.02 | \$858.02 | \$0.00 |
| EXPENSES | \$87.05 | \$87.05 | \$0.00 |
| TOTAL | \$945.07 | \$945.07 | \$0.00 |

LACERATION / MULTIPLE BODY PARTS / CUT,PU 7720

EE STATES CONTACT WITH BLOOD OF SUICIDAL SUSPECT. SUSPECT IS HEP POSITIVE.

Loss date Claim#
 4/21/2006 060421RELLER

MEDICAL ONLY

Closed

Date Closed: 7/31/2006 12:50:19 PM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$506.20 | \$506.20 | \$0.00 |
| EXPENSES | \$82.57 | \$82.57 | \$0.00 |
| TOTAL | \$588.77 | \$588.77 | \$0.00 |

NO PHYSICAL INJURY / NO PHYSICAL INJURY / M 7720

EE STATES EXPOSED TO SUBJECT'S BLOOD, & SUBJECT IS HEP C POSITIVE.

COUNTY OF BOONE - CLAIM HISTORY

CLAIM PERIOD: 7/01/2005 - 6/30/2006

Loss date Claim#
 4/21/2006 060421ROBBIN

MEDICAL ONLY
 Closed
 Date Closed: 7/27/2006 3:42:43 PM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$918.84 | \$918.84 | \$0.00 |
| EXPENSES | \$84.56 | \$84.56 | \$0.00 |
| TOTAL | \$1,003.40 | \$1,003.40 | \$0.00 |

LACERATION / MULTIPLE BODY PARTS / CUT,PU 7720

EE STATES SUSPECT RESISTING ARREST. IW & SUSPECT WERE BOTH BLEEDING

Loss date Claim#
 4/23/2006 060423DODSON

MEDICAL ONLY
 Closed
 Date Closed: 7/27/2006 10:41:00 AM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$358.34 | \$358.34 | \$0.00 |
| EXPENSES | \$79.12 | \$79.12 | \$0.00 |
| TOTAL | \$437.46 | \$437.46 | \$0.00 |

CONTUSION / MULTIPLE BODY PARTS / FALL/SLI 7720

EE STATES FELL DURING FOOT PURSUIT OF SUBJECT & SUSTAINED CONTUSIONS TO LT

Loss date Claim#
 4/25/2006 060425EBERWE

LOST TIME / INDEMNITY
 Closed
 Date Closed: 10/11/2006 1:36:23 PM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$1,491.64 | \$1,491.64 | \$0.00 |
| EXPENSES | \$1,518.91 | \$1,518.91 | \$0.00 |
| TOTAL | \$3,010.55 | \$3,010.55 | \$0.00 |

SPRAIN / KNEE / FALL/SLIP INJ From Different Lev 5506

EE STATES FELL FROM TRUCK & SPRAINED KNEE.

COUNTY OF BOONE - CLAIM HISTORY

CLAIM PERIOD: 7/01/2005 - 6/30/2006

Loss date Claim#
 6/25/2006 060525GOODWI

MEDICAL ONLY
 Closed
 Date Closed: 8/7/2006 2:45:15 PM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$0.00 | \$0.00 | \$0.00 |
| EXPENSES | \$1,704.44 | \$1,704.44 | \$0.00 |
| TOTAL | \$1,704.44 | \$1,704.44 | \$0.00 |

CARPAL TUNNEL SYNDROME / MULT. UPPER EX 5506
 EE STATES PAIN IN BOTH WRISTS & HANDS SINCE 2003 FROM CONTINUAL KEYBOARD EN

Loss date Claim#
 6/2/2006 4:00:00 PM 060602PAINT

LOST TIME / INDEMNITY
 Closed
 Date Closed: 7/14/2006 8:42:21 AM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$0.00 | \$0.00 | \$0.00 |
| EXPENSES | \$0.00 | \$0.00 | \$0.00 |
| TOTAL | \$0.00 | \$0.00 | \$0.00 |

NO PHYSICAL INJURY / BODY SYSTEMS & MULT 7720
 EE states participating in qualification obstacle course and became dizzy

Loss date Claim#
 6/19/2006 4:00:00 PM 060619KARL

LOST TIME / INDEMNITY
 Closed
 Date Closed: 10/3/2006 12:48:54 PM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$1,651.24 | \$1,651.24 | \$0.00 |
| EXPENSES | \$599.41 | \$599.41 | \$0.00 |
| TOTAL | \$2,250.65 | \$2,250.65 | \$0.00 |

STRAIN / SHOULDER(S) / STRAIN/INJ Lifting 7720
 EE STATES STRAIN TO LT SHOULDER WHEN REMOVING PRINTER FROM CARTON.

COUNTY OF BOONE - CLAIM HISTORY

CLAIM PERIOD: 7/01/2005 - 6/30/2006

Loss date Claim#
 6/27/2006 7:00:00 PM 060627BURKH

MEDICAL ONLY
 Closed
 Date Closed: 9/13/2006 10:30:40 AM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$315.84 | \$315.84 | \$0.00 |
| EXPENSES | \$45.91 | \$45.91 | \$0.00 |
| TOTAL | \$361.75 | \$361.75 | \$0.00 |

LACERATION / KNEE / MISC CAUSES Animal, Inse 7720
 EE STATES STRAY DOG BIT HIM IN LT KNEE AREA.

Loss date Claim#
 6/29/2006 11:30:00 AM 060629JENNI

MEDICAL ONLY
 Closed
 Date Closed: 8/22/2006 8:41:03 AM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$315.84 | \$315.84 | \$0.00 |
| EXPENSES | \$45.91 | \$45.91 | \$0.00 |
| TOTAL | \$361.75 | \$361.75 | \$0.00 |

LACERATION / THUMB / CUT,PUNC,SCRAPE INJ 5506
 EE STATES CUT RT THUMB WHEN WINDING BARBED WIRE

COUNTY OF BOONE - CLAIM HISTORY

CLAIM PERIOD: 7/01/2006 - 6/30/2007

Loss date Claim#
7/6/2006 5:50:00 PM 060706REYNO

MEDICAL ONLY
Closed
Date Closed: 9/18/2006 10:00:34 AM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$0.00 | \$0.00 | \$0.00 |
| EXPENSES | \$901.50 | \$901.50 | \$0.00 |
| TOTAL | \$901.50 | \$901.50 | \$0.00 |

STRAIN / LOW BACK AREA / STRAIN/INJ Bending 7720
EE STATES HE BENT TO PICK UP PENCILS FROM FLOOR AND STRAINED LOWER BACK

Loss date Claim#
7/13/2006 7:00:00 AM 060713ESTAB

MEDICAL ONLY
Closed
Date Closed: 8/30/2006 8:59:35 AM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$404.64 | \$404.64 | \$0.00 |
| EXPENSES | \$51.46 | \$51.46 | \$0.00 |
| TOTAL | \$456.10 | \$456.10 | \$0.00 |

FOREIGN BODY / EYE(S) / MISC CAUSES Foreign 5506
EE STATES FOREIGN BODY IN EYE WHEN DIRECTING WORK CREW.

Loss date Claim#
7/15/2006 11:00:00 AM 060715BOYD

MEDICAL ONLY
Closed
Date Closed: 8/29/2006 7:58:35 AM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$538.14 | \$538.14 | \$0.00 |
| EXPENSES | \$59.81 | \$59.81 | \$0.00 |
| TOTAL | \$597.95 | \$597.95 | \$0.00 |

LACERATION / HAND / CUT,PUNC,SCRAPE INJ MI 7720
EE STATES LACERATION TO HAND WHEN RESTRAINING SUSPECT.

COUNTY OF BOONE - CLAIM HISTORY

CLAIM PERIOD: 7/01/2006 - 6/30/2007

Loss date Claim#
7/19/2006 10:11:00 AM 060719FOWLE

LOST TIME / INDEMNITY

Closed

Date Closed: 9/7/2006 1:30:54 PM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$3,266.81 | \$3,266.81 | \$0.00 |
| EXPENSES | \$243.52 | \$243.52 | \$0.00 |
| TOTAL | \$3,510.33 | \$3,510.33 | \$0.00 |

CONTUSION / MULTIPLE BODY PARTS / FALL/SLI

7720

EE states caught shoelace and fell. IW sustained multiple contusions.

Loss date Claim#
7/19/2006 10:30:00 AM 060719GARRE

MEDICAL ONLY

Closed

Date Closed: 11/7/2006 8:26:21 AM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$74.02 | \$74.02 | \$0.00 |
| EXPENSES | \$21.32 | \$21.32 | \$0.00 |
| TOTAL | \$95.34 | \$95.34 | \$0.00 |

INFLAMMATION / MULTIPLE BODY PARTS / MISC

5506

EE STATES POISON IVY TO MULTIPLE BODY PARTS.

Loss date Claim#
7/20/2006 2:00:00 PM 060720CRITC

MEDICAL ONLY

Closed

Date Closed: 8/29/2006 8:01:01 AM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$282.00 | \$282.00 | \$0.00 |
| EXPENSES | \$25.62 | \$25.62 | \$0.00 |
| TOTAL | \$307.62 | \$307.62 | \$0.00 |

STRAIN / SHOULDER(S) / STRAIN/INJ Pushing, Pull

5506

EE STATES SHOULDER STRAIN WHEN PUSHING HARD TO UNCLOG FITTINGS.

COUNTY OF BOONE - CLAIM HISTORY

CLAIM PERIOD: 7/01/2006 - 6/30/2007

Loss date Claim#
 8/23/2006 11:00:00 AM 060823PEEBL

MEDICAL ONLY
 Closed
 Date Closed: 11/7/2006 8:27:27 AM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$236.00 | \$236.00 | \$0.00 |
| EXPENSES | \$22.75 | \$22.75 | \$0.00 |
| TOTAL | \$258.75 | \$258.75 | \$0.00 |

LACERATION / FINGER(S) / STRUCK/INJ BY Misc 8391
 EE STATES WHILE TIGHTENING A BOLT SOCKET SLIPPED STRICKING RT INDEX FINGER

Loss date Claim#
 8/27/2006 10:30:00 AM 060827BOYD

MEDICAL ONLY
 Closed
 Date Closed: 11/7/2006 8:30:40 AM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$603.19 | \$603.19 | \$0.00 |
| EXPENSES | \$63.00 | \$63.00 | \$0.00 |
| TOTAL | \$666.19 | \$666.19 | \$0.00 |

STRAIN / ELBOW / STRAIN/INJ Misc 7720
 EE STATES WHILE PERFORMING PPCT TACTICS EE SLIPPED STRAINING ELBOW

Loss date Claim#
 9/18/2006 9:45:00 AM 060918GARRE

MEDICAL ONLY
 Closed
 Date Closed: 11/7/2006 8:25:24 AM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$996.68 | \$996.68 | \$0.00 |
| EXPENSES | \$98.87 | \$98.87 | \$0.00 |
| TOTAL | \$1,095.55 | \$1,095.55 | \$0.00 |

STRAIN / MULTIPLE BODY PARTS / FALL/SLIP INJ 5506
 EE STATES FELI. FROM EDGE OF ROAD AND STRAINED ANKLE AND BACK.

COUNTY OF BOONE - CLAIM HISTORY

CLAIM PERIOD: 7/01/2006 - 6/30/2007

Loss date Claim#
 11/17/2006 7:00:00 AM 061117YEAGE

MEDICAL ONLY
 Closed
 Date Closed: 3/15/2007 1:32:46 PM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$442.28 | \$442.28 | \$0.00 |
| EXPENSES | \$16.33 | \$16.33 | \$0.00 |
| TOTAL | \$458.61 | \$458.61 | \$0.00 |

SPRAIN / FINGER(S) / STRAIN/INJ Pushing, Pulling 5506
 EE STATES STRAIN TO FINGERS WHEN USING LEVER ON MOTORGRADER.

Loss date Claim#
 11/30/2006 6:45:00 PM 061130NIEMA

MEDICAL ONLY
 Closed
 Date Closed: 1/30/2007 1:03:50 PM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$325.87 | \$325.87 | \$0.00 |
| EXPENSES | \$51.42 | \$51.42 | \$0.00 |
| TOTAL | \$377.29 | \$377.29 | \$0.00 |

CONTUSION / MULTIPLE BODY PARTS / MOTOR 5506
 EE STATES DROVE INTO ANOTHER VEHICLE WHEN SNOW-PLOWING.

Loss date Claim#
 12/1/2006 3:00:00 AM 061201BOYCE

LOST TIME / INDEMNITY
 Closed
 Date Closed: 11/19/2007 3:47:31 PM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$1,006.95 | \$1,006.95 | \$0.00 |
| EXPENSES | \$1,091.91 | \$1,091.91 | \$0.00 |
| TOTAL | \$2,098.86 | \$2,098.86 | \$0.00 |

CONTUSION / MOUTH / STRUCK/INJ BY Misc 5506
 EE STATES WHILE SNOW PLOWING EE CHIPPED TOOTH FROM ROUGH RIDE.

COUNTY OF BOONE - CLAIM HISTORY

CLAIM PERIOD: 7/01/2006 - 6/30/2007

Loss date Claim#
 12/15/2006 11:59:00 AM 061215BECKE

MEDICAL ONLY

Closed

Date Closed: 1/17/2007 3:50:36 PM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$189.36 | \$189.35 | \$0.00 |
| EXPENSES | \$19.43 | \$19.43 | \$0.00 |
| TOTAL | \$208.78 | \$208.78 | \$0.00 |

DERMATITIS / MULTIPLE BODY PARTS / INHALE/ 5506

EE STATES CONTRACTED POISON IVY WHEN CUTTING TREES AND BRUSH WITH CHAINSAW

Loss date Claim#
 1/5/2007 9:15:00 AM 070105WINN

MEDICAL ONLY

Closed

Date Closed: 3/15/2007 1:33:43 PM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$396.50 | \$396.50 | \$0.00 |
| EXPENSES | \$8.25 | \$8.25 | \$0.00 |
| TOTAL | \$404.75 | \$404.75 | \$0.00 |

CONTUSION / KNEE / STRIKE AGAINST/STEP ON 8810

EE STATES STRUCK LT KNEE ON DESK DRAWER AND SUSTAINED CONTUSION.

Loss date Claim#
 1/10/2007 3:50:00 PM 070110JAMES

LOST TIME / INDEMNITY

Closed

Date Closed: 10/5/2007 9:40:05 AM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$0.00 | \$143.05 | \$0.00 |
| EXPENSES | \$0.00 | \$20.76 | \$0.00 |
| TOTAL | \$0.00 | \$0.00 | \$0.00 |

MULTIPLE PHYSICAL INJURIES ONLY / MULTIPLE 7720

EE STATES STRUCK BY VEHICLE THAT RAN RED LIGHT MULTIPLE CONTUSIONS.

COUNTY OF BOONE - CLAIM HISTORY

CLAIM PERIOD: 7/01/2006 - 6/30/2007

Loss date Claim#
 1/16/2007 12:20:00 PM 070116LAKE

MEDICAL ONLY

Closed

Date Closed: 3/15/2007 1:29:00 PM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$658.03 | \$658.03 | \$0.00 |
| EXPENSES | \$59.47 | \$59.47 | \$0.00 |
| TOTAL | \$717.50 | \$717.50 | \$0.00 |

CONTUSION / MULTIPLE BODY PARTS / FALL/SLI 8820
 EE STATES SLIPPED ON ICE CONTUSIONS TO UPPER BODY, RIBS AND BACK.

Loss date Claim#
 1/21/2007 7:52:00 PM 070121EDWAR

MEDICAL ONLY

Closed

Date Closed: 3/29/2007 11:58:48 AM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$284.72 | \$284.72 | \$0.00 |
| EXPENSES | \$69.02 | \$69.02 | \$0.00 |
| TOTAL | \$353.74 | \$353.74 | \$0.00 |

STRAIN / ABDOMEN / FALL/SLIP INJ On Ice or Sno 7720
 EE STATES SLIPPED ON ICE/SNOW AND STRAINED ABDOMEN.

Loss date Claim#
 2/14/2007 10:20:00 AM 070214MURRA

MEDICAL ONLY

Closed

Date Closed: 4/10/2007 2:27:47 PM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$562.20 | \$562.20 | \$0.00 |
| EXPENSES | \$20.35 | \$20.35 | \$0.00 |
| TOTAL | \$582.55 | \$582.55 | \$0.00 |

SPRAIN / ANKLE / FALL/SLIP INJ On Stairs or Steps 8810
 EE STATES MISSED STEP IN COURTROOM, FELL AND SPRAINED RT ANKLE.

COUNTY OF BOONE - CLAIM HISTORY

CLAIM PERIOD: 7/01/2006 - 6/30/2007

Loss date Claim#
 2/25/2007 9:05:00 AM 070225ENNEN

MEDICAL ONLY

Closed

Date Closed: 3/19/2007 12:37:09 PM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$0.00 | \$0.00 | \$0.00 |
| EXPENSES | \$8.25 | \$8.25 | \$0.00 |
| TOTAL | \$8.25 | \$8.25 | \$0.00 |

STRAIN / FINGER(S) / STRUCK/INJ BY Person
 EE STATES WHILE RESTRAINING AN INMATE, EE STRAINED FINGERS

Loss date Claim#
 2/25/2007 9:48:00 AM 070225RODGE

MEDICAL ONLY

Closed

Date Closed: 4/20/2007 10:25:35 AM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$823.53 | \$823.53 | \$0.00 |
| EXPENSES | \$78.77 | \$78.77 | \$0.00 |
| TOTAL | \$902.30 | \$902.30 | \$0.00 |

SPRAIN / HAND / STRUCK/INJ BY Person
 EE STATES DURING ALTERCATION WITH INMATE, IW SPRAINED HAND

7720

Loss date Claim#
 3/3/2007 8:00:00 AM 070303CALVE

MEDICAL ONLY

Closed

Date Closed: 4/16/2007 9:59:21 AM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$185.50 | \$185.50 | \$0.00 |
| EXPENSES | \$8.25 | \$8.25 | \$0.00 |
| TOTAL | \$193.75 | \$193.75 | \$0.00 |

STRAIN / MULT. LOWER EXTREM. / MISC CAUSE
 E STATES WHILE IN CELL TRAINING, SUBSTAINED STRAIN TO LOWER EXTREM.

7720

COUNTY OF BOONE - CLAIM HISTORY

CLAIM PERIOD: 7/01/2006 - 6/30/2007

Loss date Claim#
 3/6/2007 3:00:00 PM 070306CHINN

LOST TIME / INDEMNITY

Closed

Date Closed: 8/26/2008 8:18:45 AM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$10,245.94 | \$10,245.94 | \$0.00 |
| MEDICAL | \$18,068.19 | \$18,068.19 | \$0.00 |
| EXPENSES | \$4,112.71 | \$4,112.71 | \$0.00 |
| TOTAL | \$32,426.84 | \$32,426.84 | \$0.00 |

STRAIN / SHOULDER(S) / STRAIN/INJ Misc
 EE STATES WHILE IN CELL TRAINING STRAINED SHOULDER

7720

Loss date Claim#
 3/6/2007 2:00:00 PM 070306EIERM

LOST TIME / INDEMNITY

Closed

Date Closed: 10/1/2008 7:51:57 AM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$14,280.12 | \$14,280.12 | \$0.00 |
| MEDICAL | \$22,119.90 | \$22,119.90 | \$0.00 |
| EXPENSES | \$6,250.01 | \$6,250.01 | \$0.00 |
| TOTAL | \$42,650.03 | \$42,650.03 | \$0.00 |

STRAIN / KNEE / STRUCK/INJ BY Person
 EE states he was struck in the knee in D.T. class. IW sustained strain

7720

Loss date Claim#
 3/6/2007 2:00:00 PM 070306WILLI

LOST TIME / INDEMNITY

Closed

Date Closed: 3/19/2008 8:28:34 AM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$24,065.78 | \$24,065.78 | \$0.00 |
| MEDICAL | \$14,316.55 | \$14,316.55 | \$0.00 |
| EXPENSES | \$7,662.63 | \$7,662.63 | \$0.00 |
| TOTAL | \$46,044.96 | \$46,044.96 | \$0.00 |

STRAIN / KNEE / STRAIN/INJ Misc
 EE STATES WHILE IN CELL TRAINING STRAINED KNEE

7720

COUNTY OF BOONE - CLAIM HISTORY

CLAIM PERIOD: 7/01/2006 - 6/30/2007

Loss date Claim#
 3/11/2007 12:00:00 PM 070311ATKIN

LOST TIME / INDEMNITY

Closed

Date Closed: 1/9/2008 8:03:09 AM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$1,694.47 | \$1,694.47 | \$0.00 |
| MEDICAL | \$9,258.22 | \$9,258.22 | \$0.00 |
| EXPENSES | \$2,162.69 | \$2,162.69 | \$0.00 |
| TOTAL | \$13,115.38 | \$13,115.38 | \$0.00 |

STRAIN / THUMB / STRAIN/INJ Misc
 EE STATES WHILE IN CELL TRAINING STRAINED THUMB

7720

Loss date Claim#
 3/26/2007 9:30:00 AM 070326GARRE

LOST TIME / INDEMNITY

Closed

Date Closed: 11/9/2010 9:18:27 AM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|--------------|--------------------|
| INDEMNITY | \$59,450.92 | \$59,450.92 | \$0.00 |
| MEDICAL | \$36,014.59 | \$36,014.59 | \$0.00 |
| EXPENSES | \$21,084.89 | \$21,084.89 | \$0.00 |
| TOTAL | \$116,550.40 | \$116,550.40 | \$0.00 |

STRAIN / ELBOW / STRAIN/INJ Lifting
 EE STATES STRAIN TO ELBOW WHEN PICKING UP SIGN POST.

5506

Loss date Claim#
 4/10/2007 10:00:00 AM 070410EWING

LOST TIME / INDEMNITY

Closed

Date Closed: 11/24/2010 11:54:39 A

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$13,925.51 | \$13,925.51 | \$0.00 |
| MEDICAL | \$18,662.06 | \$18,662.06 | \$0.00 |
| EXPENSES | \$7,950.35 | \$7,950.35 | \$0.00 |
| TOTAL | \$40,537.92 | \$40,537.92 | \$0.00 |

STRAIN / SHOULDER(S) / STRAIN/INJ Misc
 EE STATES SHOULDER STRAIN WHEN PARTICIPATING IN DEFENSIVE TACTICS CLASS.

7720

COUNTY OF BOONE - CLAIM HISTORY

CLAIM PERIOD: 7/01/2006 - 6/30/2007

Loss date Claim#
 4/16/2007 7:30:00 PM 070416ROBIS

MEDICAL ONLY
 Closed
 Date Closed: 5/29/2007 9:25:14 AM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$1,536.81 | \$1,536.81 | \$0.00 |
| EXPENSES | \$170.58 | \$170.58 | \$0.00 |
| TOTAL | \$1,707.39 | \$1,707.39 | \$0.00 |

CONTUSION / MULTIPLE BODY PARTS / FALL/SLI 7720
 EE STATES WHILE TAPING ROADWAY LOST FOOTING CAUSING MULTIPLE CONTUSIONS

Loss date Claim#
 5/14/2007 10:30:00 AM 070514DUNN

LOST TIME / INDEMNITY
 Closed
 Date Closed: 9/13/2007 8:31:37 AM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$2,529.12 | \$2,529.12 | \$0.00 |
| EXPENSES | \$673.18 | \$673.18 | \$0.00 |
| TOTAL | \$3,202.30 | \$3,202.30 | \$0.00 |

STRAIN / ELBOW / STRAIN/INJ Pushing, Pulling 5506
 EE STATES WHILE LIFTING SUSTAINED STRAIN TO ELBOW

Loss date Claim#
 5/22/2007 11:30:00 AM 070522BROWN

MEDICAL ONLY
 Closed
 Date Closed: 7/31/2007 2:58:45 PM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$1,012.62 | \$1,012.62 | \$0.00 |
| EXPENSES | \$67.84 | \$67.84 | \$0.00 |
| TOTAL | \$1,080.46 | \$1,080.46 | \$0.00 |

STRAIN / SHOULDER(S) / STRAIN/INJ Misc 7720
 EE STATES WHILE TRAINING SUSTAINED STRAIN TO SHOULDER

COUNTY OF BOONE - CLAIM HISTORY

CLAIM PERIOD: 7/01/2006 - 6/30/2007

Loss date Claim#
 5/30/2007 12:30:00 PM 070630PEEBL

LOST TIME / INDEMNITY

Closed

Date Closed: 10/2/2007 9:51:39 AM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$1,050.83 | \$1,050.83 | \$0.00 |
| MEDICAL | \$3,614.55 | \$3,614.55 | \$0.00 |
| EXPENSES | \$362.86 | \$362.86 | \$0.00 |
| TOTAL | \$5,028.24 | \$5,028.24 | \$0.00 |

CONTUSION / MULTIPLE BODY PARTS / FALL/SLJ

5506

EE STATES TRIPPED AND FELL. SUSTAINING CONTUS TO RT ELBOW AND ANKLE

Loss date Claim#
 6/6/2007 12:00:00 PM 070606BECKE

MEDICAL ONLY

Closed

Date Closed: 6/29/2007 10:26:00 AM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$87.72 | \$87.72 | \$0.00 |
| EXPENSES | \$24.61 | \$24.61 | \$0.00 |
| TOTAL | \$112.33 | \$112.33 | \$0.00 |

INFLAMMATION / MULTIPLE TRUNK / MISC CAUS

5506

EE STATES WHILE LOADING SUSTAINED INFLAMMATION TO TORSO

Loss date Claim#
 6/7/2007 12:00:00 PM 070607DAUGH

MEDICAL ONLY

Closed

Date Closed: 8/15/2007 8:37:38 AM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$271.13 | \$271.13 | \$0.00 |
| EXPENSES | \$40.31 | \$40.31 | \$0.00 |
| TOTAL | \$311.44 | \$311.44 | \$0.00 |

INFLAMMATION / ABDOMEN / MISC CAUSES Inse

8820

EE STATES WHILE SITTING AT DESK SUSTAINED INFLAMMATION TO ABDOMEN

COUNTY OF BOONE - CLAIM HISTORY

CLAIM PERIOD: 7/01/2006 - 6/30/2007

Loss date Claim#
 6/17/2007 7:55:00 PM 070617LESTE

LOST TIME / INDEMNITY

Closed

Date Closed: 8/2/2007 7:59:00 AM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$93.05 | \$93.05 | \$0.00 |
| MEDICAL | \$765.48 | \$765.48 | \$0.00 |
| EXPENSES | \$95.60 | \$95.60 | \$0.00 |
| TOTAL | \$954.13 | \$954.13 | \$0.00 |

STRAIN / LOW BACK AREA / STRAIN/INJ Bending 7720

EE ALLEGES WHILE LIFTING TREE TO REMOVE FROM STREET STRAINED LOWER BACK

Loss date Claim#
 6/23/2007 6:20:00 PM 070623WINCH

MEDICAL ONLY

Closed

Date Closed: 1/31/2008 12:43:57 PM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$1,340.41 | \$1,340.41 | \$0.00 |
| EXPENSES | \$133.69 | \$133.69 | \$0.00 |
| TOTAL | \$1,474.10 | \$1,474.10 | \$0.00 |

LACERATION / HAND / CUT,PUNC,SCRAPE INJ Mi 7720

EE STATES DURING ARREST SUSTAINED LACERATION TO RT HAND

COUNTY OF BOONE - CLAIM HISTORY

CLAIM PERIOD: 7/01/2007 - 6/30/2008

Loss date Claim#
 7/19/2007 11:55:00 PM 070719SMITH

MEDICAL ONLY
 Closed
 Date Closed: 11/8/2007 10:42:40 AM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$1,477.93 | \$1,477.93 | \$0.00 |
| EXPENSES | \$407.82 | \$407.82 | \$0.00 |
| TOTAL | \$1,885.75 | \$1,885.75 | \$0.00 |

STRAIN / LOW BACK AREA / FALL/SLIP INJ Misc 7720
 EE STATES WHILE IN FOOT PURSUIT SUSTAINED STRAIN TO LOW BACK

Loss date Claim#
 7/31/2007 10:00:00 AM 070731BRUCE

MEDICAL ONLY
 Closed
 Date Closed: 8/8/2007 11:22:30 AM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$0.00 | \$0.00 | \$0.00 |
| EXPENSES | \$8.25 | \$8.25 | \$0.00 |
| TOTAL | \$8.25 | \$8.25 | \$0.00 |

STRAIN / SHOULDER(S) / STRAIN/INJ Twisting, Tur 7720
 EE STATES WHILE IN CLASS SUSTAINED STRAIN TO SHOULDER

Loss date Claim#
 8/9/2007 4:30:00 PM 070809JOHNS

MEDICAL ONLY
 Closed
 Date Closed: 10/31/2007 9:32:07 AM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$0.00 | \$0.00 | \$0.00 |
| EXPENSES | \$113.25 | \$113.25 | \$0.00 |
| TOTAL | \$113.25 | \$113.25 | \$0.00 |

STRAIN / KNEE / STRAIN/INJ Misc 7720
 EE STATES WHILE WALKING SUSTAINED LEFT KNEE STRAIN

COUNTY OF BOONE - CLAIM HISTORY

CLAIM PERIOD: 7/01/2007 - 6/30/2008

Loss date Claim#
8/14/2007 10:50:00 PM 070814LAHMA

MEDICAL ONLY

Closed

Date Closed: 5/30/2008 2:20:16 PM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$596.00 | \$596.00 | \$0.00 |
| EXPENSES | \$8.25 | \$8.25 | \$0.00 |
| TOTAL | \$604.25 | \$604.25 | \$0.00 |

MISC - NOT OTHERWISE CLASSIFIED / UPPER A

7720

EE STATES WHILE ESCORTING SUSPECT SUSTAINED CONTACT W/BODILY FLUIDS

Loss date Claim#
8/28/2007 12:13:00 AM 070828LOREN

MEDICAL ONLY

Closed

Date Closed: 12/19/2007 8:19:25 AM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$585.89 | \$585.89 | \$0.00 |
| EXPENSES | \$93.20 | \$93.20 | \$0.00 |
| TOTAL | \$679.09 | \$679.09 | \$0.00 |

MISC - NOT OTHERWISE CLASSIFIED / MULTIPLE

7720

EE STATES WHILE ASSISTING INMATE SUSTAINED EXPOSURE TO BODILY FLUIDS

Loss date Claim#
9/1/2007 12:30:00 PM 070901RELLE

LOST TIME / INDEMNITY

Closed

Date Closed: 10/9/2007 8:59:20 AM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$392.00 | \$392.00 | \$0.00 |
| EXPENSES | \$85.05 | \$85.05 | \$0.00 |
| TOTAL | \$477.05 | \$477.05 | \$0.00 |

CONTUSION / ELBOW / MISC CAUSES - (NOC) Not

7720

EE ALLEGES INJURY TO ELBOW

COUNTY OF BOONE - CLAIM HISTORY

CLAIM PERIOD: 7/01/2007 - 6/30/2008

Loss date Claim#
 9/30/2007 1:00:00 PM 070930DODSO

LOST TIME / INDEMNITY

Closed

Date Closed: 5/15/2008 7:19:20 AM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$288.91 | \$288.91 | \$0.00 |
| MEDICAL | \$9,422.89 | \$9,422.89 | \$0.00 |
| EXPENSES | \$1,571.47 | \$1,571.47 | \$0.00 |
| TOTAL | \$11,283.27 | \$11,283.27 | \$0.00 |

CONTUSION / KNEE / CAUGHT IN/BETWEEN Misc 7720

EE STATES WHILE PARTICIPATING IN CLASS SUSTAINED CONTUS TO KNEE

Loss date Claim#
 10/10/2007 2:43:00 PM 071010BRUCE

MEDICAL ONLY

Closed

Date Closed: 10/12/2007 4:11:46 PM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$0.00 | \$0.00 | \$0.00 |
| EXPENSES | \$0.00 | \$0.00 | \$0.00 |
| TOTAL | \$0.00 | \$0.00 | \$0.00 |

MISC - NOT OTHERWISE CLASSIFIED / MULTIPLE 7720

Employee was walking in the control room had seizure

Loss date Claim#
 10/22/2007 7:30:00 PM 071022ANTIM

MEDICAL ONLY

Closed

Date Closed: 12/19/2007 8:20:58 AM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$284.72 | \$284.72 | \$0.00 |
| EXPENSES | \$74.26 | \$74.26 | \$0.00 |
| TOTAL | \$358.98 | \$358.98 | \$0.00 |

STRAIN / UPPER ARM,C.I.V./SCAP. / STRAIN/INJ P 7720

EE states extricating a subject from vehicle sustained strain to left arm

COUNTY OF BOONE - CLAIM HISTORY

CLAIM PERIOD: 7/01/2007 - 6/30/2008

Loss date Claim#
 11/9/2007 11:10:00 AM 071109MARTI

MEDICAL ONLY
 Closed
 Date Closed: 12/27/2007 12:52:25 P

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$252.00 | \$252.00 | \$0.00 |
| EXPENSES | \$8.25 | \$8.25 | \$0.00 |
| TOTAL | \$260.25 | \$260.25 | \$0.00 |

MISC - NOT OTHERWISE CLASSIFIED / MULTIPLE 7720
 EE States while assisting medical staff hysterical inmate spit in her face

Loss date Claim#
 11/16/2007 7:15:00 PM 071116ANTIM

MEDICAL ONLY
 Closed
 Date Closed: 8/21/2008 8:54:55 AM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$787.42 | \$787.42 | \$0.00 |
| EXPENSES | \$73.80 | \$73.80 | \$0.00 |
| TOTAL | \$861.22 | \$861.22 | \$0.00 |

MISC - NOT OTHERWISE CLASSIFIED / HAND / MI 7720
 EE STATES WHILE ASSISTING IN ACCIDENT SUSTAINED EXPOS TO BODILY FLUIDS

Loss date Claim#
 12/6/2007 3:00:00 PM 071206DAMER

LOST TIME / INDEMNITY
 Closed
 Date Closed: 6/5/2009 8:01:26 AM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$16,176.46 | \$16,176.46 | \$0.00 |
| MEDICAL | \$16,970.15 | \$16,970.15 | \$0.00 |
| EXPENSES | \$8,912.45 | \$8,912.45 | \$0.00 |
| TOTAL | \$42,059.06 | \$42,059.06 | \$0.00 |

STRAIN / SHOULDER(S) / STRAIN/INJ Lifting 7720
 EE States while picking up a large pot sustained strain to shoulder

COUNTY OF BOONE - CLAIM HISTORY

CLAIM PERIOD: 7/01/2007 - 6/30/2008

Loss date Claim#
 12/10/2007 10:30:00 AM 071210MCGRU

LOST TIME / INDEMNITY
 Reopened

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$25,640.86 | \$7,589.34 | \$18,051.52 |
| MEDICAL | \$17,500.00 | \$17,267.25 | \$232.75 |
| EXPENSES | \$17,000.00 | \$12,264.85 | \$4,735.15 |
| TOTAL | \$60,140.86 | \$37,121.44 | \$23,019.42 |

STRAIN / SHOULDER(S) / FALL/SLIP INJ On Ice or 7720
 EE STATES WHILE PUSHING VEHICLE FELL SUSTAINING STRAIN TO SHOULDER

Loss date Claim#
 12/13/2007 8:00:00 AM 071213EVANS

LOST TIME / INDEMNITY
 Closed
 Date Closed: 5/9/2008 8:12:23 AM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$5,709.29 | \$5,709.29 | \$0.00 |
| EXPENSES | \$2,429.51 | \$2,429.51 | \$0.00 |
| TOTAL | \$8,138.80 | \$8,138.80 | \$0.00 |

STRAIN / WRIST(S)&HAND(S) / STRAIN/INJ Misc 9410
 EE STATES WHILE PERFORMING DUTIES SUSTAINED STRAIN TO RT WRIST AND HAND

Loss date Claim#
 12/19/2007 7:20:00 AM 071219MCCON

MEDICAL ONLY
 Closed
 Date Closed: 3/31/2008 11:39:12 AM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$649.65 | \$649.65 | \$0.00 |
| EXPENSES | \$72.74 | \$72.74 | \$0.00 |
| TOTAL | \$722.39 | \$722.39 | \$0.00 |

CONTUSION / MULTIPLE BODY PARTS / FALL/SLI 9410
 EE STATES WHILE EXITING VEHICLE SUSTAINED CONTUS TO HIPS AND BACK

COUNTY OF BOONE - CLAIM HISTORY

CLAIM PERIOD: 7/01/2007 - 6/30/2008

Loss date Claim#
 12/26/2007 11:08:00 PM 071226PAINT

MEDICAL ONLY

Closed

Date Closed: 2/29/2008 3:05:55 PM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$1,167.89 | \$1,167.89 | \$0.00 |
| EXPENSES | \$108.05 | \$108.05 | \$0.00 |
| TOTAL | \$1,275.94 | \$1,275.94 | \$0.00 |

STRAIN / SHOULDER(S) / MOTOR VEHICLE Misc 7720

EE STATES WHILE RESPONDING TO ACCIDENT SUSTAINED STRAIN TO LI SHOULDER

Loss date Claim#
 1/30/2008 2:30:00 AM 080130HOUST

LOST TIME / INDEMNITY

Closed

Date Closed: 2/7/2008 9:32:38 AM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$0.00 | \$0.00 | \$0.00 |
| EXPENSES | \$8.50 | \$8.50 | \$0.00 |
| TOTAL | \$8.50 | \$8.50 | \$0.00 |

STRAIN / ANKLE / FALL/SLIP INJ Misc 7720

EE STATES WHILE STANDING UP SUSTAINED STRAIN TO RT ANKLE

Loss date Claim#
 2/8/2008 9:00:00 PM 080208DURK

MEDICAL ONLY

Closed

Date Closed: 5/30/2008 2:53:29 PM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$592.80 | \$592.80 | \$0.00 |
| EXPENSES | \$95.68 | \$95.68 | \$0.00 |
| TOTAL | \$688.48 | \$688.48 | \$0.00 |

INFLAMMATION / MULTIPLE BODY PARTS / MISC 7720

EE STATES WHILE ASSISTING WITH FIRE SUSTAINED IRRITATION TO HEAD AND THROAT

COUNTY OF BOONE - CLAIM HISTORY

CLAIM PERIOD: 7/01/2007 - 6/30/2008

Loss date Claim#
 2/11/2008 4:15:00 AM 080211LICHT

LOST TIME / INDEMNITY

Closed

Date Closed: 9/3/2008 8:29:53 AM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$36,180.47 | \$36,180.47 | \$0.00 |
| MEDICAL | \$18,993.18 | \$18,993.18 | \$0.00 |
| EXPENSES | \$12,625.84 | \$12,625.84 | \$0.00 |
| TOTAL | \$67,799.49 | \$67,799.49 | \$0.00 |

CONTUSION / NON-STANDARD NECK / STRUCK/ 5506
 EE STATES WHILE PREPARING TRUCK SUSTAINED CONUS TO HEAD

Loss date Claim#
 3/13/2008 8:00:00 AM 080313EVANS

MEDICAL ONLY

Closed

Date Closed: 4/21/2008 11:04:55 AM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$442.00 | \$442.00 | \$0.00 |
| EXPENSES | \$8.50 | \$8.50 | \$0.00 |
| TOTAL | \$450.50 | \$450.50 | \$0.00 |

STRAIN / LOW BACK AREA / STRAIN/INJ Misc 7720
 EE STATES WHILE IN PERSUIT SUSTAINED STRAIN TO LOW BACK

Loss date Claim#
 3/31/2008 9:30:00 AM 080331GARRE

MEDICAL ONLY

Closed

Date Closed: 4/3/2008 8:44:10 AM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$0.00 | \$0.00 | \$0.00 |
| EXPENSES | \$8.50 | \$8.50 | \$0.00 |
| TOTAL | \$8.50 | \$8.50 | \$0.00 |

STRAIN / LOW BACK AREA / STRAIN/INJ Twisting, 5506
 EE STATES WHILE INSTALLING SIGN SUSTAINED STRAIN TO LOW BACK

COUNTY OF BOONE - CLAIM HISTORY

CLAIM PERIOD: 7/01/2007 - 6/30/2008

Loss date Claim#
 4/5/2008 080405HANSO

MEDICAL ONLY

Closed

Date Closed: 6/30/2008 10:36:59 AM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$1,405.25 | \$1,405.25 | \$0.00 |
| EXPENSES | \$122.38 | \$122.38 | \$0.00 |
| TOTAL | \$1,527.63 | \$1,527.63 | \$0.00 |

STRAIN / SHOULDER(S) / STRAIN/INJ Misc

7720

EE STATES WHILE ATTENDING D.T. CLASS SUSTAINED STRAIN TO SHOULDER

Loss date Claim#
 4/17/2008 11:00:00 AM 080417MARSH

MEDICAL ONLY

Closed

Date Closed: 6/30/2008 11:22:35 AM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$188.00 | \$188.00 | \$0.00 |
| EXPENSES | \$8.50 | \$8.50 | \$0.00 |
| TOTAL | \$196.50 | \$196.50 | \$0.00 |

CONTUSION / MULT. UPPER EXTREM. / FALL/SLI

9410

EE STATES WHILE ENTERING TRAILER SUSTAINED CONTUS TO RT SHOULDER, ARM

Loss date Claim#
 4/21/2008 8:45:00 AM 080421BOYD

LOST TIME / INDEMNITY

Closed

Date Closed: 1/6/2009 10:12:17 AM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$80.99 | \$80.99 | \$0.00 |
| MEDICAL | \$3,389.73 | \$3,389.73 | \$0.00 |
| EXPENSES | \$406.65 | \$406.65 | \$0.00 |
| TOTAL | \$3,877.37 | \$3,877.37 | \$0.00 |

STRAIN / SHOULDER(S) / STRAIN/INJ Lifting

7720

EE STATES WHILE ASSISTING MEDICAL EXAMINER SUSTAINED STRAIN TO LY SHOULDER

COUNTY OF BOONE - CLAIM HISTORY

CLAIM PERIOD: 7/01/2007 - 6/30/2008

Loss date Claim#
 5/3/2008 7:00:00 AM 080503KIMBR

LOST TIME / INDEMNITY

Closed

Date Closed: 9/3/2008 9:46:34 AM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$525.32 | \$525.32 | \$0.00 |
| MEDICAL | \$4,586.03 | \$4,586.03 | \$0.00 |
| EXPENSES | \$1,243.15 | \$1,243.15 | \$0.00 |
| TOTAL | \$6,354.50 | \$6,354.50 | \$0.00 |

STRAIN / ABDOMEN / STRAIN/INJ Pushing, Pulling 5506
 EE STATES WHILE INSTALLING PIPE SUSTAINED STRAIN TO ABDOMEN

Loss date Claim#
 5/3/2008 8:20:00 AM 080503MITCH

MEDICAL ONLY

Closed

Date Closed: 6/30/2008 11:38:00 AM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$201.29 | \$201.29 | \$0.00 |
| EXPENSES | \$52.14 | \$52.14 | \$0.00 |
| TOTAL | \$253.43 | \$253.43 | \$0.00 |

STRAIN / ANKLE / STRAIN/INJ Twisting, Turning 7720
 EE STATES WHILE IN CELL EXTRACTION TRAINING SUSTAINED STRAIN TO ANKLE

Loss date Claim#
 5/5/2008 2:30:00 PM 080505BRAUN

LOST TIME / INDEMNITY

Closed

Date Closed: 3/16/2009 9:18:45 AM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$6,808.20 | \$6,808.20 | \$0.00 |
| MEDICAL | \$2,915.08 | \$2,915.08 | \$0.00 |
| EXPENSES | \$1,605.57 | \$1,605.57 | \$0.00 |
| TOTAL | \$11,328.85 | \$11,328.85 | \$0.00 |

STRAIN / THUMB / STRAIN/INJ Holding, Carrying 7720
 EE STATES WHILE LIFTING HANGERS SUSTAINED STRAIN TO RT THUMB

COUNTY OF BOONE - CLAIM HISTORY

CLAIM PERIOD: 7/01/2007 - 6/30/2008

Loss date Claim#
 5/15/2008 8:20:00 AM 080515WALTZ

MEDICAL ONLY
 Closed
 Date Closed: 12/24/2008 10:23:59 A

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$738.00 | \$738.00 | \$0.00 |
| EXPENSES | \$8.50 | \$8.50 | \$0.00 |
| TOTAL | \$746.50 | \$746.50 | \$0.00 |

LACERATION / LOWER ARM / CUT,PUNC,SCRAPE 7720
 EE STATES WHILE REMOVING NEEDLE SUSTAINED LAC TO LOWER ARM

Loss date Claim#
 6/4/2008 8:00:00 AM 080604MCMAH

MEDICAL ONLY
 Closed
 Date Closed: 7/28/2008 3:43:41 PM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$266.50 | \$266.50 | \$0.00 |
| EXPENSES | \$8.50 | \$8.50 | \$0.00 |
| TOTAL | \$275.00 | \$275.00 | \$0.00 |

STRAIN / MULT. UPPER EXTREM. / STRAIN/INJ Pu 5506
 EE STATES WHILE PULLING ON TREE SUSTAINED STRAIN TO SHOULDER AND ARM

Loss date Claim#
 6/21/2008 2:00:00 PM 080621THOMP

MEDICAL ONLY
 Closed
 Date Closed: 9/25/2008 1:33:01 PM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$136.50 | \$136.50 | \$0.00 |
| EXPENSES | \$8.50 | \$8.50 | \$0.00 |
| TOTAL | \$145.00 | \$145.00 | \$0.00 |

STRAIN / LOW BACK AREA / STRAIN/INJ Misc 7720
 EE STATES WHILE IN TRAINING SUSTAINED STRAIN TO LOW BACK

COUNTY OF BOONE - CLAIM HISTORY

CLAIM PERIOD: 7/01/2007 - 6/30/2008

Loss date Claim#
 6/22/2008 5:00:00 PM 080622RICKE

MEDICAL ONLY

Closed

Date Closed: 9/30/2008 2:05:36 PM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$1,157.71 | \$1,157.71 | \$0.00 |
| EXPENSES | \$99.02 | \$99.02 | \$0.00 |
| TOTAL | \$1,256.73 | \$1,256.73 | \$0.00 |

CONTUSION / CHEST/RIB/STERN/SOFT TISSUE /
 EE STATES WHILE IN TRAINING SUSTAINED CONTUS TO RIBS

7720

COUNTY OF BOONE - CLAIM HISTORY

CLAIM PERIOD: 7/01/2008 - 6/30/2009

Loss date Claim#
 7/5/2008 10:40:00 PM 080705WHITE

MEDICAL ONLY
 Closed
 Date Closed: 8/22/2008 9:42:50 AM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$383.92 | \$383.92 | \$0.00 |
| EXPENSES | \$80.35 | \$80.35 | \$0.00 |
| TOTAL | \$464.27 | \$464.27 | \$0.00 |

CONTUSION / EYE(S) / STRUCK/INJ BY Misc 7720
 EE STATES WHILE ASSISTING INMATE SUSTAINED CONTUS TO RT EYE

Loss date Claim#
 7/23/2008 2:00:00 PM 080723CROCK

MEDICAL ONLY
 Closed
 Date Closed: 8/29/2008 1:57:52 PM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$120.98 | \$120.98 | \$0.00 |
| EXPENSES | \$23.63 | \$23.63 | \$0.00 |
| TOTAL | \$144.61 | \$144.61 | \$0.00 |

INFLAMMATION / MULTIPLE BODY PARTS / MISC 5506
 EE STATES WHILE CLEARING BRUSH SUSTAINED INFLAMMATION TO MULT BODY PARTS

Loss date Claim#
 8/4/2008 11:00:00 AM 080804GARRE

MEDICAL ONLY
 Closed
 Date Closed: 8/29/2008 1:29:53 PM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$87.20 | \$87.20 | \$0.00 |
| EXPENSES | \$17.85 | \$17.85 | \$0.00 |
| TOTAL | \$105.05 | \$105.05 | \$0.00 |

FOREIGN BODY / EYE(S) / MISC CAUSES Foreign 5506
 EE STATES WHILE RUNNING AIR WAND SUSTAINED FOREIGN OBJECT IN EYE

COUNTY OF BOONE - CLAIM HISTORY

CLAIM PERIOD: 7/01/2008 - 6/30/2009

Loss date Claim#
 8/9/2008 12:50:00 AM 080809CLUVE

MEDICAL ONLY

Closed

Date Closed: 10/29/2008 5:06:22 AM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$1,045.88 | \$1,045.88 | \$0.00 |
| EXPENSES | \$97.01 | \$97.01 | \$0.00 |
| TOTAL | \$1,142.89 | \$1,142.89 | \$0.00 |

FOREIGN BODY / LOWER ARM / MISC CAUSES - 7720

EE STATES WHILE BOOKING SUBJ CAME IN CONTACT WITH BODILY FLUIDS

Loss date Claim#
 9/10/2008 4:10:00 AM 080910LOREN

MEDICAL ONLY

Closed

Date Closed: 10/28/2008 8:05:18 AM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$98.32 | \$98.32 | \$0.00 |
| EXPENSES | \$59.98 | \$59.98 | \$0.00 |
| TOTAL | \$158.30 | \$158.30 | \$0.00 |

CONTUSION / FACIAL SOFT TISSUE / STRUCK/IN 7720

EE STATES WHILE ATTENDING TO INMATE SUSTAINED CONTUS TO EYE AND JAW

Loss date Claim#
 9/23/2008 4:30:00 AM 080923MARTI

MEDICAL ONLY

Closed

Date Closed: 12/29/2008 10:37:00 P

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$666.90 | \$666.90 | \$0.00 |
| EXPENSES | \$38.60 | \$38.60 | \$0.00 |
| TOTAL | \$705.50 | \$705.50 | \$0.00 |

STRAIN / LOW BACK AREA / STRAIN/INJ Holding, 7720

EE STATES WHILE MOVING INMATE PROPERTY SUSTAINED STRAIN TO LOWER BACK

COUNTY OF BOONE - CLAIM HISTORY

CLAIM PERIOD: 7/01/2008 - 6/30/2009

Loss date Claim#
 9/25/2008 2:50:00 PM 080925JOHNS

MEDICAL ONLY

Closed

Date Closed: 12/9/2008 1:56:57 PM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$970.72 | \$970.72 | \$0.00 |
| EXPENSES | \$146.45 | \$146.45 | \$0.00 |
| TOTAL | \$1,117.17 | \$1,117.17 | \$0.00 |

LACERATION / HAND / CAUGHT IN/BETWEEN Obj 5506
 EE STATES WHILE OPENING TRUCK TAILGATE SUSTAINED LAC TO HAND

Loss date Claim#
 9/26/2008 10:00:00 AM 080926MCKEE

LOST TIME / INDEMNITY

Closed

Date Closed: 5/10/2010 2:20:25 PM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$14,974.86 | \$14,974.86 | \$0.00 |
| MEDICAL | \$31,211.34 | \$31,211.34 | \$0.00 |
| EXPENSES | \$10,350.43 | \$10,350.43 | \$0.00 |
| TOTAL | \$56,536.63 | \$56,536.63 | \$0.00 |

CONTUSION / KNEE / FALL/SLIP INJ From Ladder/ 9410
 EE STATES WHILE CLEANING SHELF SUSTAINED CONTUS TO RT KNEE

Loss date Claim#
 10/2/2008 11:30:00 AM 081002IRISH

MEDICAL ONLY

Closed

Date Closed: 11/23/2008 6:47:50 PM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$454.33 | \$454.33 | \$0.00 |
| EXPENSES | \$83.83 | \$83.83 | \$0.00 |
| TOTAL | \$538.16 | \$538.16 | \$0.00 |

FOREIGN BODY / FINGER(S) / CUT,PUNC,SCRAP 8810
 EE STATES WHILE MOVING PIECE OF WOOD SUSTAINED FOREIGN OBJECT IN FINGER

COUNTY OF BOONE - CLAIM HISTORY

CLAIM PERIOD: 7/01/2008 - 6/30/2009

Loss date Claim#
 10/6/2008 10:30:00 AM 081006PERKI

LOST TIME / INDEMNITY

Closed

Date Closed: 12/23/2008 11:11:54 A

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$857.70 | \$857.70 | \$0.00 |
| EXPENSES | \$30.73 | \$30.73 | \$0.00 |
| TOTAL | \$888.43 | \$888.43 | \$0.00 |

CONTUSION / FINGER(S) / MISC CAUSES - Other I 7720

EE STATES WHILE TRAINING AT FIRING RANGE SUSTAINED CONTUSION TO FINGERS

Loss date Claim#
 10/6/2008 10:15:00 AM 081006WATKI

MEDICAL ONLY

Closed

Date Closed: 11/26/2008 12:34:57 A

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$152.61 | \$152.61 | \$0.00 |
| EXPENSES | \$28.80 | \$28.80 | \$0.00 |
| TOTAL | \$181.41 | \$181.41 | \$0.00 |

INFLAMMATION / LOW BACK AREA / MISC CAUSE 5506

EE STATES WHILE CLEANING SUSTAINED INFLAMMATION TO LOW BACK AREA

Loss date Claim#
 10/24/2008 3:00:00 PM 081021LEWIS

MEDICAL ONLY

Closed

Date Closed: 12/24/2008 10:14:28 A

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$1,062.21 | \$1,062.21 | \$0.00 |
| EXPENSES | \$124.32 | \$124.32 | \$0.00 |
| TOTAL | \$1,186.53 | \$1,186.53 | \$0.00 |

CONTUSION / LOWER LEG / CUT,PUNC,SCRAPE I 5506

EE STATES WHILE JUMPING FROM TRAILER BED SUSTAINED CONTUS TO LOWER LEG

COUNTY OF BOONE - CLAIM HISTORY

CLAIM PERIOD: 7/01/2008 - 6/30/2009

Loss date Claim#
 10/22/2008 11:00:00 AM 081022FOWLE

LOST TIME / INDEMNITY

Closed

Date Closed: 8/10/2010 9:34:15 AM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$19,991.46 | \$19,991.46 | \$0.00 |
| MEDICAL | \$1,853.30 | \$1,853.30 | \$0.00 |
| EXPENSES | \$8,886.30 | \$8,886.30 | \$0.00 |
| TOTAL | \$30,731.06 | \$30,731.06 | \$0.00 |

STRAIN / SHOULDER(S) / STRAIN/INJ Misc

7720

EE STATES DURING TRAINING SESSION SUSTAINED STRAIN TO SHOULDER

Loss date Claim#
 10/26/2008 9:00:00 AM 081026EWING

LOST TIME / INDEMNITY

Closed

Date Closed: 11/24/2010 11:54:02 A

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$18,820.67 | \$18,820.67 | \$0.00 |
| MEDICAL | \$22,143.37 | \$22,143.37 | \$0.00 |
| EXPENSES | \$7,013.40 | \$7,013.40 | \$0.00 |
| TOTAL | \$47,977.44 | \$47,977.44 | \$0.00 |

CONTUSION / SHOULDER(S) / STRUCK/INJ BY Po

7720

EE STATES DURING TRAINING SESSION SUSTAINED CONTUS TO SHOULDER

Loss date Claim#
 11/15/2008 081115DEVEN

LOST TIME / INDEMNITY

Closed

Date Closed: 12/3/2010 8:14:00 AM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$6,293.48 | \$6,293.48 | \$0.00 |
| MEDICAL | \$4,030.70 | \$4,030.70 | \$0.00 |
| EXPENSES | \$2,577.69 | \$2,577.69 | \$0.00 |
| TOTAL | \$12,901.87 | \$12,901.87 | \$0.00 |

STRAIN / ABDOMEN / STRAIN/INJ Misc

7720

EE STATES DURING CLASS SUSTAINED STRAIN TO GROIN AREA

COUNTY OF BOONE - CLAIM HISTORY

CLAIM PERIOD: 7/01/2008 - 6/30/2009

Loss date Claim#
 11/16/2008 12:30:00 PM 081116RELLE

LOST TIME / INDEMNITY

Closed

Date Closed: 6/24/2010 12:34:13 PM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$43,495.30 | \$43,495.30 | \$0.00 |
| MEDICAL | \$15,830.17 | \$15,830.17 | \$0.00 |
| EXPENSES | \$9,883.63 | \$9,883.63 | \$0.00 |
| TOTAL | \$69,209.10 | \$69,209.10 | \$0.00 |

STRAIN / LOW BACK AREA / STRAIN/INJ Misc

7720

EE STATES DURING CLASS PARTICIPATION SUSTAINED STRAIN TO BACK

Loss date Claim#
 11/24/2008 9:00:00 AM 081124WIEBE

LOST TIME / INDEMNITY

Closed

Date Closed: 12/30/2008 7:46:21 AM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$0.00 | \$0.00 | \$0.00 |
| EXPENSES | \$198.50 | \$198.50 | \$0.00 |
| TOTAL | \$198.50 | \$198.50 | \$0.00 |

STRAIN / WRIST / STRAIN/INJ Misc

5506

EE STATES WHILE WORKING WITH EQUIPMENT SUSTAINED STRAIN TO WRIST

Loss date Claim#
 12/4/2008 2:00:00 PM 081204ROWLA

LOST TIME / INDEMNITY

Closed

Date Closed: 2/10/2009 8:56:48 AM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$264.92 | \$264.92 | \$0.00 |
| MEDICAL | \$914.38 | \$914.38 | \$0.00 |
| EXPENSES | \$45.30 | \$45.30 | \$0.00 |
| TOTAL | \$1,224.60 | \$1,224.60 | \$0.00 |

STRAIN / ELBOW / STRAIN/INJ Pushing, Pulling

5506

EE STATES WHILE PULLING BRUSH SUSTAINED STRAIN TO LT ELBOW

COUNTY OF BOONE - CLAIM HISTORY

CLAIM PERIOD: 7/01/2008 - 6/30/2009

Loss date Claim#
 12/11/2008 7:15:00 PM 081211INFIE

MEDICAL ONLY
 Closed
 Date Closed: 12/17/2008 10:55:02 A

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$0.00 | \$0.00 | \$0.00 |
| EXPENSES | \$8.50 | \$8.50 | \$0.00 |
| TOTAL | \$8.50 | \$8.50 | \$0.00 |

CONTUSION / FACIAL SOFT TISSUE / STRIKE AG 7720
 EE STATES WHILE REACHING SUSTAINED CONTUSION TO FACIAL SOFT TISSUE

Loss date Claim#
 12/16/2008 11:00:00 AM 081216PEEBL

LOST TIME / INDEMNITY
 Closed
 Date Closed: 2/26/2009 8:03:33 AM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$2,629.11 | \$2,629.11 | \$0.00 |
| EXPENSES | \$157.20 | \$157.20 | \$0.00 |
| TOTAL | \$2,786.31 | \$2,786.31 | \$0.00 |

STRAIN / LOW BACK AREA / STRAIN/INJ Loading 5506
 EE STATES WHILE LOADING MATERIAL SUSTAINED STRAIN TO LOW BACK

Loss date Claim#
 12/18/2008 4:30:00 PM 081218ARROW

MEDICAL ONLY
 Closed
 Date Closed: 2/24/2009 11:01:47 PM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$634.17 | \$634.17 | \$0.00 |
| EXPENSES | \$72.41 | \$72.41 | \$0.00 |
| TOTAL | \$706.58 | \$706.58 | \$0.00 |

STRAIN / KNEE / FALL/SLIP INJ On Ice or Snow 9410
 EE STATES WHILE WALKING SUSTAINED STRAIN TO LT KNEE

COUNTY OF BOONE - CLAIM HISTORY

CLAIM PERIOD: 7/01/2008 - 6/30/2009

Loss date Claim#
 12/23/2008 10:15:00 AM 081223KLEMP

LOST TIME / INDEMNITY

Closed

Date Closed: 12/30/2008 9:55:53 AM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$0.00 | \$0.00 | \$0.00 |
| EXPENSES | \$8.50 | \$8.50 | \$0.00 |
| TOTAL | \$8.50 | \$8.50 | \$0.00 |

MISC - NOT OTHERWISE CLASSIFIED / UNKNOW
 EE STATES WHILE WALKING DOWN HALLWAY FAINTED AND FELL

8810

Loss date Claim#
 12/27/2008 4:20:00 PM 081227ANTIM

MEDICAL ONLY

Closed

Date Closed: 2/13/2009 2:50:15 PM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$516.17 | \$516.17 | \$0.00 |
| EXPENSES | \$95.40 | \$95.40 | \$0.00 |
| TOTAL | \$611.57 | \$611.57 | \$0.00 |

CONTUSION / KNEE / FALL/SLIP INJ On Stairs or S
 EE STATES WHILE RESPONDING TO CALL SUSTAINED CONTUS TO KNEE

7720

Loss date Claim#
 1/5/2009 2:00:00 PM 090105CRITC

MEDICAL ONLY

Closed

Date Closed: 5/29/2009 11:22:07 AM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$209.50 | \$209.50 | \$0.00 |
| EXPENSES | \$41.82 | \$41.82 | \$0.00 |
| TOTAL | \$251.32 | \$251.32 | \$0.00 |

FOREIGN BODY / FINGER(S) / CUT,PUNC,SCRAP
 EE STATES WHILE PICKING UP BRUSH SUSTAINED FOREIGN BODY IN FINGER

5506

COUNTY OF BOONE - CLAIM HISTORY

CLAIM PERIOD: 7/01/2008 - 6/30/2009

Loss date Claim#
 1/27/2009 11:00:00 AM 090127STEIN

MEDICAL ONLY

Closed

Date Closed: 3/31/2009 10:58:57 AM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$549.28 | \$549.28 | \$0.00 |
| EXPENSES | \$91.92 | \$91.92 | \$0.00 |
| TOTAL | \$641.20 | \$641.20 | \$0.00 |

CONTUSION / UPPER BACK AREA / STRUCK/INJ 7720
 EE STATES DURING VOLUNTARY TRAINING SUSTAINED CONTUS TO UPPER BACK

Loss date Claim#
 1/29/2009 090129JAMES

MEDICAL ONLY

Closed

Date Closed: 6/30/2009 3:03:49 PM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$654.34 | \$654.34 | \$0.00 |
| EXPENSES | \$72.20 | \$72.20 | \$0.00 |
| TOTAL | \$726.54 | \$726.54 | \$0.00 |

MISC - NOT OTHERWISE CLASSIFIED / MULT. UP 7720
 EE STATES WHILE DETAINING SUBJECT SUSTAINED EXPOSURE TO BODILY FLUIDS

Loss date Claim#
 1/30/2009 10:16:00 AM 090130ROBIS

LOST TIME / INDEMNITY

Closed

Date Closed: 7/22/2009 8:43:04 AM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$370.95 | \$370.95 | \$0.00 |
| MEDICAL | \$11,201.36 | \$11,201.36 | \$0.00 |
| EXPENSES | \$5,215.29 | \$5,215.29 | \$0.00 |
| TOTAL | \$16,787.60 | \$16,787.60 | \$0.00 |

MULTIPLE PHYSICAL INJURIES ONLY / MULTIPLE 7720
 EE STATES WHILE EXITING VEHICLE SUSTAINED MULT INJ TO MULT BODY PARTS

COUNTY OF BOONE - CLAIM HISTORY

CLAIM PERIOD: 7/01/2008 - 6/30/2009

Loss date Claim#
 2/8/2009 11:00:00 AM 090208INFIE

MEDICAL ONLY
 Closed
 Date Closed: 3/31/2009 3:22:49 PM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$944.19 | \$944.19 | \$0.00 |
| EXPENSES | \$77.77 | \$77.77 | \$0.00 |
| TOTAL | \$1,021.96 | \$1,021.96 | \$0.00 |

STRAIN / SOFT TISSUE (NECK) / STRAIN/INJ Misc 7720
 EE STATES DURING PHYSICAL DRILL SUSTAINED STRAIN TO NECK

Loss date Claim#
 2/16/2009 6:00:00 PM 090216NARDO

MEDICAL ONLY
 Closed
 Date Closed: 3/30/2009 9:03:08 PM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$454.88 | \$454.88 | \$0.00 |
| EXPENSES | \$62.71 | \$62.71 | \$0.00 |
| TOTAL | \$517.59 | \$517.59 | \$0.00 |

LACERATION / LOWER LEG / CUT,PUNC,SCRAPE 7720
 EE STATES WHILE MAKING ARREST SUSTAINED LAC TO LOWER LEG

Loss date Claim#
 3/25/2009 12:46:00 PM 090325EVANS

MEDICAL ONLY
 Closed
 Date Closed: 10/30/2009 4:00:56 PM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$1,099.92 | \$1,099.92 | \$0.00 |
| EXPENSES | \$105.36 | \$105.36 | \$0.00 |
| TOTAL | \$1,205.28 | \$1,205.28 | \$0.00 |

MISC - NOT OTHERWISE CLASSIFIED / MULTIPLE 7720
 EE STATES DURING ARREST SUSTAINED EXPOSURE TO BODILY FLUIDS

COUNTY OF BOONE - CLAIM HISTORY

CLAIM PERIOD: 7/01/2008 - 6/30/2009

Loss date Claim#
 3/25/2009 12:46:00 PM 090325FOWLE

MEDICAL ONLY

Closed

Date Closed: 10/30/2009 4:00:37 PM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$887.92 | \$887.92 | \$0.00 |
| EXPENSES | \$103.95 | \$103.95 | \$0.00 |
| TOTAL | \$991.87 | \$991.87 | \$0.00 |

MULTIPLE PHYSICAL INJURIES ONLY / LOWER A 7720

EE STATES DURING ARREST SUSTAINED LAC TO ARMS AND EXPOS TO BODILY FLUIDS

Loss date Claim#
 4/13/2009 5:00:00 PM 090413WERNE

MEDICAL ONLY

Closed

Date Closed: 8/11/2009 10:43:32 AM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$1,037.49 | \$1,037.49 | \$0.00 |
| EXPENSES | \$162.89 | \$162.89 | \$0.00 |
| TOTAL | \$1,200.38 | \$1,200.38 | \$0.00 |

STRAIN / MULTIPLE BODY PARTS / STRAIN/INJ Mi 8810

EE STATES WHILE ASSISTING WITH EXHIBITS SUSTAINED STRAIN TO MULT BODY PARTS

Loss date Claim#
 5/15/2009 5:36:00 PM 090515NARDO

MEDICAL ONLY

Closed

Date Closed: 6/30/2009 3:02:27 PM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$299.92 | \$299.92 | \$0.00 |
| EXPENSES | \$76.33 | \$76.33 | \$0.00 |
| TOTAL | \$376.25 | \$376.25 | \$0.00 |

LACERATION / LOWER ARM / MISC CAUSES Anim 7720

EE STATES WHILE ARRESTING SUBJECT SUSTAINED LAC TO LOWER ARM

COUNTY OF BOONE - CLAIM HISTORY

CLAIM PERIOD: 7/01/2008 - 6/30/2009

Loss date Claim#
 5/18/2009 12:15:00 PM 090518BAKUT

MEDICAL ONLY
 Closed
 Date Closed: 7/30/2009 10:23:15 AM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$720.50 | \$720.50 | \$0.00 |
| EXPENSES | \$8.95 | \$8.95 | \$0.00 |
| TOTAL | \$729.45 | \$729.45 | \$0.00 |

CONTUSION / MULTIPLE BODY PARTS / FALL/SLI 8810
 EE STATES WHILE GETTING UP FROM DESK SUSTAINED CONTUS TO MULT BODY PARTS

Loss date Claim#
 6/17/2009 2:30:00 PM 090617SMITH

MEDICAL ONLY
 Closed
 Date Closed: 7/22/2009 10:24:24 AM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$223.98 | \$223.98 | \$0.00 |
| EXPENSES | \$12.85 | \$12.85 | \$0.00 |
| TOTAL | \$236.83 | \$236.83 | \$0.00 |

LACERATION / HAND / MISC CAUSES Animal, Inso 7720
 EE STATES DURING K-9 TRAINING SUSTAINED LAC TO HAND

Loss date Claim#
 6/28/2009 9:00:00 PM 090628REYNO

MEDICAL ONLY
 Closed
 Date Closed: 7/22/2009 9:54:17 AM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$0.00 | \$0.00 | \$0.00 |
| EXPENSES | \$31.32 | \$31.32 | \$0.00 |
| TOTAL | \$31.32 | \$31.32 | \$0.00 |

STRAIN / LOW BACK AREA / STRAIN/INJ Misc 7720
 EE STATES WHILE RISING FROM CHAIR SUSTAINED STRAIN TO BACK

COUNTY OF BOONE - CLAIM HISTORY

CLAIM PERIOD: 7/01/2009 - 6/30/2010

Loss date Claim#
7/10/2009 090710KIMBR

LOST TIME / INDEMNITY
Closed

Date Closed: 8/11/2009 12:31:35 PM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$0.00 | \$0.00 | \$0.00 |
| EXPENSES | \$198.95 | \$198.95 | \$0.00 |
| TOTAL | \$198.95 | \$198.95 | \$0.00 |

STRAIN / MULTIPLE BODY PARTS / STRAIN/INJ Mi 5506
EE STATES WHILE OPERATING EQUIPMENT SUSTAINED STRAIN TO MULT BODY PARTS

Loss date Claim#
7/18/2009 3:40:00 PM 090718INFIE

MEDICAL ONLY
Closed

Date Closed: 8/28/2009 10:13:50 AM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$299.92 | \$299.92 | \$0.00 |
| EXPENSES | \$53.02 | \$53.02 | \$0.00 |
| TOTAL | \$352.94 | \$352.94 | \$0.00 |

CONTUSION / FACIAL SOFT TISSUE / STRIKE AG 7720
EE STATES WHILE RESTRAINING SUBJECT SUSTAINED CONTUS TO FOREHEAD

Loss date Claim#
8/12/2009 11:00:00 AM 090812YAEGE

MEDICAL ONLY
Closed

Date Closed: 9/30/2009 3:37:16 PM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$41.99 | \$41.99 | \$0.00 |
| EXPENSES | \$14.10 | \$14.10 | \$0.00 |
| TOTAL | \$56.09 | \$56.09 | \$0.00 |

CONTUSION / FINGER(S) / MISC CAUSES Animal, I 5506
EE STATES WHILE REMOVING DOG FROM ROAD SUSTAINED CONTUS TO FINGERS

COUNTY OF BOONE - CLAIM HISTORY

CLAIM PERIOD: 7/01/2009 - 6/30/2010

Loss date Claim#
 9/30/2009 6:15:00 PM 090930MARTI

LOST TIME / INDEMNITY

Closed

Date Closed: 11/30/2009 9:57:47 AM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$2,642.21 | \$2,642.21 | \$0.00 |
| EXPENSES | \$235.42 | \$235.42 | \$0.00 |
| TOTAL | \$2,877.63 | \$2,877.63 | \$0.00 |

STRAIN / MULTIPLE BODY PARTS / STRIKE AGAINST 7720

EE STATES WHILE ATTENDING TO INMATES SUSTAINED STRAIN TO MULT BODY PARTS

Loss date Claim#
 10/1/2009 8:15:00 AM 091001CRAIG

MEDICAL ONLY

Closed

Date Closed: 10/30/2009 4:06:22 PM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$235.05 | \$235.05 | \$0.00 |
| EXPENSES | \$12.97 | \$12.97 | \$0.00 |
| TOTAL | \$248.02 | \$248.02 | \$0.00 |

INFLAMMATION / EYE(S) / MISC CAUSES Foreign 5506

EE STATES WHILE HANDLING FIRE EXTINGUISHER SUSTAINED FOREIGN BODY IN R EYE

Loss date Claim#
 10/7/2009 4:39:00 PM 091007INFIE

MEDICAL ONLY

Closed

Date Closed: 11/18/2009 3:05:26 PM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$521.02 | \$521.02 | \$0.00 |
| EXPENSES | \$96.40 | \$96.40 | \$0.00 |
| TOTAL | \$617.42 | \$617.42 | \$0.00 |

LACERATION / HAND / CUT, PUNC, SCRAPE INJURY 7720

EE STATES WHILE MAKING ARREST SUSTAINED LAC TO HANDS

COUNTY OF BOONE - CLAIM HISTORY

CLAIM PERIOD: 7/01/2009 - 6/30/2010

Loss date Claim#
 10/7/2009 4:39:00 PM 091007SMITH

MEDICAL ONLY
 Closed
 Date Closed: 11/18/2009 3:05:59 PM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$299.92 | \$299.92 | \$0.00 |
| EXPENSES | \$76.80 | \$76.80 | \$0.00 |
| TOTAL | \$376.72 | \$376.72 | \$0.00 |

FOREIGN BODY / LOWER ARM / MISC CAUSES - 7720
 EE STATES WHILE MAKING ARREST SUSTAINED BODILY FLUIDS ON LOWER ARM

Loss date Claim#
 10/13/2009 2:30:00 PM 091013SCHWA

MEDICAL ONLY
 Closed
 Date Closed: 11/30/2009 9:53:47 AM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$287.00 | \$287.00 | \$0.00 |
| EXPENSES | \$8.95 | \$8.95 | \$0.00 |
| TOTAL | \$295.95 | \$295.95 | \$0.00 |

STRAIN / LOW BACK AREA / STRAIN/INJ Lifting 9015
 WHILE MOVING LIFT TO CHANGE LIGHT BULB SUSTAINED STRAIN TO LOW BACK

Loss date Claim#
 10/26/2009 3:00:00 PM 091026NICH0

LOST TIME / INDEMNITY
 Closed
 Date Closed: 11/8/2010 7:58:55 AM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$9,003.11 | \$9,003.11 | \$0.00 |
| MEDICAL | \$13,433.56 | \$13,433.56 | \$0.00 |
| EXPENSES | \$3,046.00 | \$3,046.00 | \$0.00 |
| TOTAL | \$25,482.67 | \$25,482.67 | \$0.00 |

STRAIN / SHOULDER(S) / STRAIN/INJ Lifting 9015
 EE STATES WHILE LIFTING TRASH INTO DUMPSTER SUSTAINED STRAIN TO SHOULDER

COUNTY OF BOONE - CLAIM HISTORY

CLAIM PERIOD: 7/01/2009 - 6/30/2010

Loss date Claim#
 11/5/2009 3:00:00 PM 091105RICHA

MEDICAL ONLY

Closed

Date Closed: 12/21/2009 11:12:24 A

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$283.00 | \$283.00 | \$0.00 |
| EXPENSES | \$8.95 | \$8.95 | \$0.00 |
| TOTAL | \$291.95 | \$291.95 | \$0.00 |

CONTUSION / HAND / STRIKE AGAINST/STEP ON 7720
 EE STATES WHILE TRAINING SUSTAINED CONTUSION TO HAND

Loss date Claim#
 11/18/2009 11:00:00 AM 091118MACKE

LOST TIME / INDEMNITY

Closed

Date Closed: 1/25/2010 12:33:03 PM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$908.34 | \$908.34 | \$0.00 |
| EXPENSES | \$103.98 | \$103.98 | \$0.00 |
| TOTAL | \$1,012.32 | \$1,012.32 | \$0.00 |

CONTUSION / CHEST/RIB/STERN/SOFT TISSUE / 5506
 EE STATES WHILE USING STEP ON TRUCK SUSTAINED CONTUS TO RIBS

Loss date Claim#
 11/18/2009 8:25:00 AM 091118RICKE

LOST TIME / INDEMNITY

Closed

Date Closed: 5/7/2010 1:47:36 PM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$3,743.29 | \$3,743.29 | \$0.00 |
| MEDICAL | \$5,954.69 | \$5,954.69 | \$0.00 |
| EXPENSES | \$754.67 | \$754.67 | \$0.00 |
| TOTAL | \$10,452.65 | \$10,452.65 | \$0.00 |

CONTUSION / FINGER(S) / STRUCK/INJ BY Person 7720
 EE STATES WHILE RESTRAINING INMATE SUSTAINED CONTUSION TO FINGER

COUNTY OF BOONE - CLAIM HISTORY

CLAIM PERIOD: 7/01/2009 - 6/30/2010

Loss date Claim#
 12/18/2009 11:55:00 AM 091218ESTAB

MEDICAL ONLY
 Closed
 Date Closed: 1/21/2010 9:24:37 AM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$48.67 | \$48.67 | \$0.00 |
| EXPENSES | \$16.93 | \$16.93 | \$0.00 |
| TOTAL | \$65.60 | \$65.60 | \$0.00 |

INFLAMMATION / FINGER(S) / BURN/SCALD/HEAT 5506
 EE STATES WHILE LIF TING ROASTER OVEN SUSTAINED INFLAMMATION TO FINGERS

Loss date Claim#
 12/30/2009 10:45:00 PM 091230RODGE

MEDICAL ONLY
 Closed
 Date Closed: 1/29/2010 8:12:56 AM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$406.50 | \$406.50 | \$0.00 |
| EXPENSES | \$9.45 | \$9.45 | \$0.00 |
| TOTAL | \$415.95 | \$415.95 | \$0.00 |

STRAIN / SHOULDER(S) / FALL/SLIP INJ On Ice or 7720
 EE STATES WHILE WALKING SUSTAINED STRAIN TO L SHOULDER

Loss date Claim#
 1/21/2010 7:50:00 AM 100121SAPP

MEDICAL ONLY
 Closed
 Date Closed: 2/26/2010 9:22:48 AM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$355.58 | \$355.58 | \$0.00 |
| EXPENSES | \$11.65 | \$11.65 | \$0.00 |
| TOTAL | \$367.23 | \$367.23 | \$0.00 |

CONTUSION / EYE(S) / STRUCK/INJ BY Moving Par 8391
 EE STATES WHILE WORKING ON TRUCK SUSTAINED CONTUS TO R EYE

COUNTY OF BOONE - CLAIM HISTORY

CLAIM PERIOD: 7/01/2009 - 6/30/2010

Loss date Claim#
 2/1/2010 7:34:00 PM 100201REAMS

MEDICAL ONLY
 Closed
 Date Closed: 3/24/2010 9:11:36 AM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$517.30 | \$517.30 | \$0.00 |
| EXPENSES | \$61.08 | \$61.08 | \$0.00 |
| TOTAL | \$578.38 | \$578.38 | \$0.00 |

CONTUSION / HAND / STRUCK/INJ BY Person 7720
 EE STATES WHILE RESTRAINING SUBJECT SUSTAINED CONTUS TO R HAND

Loss date Claim#
 2/4/2010 7:00:00 AM 100204REYNO

LOST TIME / INDEMNITY
 Closed
 Date Closed: 4/23/2010 1:39:50 PM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$1,719.90 | \$1,719.90 | \$0.00 |
| EXPENSES | \$208.85 | \$208.85 | \$0.00 |
| TOTAL | \$1,928.75 | \$1,928.75 | \$0.00 |

STRAIN / KNEE / STRAIN/INJ Jumping 7720
 EE STATES DURING PHYSICAL TRAINING SUSTAINED STRAIN TO L KNEE

Loss date Claim#
 3/3/2010 2:15:00 PM 100303SIPHO

MEDICAL ONLY
 Closed
 Date Closed: 3/31/2010 1:36:48 PM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$624.50 | \$624.50 | \$0.00 |
| EXPENSES | \$9.45 | \$9.45 | \$0.00 |
| TOTAL | \$633.95 | \$633.95 | \$0.00 |

STRAIN / ANKLE / STRAIN/INJ Misc 7720
 EE STATES DURING TACTICS TRAINING SUSTAINED STRAIN TO L ANKLE

COUNTY OF BOONE - CLAIM HISTORY

CLAIM PERIOD: 7/01/2009 - 6/30/2010

Loss date Claim#
 3/16/2010 3:00:00 PM 100316PAYNE

MEDICAL ONLY

Closed

Date Closed: 5/28/2010 7:23:10 AM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$431.00 | \$431.00 | \$0.00 |
| EXPENSES | \$9.45 | \$9.45 | \$0.00 |
| TOTAL | \$440.45 | \$440.45 | \$0.00 |

STRAIN / FINGER(S) / STRUCK/INJ BY Misc 7720
 EE STATES DURING TRAINING SUSTAINED STRAIN TO L 3RD FINGER

Loss date Claim#
 3/17/2010 6:15:00 PM 100317HAYES

LOST TIME / INDEMNITY

Closed

Date Closed: 3/29/2010 12:54:07 PM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$0.00 | \$0.00 | \$0.00 |
| EXPENSES | \$9.45 | \$9.45 | \$0.00 |
| TOTAL | \$9.45 | \$9.45 | \$0.00 |

STRAIN / UPPER BACK AREA / STRAIN/INJ Misc 8820
 EE STATES WHILE TRAVELING IN VEHICLE SUSTAINED STRAIN TO BACK

Loss date Claim#
 3/22/2010 8:00:00 AM 100322HARMO

LOST TIME / INDEMNITY

Closed

Date Closed: 6/10/2010 1:08:31 PM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$1,304.66 | \$1,304.66 | \$0.00 |
| EXPENSES | \$60.25 | \$60.25 | \$0.00 |
| TOTAL | \$1,364.91 | \$1,364.91 | \$0.00 |

STRAIN / ELBOW / STRAIN/INJ Misc 5506
 EE STATES WHILE USING EQUIPMENT SUSTAINED STRAIN TO R ELBOW

COUNTY OF BOONE - CLAIM HISTORY

CLAIM PERIOD: 7/01/2009 - 6/30/2010

Loss date Claim#
 4/8/2010 11:05:00 AM 100408ROBER

LOST TIME / INDEMNITY
 Reopened

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$27,637.92 | \$2,223.76 | \$25,414.16 |
| MEDICAL | \$28,500.00 | \$19,300.08 | \$9,199.92 |
| EXPENSES | \$5,000.00 | \$2,573.44 | \$2,426.56 |
| TOTAL | \$61,137.92 | \$24,097.28 | \$37,040.64 |

CONTUSION / LOWER ARM / FALL/SLIP INJ On SI 8810
 EE STATES WHILE WALKING UP STAIRS SUSTAINED CONTUS TO LOWER ARM

Loss date Claim#
 4/9/2010 10:00:00 AM 100409BROWN

MEDICAL ONLY
 Closed
 Date Closed: 4/20/2010 2:50:22 PM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$318.00 | \$318.00 | \$0.00 |
| EXPENSES | \$9.45 | \$9.45 | \$0.00 |
| TOTAL | \$327.45 | \$327.45 | \$0.00 |

STRAIN / SHOULDER(S) / STRAIN/INJ Misc 7720
 EE STATES DURING TRAINING SUSTAINED STRAIN TO SHOULDER

Loss date Claim#
 5/6/2010 10:15:00 AM 100506DIETZ

MEDICAL ONLY
 Closed
 Date Closed: 6/17/2010 2:14:07 PM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$140.00 | \$140.00 | \$0.00 |
| EXPENSES | \$9.45 | \$9.45 | \$0.00 |
| TOTAL | \$149.45 | \$149.45 | \$0.00 |

STRAIN / LOW BACK AREA / STRAIN/INJ Falling 7720
 EE STATES DURING BREATHING TEST SUSTAINED STRAIN TO LOW BACK

COUNTY OF BOONE - CLAIM HISTORY

CLAIM PERIOD: 7/01/2009 - 6/30/2010

Loss date Claim#
 5/24/2010 5:00:00 PM 100524BISHO

MEDICAL ONLY
 Closed
 Date Closed: 6/17/2010 10:18:06 AM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$419.73 | \$419.73 | \$0.00 |
| EXPENSES | \$63.44 | \$63.44 | \$0.00 |
| TOTAL | \$483.17 | \$483.17 | \$0.00 |

MULTIPLE PHYSICAL INJURIES ONLY / WRIST / M 7720
 EE STATES WHILE MAKING ARREST SUSTAINED LAC AND EXPOSURE TO BODILY FLUIDS

Loss date Claim#
 5/24/2010 5:00:00 PM 100524CLEET

MEDICAL ONLY
 Closed
 Date Closed: 6/17/2010 9:40:18 AM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$778.72 | \$778.72 | \$0.00 |
| EXPENSES | \$76.72 | \$76.72 | \$0.00 |
| TOTAL | \$855.44 | \$855.44 | \$0.00 |

MISC - NOT OTHERWISE CLASSIFIED / BODY SY 7720
 EE STATES WHILE MAKING ARREST SUSTAINED EXPOSURE TO BODILY FLUIDS

Loss date Claim#
 6/22/2010 4:00:00 PM 100622GOOD

MEDICAL ONLY
 Closed
 Date Closed: 7/13/2010 8:53:01 AM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$197.00 | \$197.00 | \$0.00 |
| EXPENSES | \$13.35 | \$13.35 | \$0.00 |
| TOTAL | \$210.35 | \$210.35 | \$0.00 |

LACERATION / THUMB / MISC CAUSES Animal, Ins 7720
 EE STATES BITE ON THUMB SUSTAINED WHILE REMOVING MOUSE

COUNTY OF BOONE - CLAIM HISTORY

CLAIM PERIOD: 7/01/2009 - 6/30/2010

Loss date Claim#
6/24/2010 8:44:00 AM 100624SHIEL

MEDICAL ONLY

Closed

Date Closed: 8/2/2010 9:55:37 AM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$276.00 | \$276.00 | \$0.00 |
| EXPENSES | \$9.45 | \$9.45 | \$0.00 |
| TOTAL | \$285.45 | \$285.45 | \$0.00 |

MISC - NOT OTHERWISE CLASSIFIED / MULTIPLE

7720

EE STATES EXPOSURE TO BODILY FLUIDS SUSTAINED WHILE RESTRAINING INMATE

COUNTY OF BOONE - CLAIM HISTORY

CLAIM PERIOD: 7/01/2010 - 3/31/2011

Loss date Claim#
7/8/2010 9:12:00 PM 100708COONR

MEDICAL ONLY
Closed
Date Closed: 9/7/2010 12:56:29 PM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$1,477.40 | \$1,477.40 | \$0.00 |
| EXPENSES | \$141.62 | \$141.62 | \$0.00 |
| TOTAL | \$1,619.02 | \$1,619.02 | \$0.00 |

STRAIN / LOW BACK AREA / STRUCK/INJ BY Pers 7720
EE STATES LOW BACK STRAIN SUSTAINED WHILE ATTEMPTING ARREST

Loss date Claim#
7/17/2010 12:52:00 AM 100717SEIGE

MEDICAL ONLY
Closed
Date Closed: 8/16/2010 2:43:39 PM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$734.25 | \$734.25 | \$0.00 |
| EXPENSES | \$89.56 | \$89.56 | \$0.00 |
| TOTAL | \$823.81 | \$823.81 | \$0.00 |

MULTIPLE PHYSICAL INJURIES ONLY / MULT. UP 7720
EE STATES MULT INJURIES SUSTAINED DURING ATTEMPTED ARREST

Loss date Claim#
7/23/2010 4:00:00 PM 100723EVANS

LOST TIME / INDEMNITY
Closed
Date Closed: 3/3/2011 8:41:23 AM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$6,751.70 | \$6,751.70 | \$0.00 |
| MEDICAL | \$7,529.15 | \$7,529.15 | \$0.00 |
| EXPENSES | \$224.24 | \$224.24 | \$0.00 |
| TOTAL | \$14,505.09 | \$14,505.09 | \$0.00 |

CARPAL TUNNEL SYNDROME / HAND / MISC CAU 8810
EE states repetitive motion causing carpal tunnel

COUNTY OF BOONE - CLAIM HISTORY

CLAIM PERIOD: 7/01/2010 - 3/31/2011

Loss date Claim#
7/26/2010 100726CLEET

MEDICAL ONLY

Closed

Date Closed: 9/9/2010 8:37:48 AM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$521.51 | \$521.51 | \$0.00 |
| EXPENSES | \$40.54 | \$40.54 | \$0.00 |
| TOTAL | \$562.05 | \$562.05 | \$0.00 |

INFLAMMATION / MULT. LOWER EXTREM. / MISC 7720
EE STATES SKIN CONDITION TO LOWER LEGS SUSTAINED WHILE SEARCHING FOR SUBJ

Loss date Claim#
8/3/2010 1:18:00 AM 100803JAMES

LOST TIME / INDEMNITY

Open

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|--------------|--------------------|
| INDEMNITY | \$71,058.32 | \$20,054.03 | \$51,004.29 |
| MEDICAL | \$79,000.00 | \$69,423.75 | \$9,576.25 |
| EXPENSES | \$34,000.00 | \$30,455.98 | \$3,544.02 |
| TOTAL | \$184,058.32 | \$119,933.76 | \$64,124.56 |

MULTIPLE PHYSICAL INJURIES ONLY / MULTIPLE 7720
EE STATES MULT INJURIES TO MULT BODY PARTS SUSTAINED WHILE PARKED AT POST

Loss date Claim#
8/18/2010 8:00:00 AM 100818ROWLA

MEDICAL ONLY

Closed

Date Closed: 9/27/2010 7:39:23 AM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$129.88 | \$129.88 | \$0.00 |
| EXPENSES | \$22.40 | \$22.40 | \$0.00 |
| TOTAL | \$152.28 | \$152.28 | \$0.00 |

INFLAMMATION / MULTIPLE BODY PARTS / MISC 5506
EE STATES POISON IVY MULT BODY PARTS SUSTAINED WHILE CUTTING BRUSH

COUNTY OF BOONE - CLAIM HISTORY

CLAIM PERIOD: 7/01/2010 - 3/31/2011

Loss date Claim#
 9/15/2010 2:00:00 AM 100915SKINN

MEDICAL ONLY
 Closed
 Date Closed: 10/27/2010 9:04:28 AM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$1,198.86 | \$1,198.86 | \$0.00 |
| EXPENSES | \$99.36 | \$99.36 | \$0.00 |
| TOTAL | \$1,298.22 | \$1,298.22 | \$0.00 |

CONTUSION / KNEE / STRIKE AGAINST/STEP ON 7720
 EE STATES KNEE CONTUS SUSTAINED WHILE IN FOOT PURSUIT

Loss date Claim#
 9/16/2010 9:08:00 AM 100916ROBIS

MEDICAL ONLY
 Open

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$1,700.00 | \$434.00 | \$1,266.00 |
| EXPENSES | \$200.00 | \$9.45 | \$190.55 |
| TOTAL | \$1,900.00 | \$443.45 | \$1,456.55 |

MISC - NOT OTHERWISE CLASSIFIED / HAND / MI 7720
 EE STATES EXPOSURE TO BODILY FLUIDS SUSTAINED WHILE HANDLING SUBJECT

Loss date Claim#
 9/19/2010 4:20:00 PM 100919GRIFF

LOST TIME / INDEMNITY
 Reopened

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$1,000.00 | \$0.00 | \$1,000.00 |
| MEDICAL | \$0.00 | \$0.00 | \$0.00 |
| EXPENSES | \$3,500.00 | \$9.80 | \$3,490.20 |
| TOTAL | \$4,500.00 | \$9.80 | \$4,490.20 |

MISC - NOT OTHERWISE CLASSIFIED / HEART / 7720
 EE STATES CHEST PAINS DEVELOPED DURING DT TRAINING

COUNTY OF BOONE - CLAIM HISTORY

CLAIM PERIOD: 7/01/2010 - 3/31/2011

Loss date Claim#
 9/25/2010 10:00:00 PM 100925NICH0

MEDICAL ONLY
 Closed
 Date Closed: 11/10/2010 1:04:39 PM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$663.33 | \$663.33 | \$0.00 |
| EXPENSES | \$87.38 | \$87.38 | \$0.00 |
| TOTAL | \$750.71 | \$750.71 | \$0.00 |

CONTUSION / FINGER(S) / CAUGHT IN/BETWEEN 7720
 EE STATES CONTUS TO FINGER SUSTAINED WHILE RESTRAINING SUBJECT

Loss date Claim#
 10/3/2010 7:05:00 PM 101003KIRKW

MEDICAL ONLY
 Open

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$1,000.00 | \$323.00 | \$677.00 |
| EXPENSES | \$150.00 | \$35.49 | \$114.51 |
| TOTAL | \$1,150.00 | \$358.49 | \$791.51 |

MISC - NOT OTHERWISE CLASSIFIED / EYE(S) / M 7720
 EE STATES EYE EXPOSED TO BODILY FLUIDS WHILE RESTRAINING SUBJECT

Loss date Claim#
 10/4/2010 3:30:00 PM 101004SCHWA

MEDICAL ONLY
 Closed
 Date Closed: 12/10/2010 8:46:57 AM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$540.50 | \$540.50 | \$0.00 |
| EXPENSES | \$9.45 | \$9.45 | \$0.00 |
| TOTAL | \$549.95 | \$549.95 | \$0.00 |

MULTIPLE PHYSICAL INJURIES ONLY / MULT. UP 9410
 EE STATES MULT INJ SUSTAINED TO MULT BODY PARTS WHILE INSPECTING BUILDING

COUNTY OF BOONE - CLAIM HISTORY

CLAIM PERIOD: 7/01/2010 - 3/31/2011

Loss date Claim#
 10/5/2010 8:15:00 PM 101005SMITH

MEDICAL ONLY
 Closed
 Date Closed: 11/8/2010 1:50:24 PM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$628.92 | \$628.92 | \$0.00 |
| EXPENSES | \$85.72 | \$85.72 | \$0.00 |
| TOTAL | \$714.64 | \$714.64 | \$0.00 |

STRAIN / SHOULDER(S) / STRAIN/INJ Falling 7720
 EE STATES STRAIN TO L SHOULDER SUSTAINED WHILE CONDUCTING K9 TRACK

Loss date Claim#
 10/9/2010 5:30:00 PM 101009COOK

MEDICAL ONLY
 Closed
 Date Closed: 11/23/2010 11:55:08 A

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$784.66 | \$784.66 | \$0.00 |
| EXPENSES | \$93.52 | \$93.52 | \$0.00 |
| TOTAL | \$878.18 | \$878.18 | \$0.00 |

STRAIN / KNEE / STRAIN/INJ Falling 7720
 EE STATES KNEE STRAIN SUSTAINED WHILE IN PURSUIT OF SUBJECT

Loss date Claim#
 10/11/2010 9:00:00 PM 101011KIRKW

MEDICAL ONLY
 Closed
 Date Closed: 11/23/2010 11:49:42 A

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$219.95 | \$219.95 | \$0.00 |
| EXPENSES | \$18.11 | \$18.11 | \$0.00 |
| TOTAL | \$238.06 | \$238.06 | \$0.00 |

LACERATION / FINGER(S) / CUT,PUNC,SCRAPE I 7720
 EE STATES FINGER LAC SUSTAINED WHILE DISPOSING USED LANCET

COUNTY OF BOONE - CLAIM HISTORY

CLAIM PERIOD: 7/01/2010 - 3/31/2011

Loss date Claim#
 11/2/2010 9:05:00 AM 101102WRIGH

MEDICAL ONLY
 Closed
 Date Closed: 1/11/2011 8:28:28 AM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$2,055.93 | \$2,055.93 | \$0.00 |
| EXPENSES | \$162.53 | \$162.53 | \$0.00 |
| TOTAL | \$2,218.46 | \$2,218.46 | \$0.00 |

CONTUSION / FACIAL SOFT TISSUE / FALL/SLIP I 8810
 EE STATES CONTUS TO R BROWE BONE SUSTAINED WHILE WALKING

Loss date Claim#
 11/8/2010 5:55:00 PM 101108VANCL

LOST TIME / INDEMNITY
 Closed
 Date Closed: 3/31/2011 9:18:13 AM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$4,727.58 | \$4,727.58 | \$0.00 |
| EXPENSES | \$386.85 | \$386.85 | \$0.00 |
| TOTAL | \$5,114.43 | \$5,114.43 | \$0.00 |

STRAIN / WRIST / STRUCK/INJ BY Person 7720
 EE STATES STRAIN TO R WRIST SUSTAINED DURING CELL EXTRACTION OF INMATE

Loss date Claim#
 12/16/2010 8:00:00 AM 101216DIETZ

MEDICAL ONLY
 Closed
 Date Closed: 1/12/2011 9:25:42 AM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$366.74 | \$366.74 | \$0.00 |
| EXPENSES | \$31.15 | \$31.15 | \$0.00 |
| TOTAL | \$397.89 | \$397.89 | \$0.00 |

STRAIN / KNEE / FALL/SLIP INJ From Same Level 7720
 EE STATES KNEE STRAIN SUSTAINED WHILE WALKING OVER MAT

COUNTY OF BOONE - CLAIM HISTORY

CLAIM PERIOD: 7/01/2010 - 3/31/2011

Loss date Claim#
 12/16/2010 7:50:00 AM 101216MURRA

LOST TIME / INDEMNITY

Closed

Date Closed: 1/13/2011 9:51:09 AM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$0.00 | \$0.00 | \$0.00 |
| EXPENSES | \$33.53 | \$33.53 | \$0.00 |
| TOTAL | \$33.53 | \$33.53 | \$0.00 |

CONTUSION / MULTIPLE BODY PARTS / FALL/SLI 8810
 EE STATES CONTUS TO MULTY BODY PARTS SUSTAINED WHILE WALKING IN PARKING LOT

Loss date Claim#
 12/28/2010 10:08:00 PM 101228WEBER

MEDICAL ONLY

Closed

Date Closed: 2/3/2011 8:17:01 AM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$566.01 | \$566.01 | \$0.00 |
| EXPENSES | \$75.79 | \$75.79 | \$0.00 |
| TOTAL | \$641.80 | \$641.80 | \$0.00 |

LACERATION / FACIAL SOFT TISSUE / STRIKE AG 7720
 EE STATES LAC TO FACE SUSTAINED DURING FOOT PERSUIT

Loss date Claim#
 1/12/2011 8:51:00 PM 110112BISHO

MEDICAL ONLY

Closed

Date Closed: 2/10/2011 10:43:02 AM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$390.25 | \$390.25 | \$0.00 |
| EXPENSES | \$59.46 | \$59.46 | \$0.00 |
| TOTAL | \$449.71 | \$449.71 | \$0.00 |

LACERATION / FOOT / CUT, PUNC, SCRAPE INJ MI 7720
 EE STATES LAC TO FOOT SUSTAINED WHILE SEARCHING BUILDING

COUNTY OF BOONE - CLAIM HISTORY

CLAIM PERIOD: 7/01/2010 - 3/31/2011

Loss date Claim#
 1/13/2011 12:15:00 PM 110113BREWE

MEDICAL ONLY
 Open

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$1,700.00 | \$777.26 | \$922.74 |
| EXPENSES | \$150.00 | \$96.14 | \$53.86 |
| TOTAL | \$1,850.00 | \$873.40 | \$976.60 |

MULTIPLE PHYSICAL INJURIES ONLY / MULTIPLE 7720
 EE STATES MULT INJ TO MULT BODY PARTS SUSTAINED WHILE UNLOADING TRAILER

Loss date Claim#
 1/13/2011 9:45:00 PM 110113CARR

MEDICAL ONLY
 Open

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$1,000.00 | \$0.00 | \$1,000.00 |
| EXPENSES | \$150.00 | \$9.80 | \$140.20 |
| TOTAL | \$1,150.00 | \$9.80 | \$1,140.20 |

MISC - NOT OTHERWISE CLASSIFIED / LUNGS / 7720
 EE STATES EXPOSURE TO TB SUSTAINED WHILE INTERVIEWING FAMILY

Loss date Claim#
 1/13/2011 9:45:00 PM 110113SEINE

MEDICAL ONLY
 Closed
 Date Closed: 3/30/2011 10:42:06 AM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$0.00 | \$0.00 | \$0.00 |
| EXPENSES | \$9.80 | \$9.80 | \$0.00 |
| TOTAL | \$9.80 | \$9.80 | \$0.00 |

MISC - NOT OTHERWISE CLASSIFIED / LUNGS / 7720
 EE STATES EXPOSURE TO TB SUSTAINED WHILE INTERVIEWING FAMILY

COUNTY OF BOONE - CLAIM HISTORY

CLAIM PERIOD: 7/01/2010 - 3/31/2011

Loss date Claim#
 1/28/2011 7:08:00 PM 110128CARR

MEDICAL ONLY

Closed

Date Closed: 2/28/2011 3:40:28 PM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$576.81 | \$576.81 | \$0.00 |
| EXPENSES | \$72.10 | \$72.10 | \$0.00 |
| TOTAL | \$648.91 | \$648.91 | \$0.00 |

BURN / MULT. UPPER EXTREM. / MOTOR VEHICL 7720

EE STATES BURN TO MULT UPPER EXTREM SUSTAINED DURING VEHICLE ACCIDENT

Loss date Claim#
 2/14/2011 2:30:00 PM 110204PEEBL

MEDICAL ONLY

Closed

Date Closed: 3/31/2011 2:03:14 PM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$153.82 | \$153.82 | \$0.00 |
| EXPENSES | \$26.75 | \$26.75 | \$0.00 |
| TOTAL | \$180.57 | \$180.57 | \$0.00 |

STRAIN / CHEST/RIB/STERN/SOFT TISSUE / STR 5506

EE STATES STRAIN TO LEFT SIDE SUSTAINED WHILE UNLOADING SALT FROM TRUCK

Loss date Claim#
 2/23/2011 2:48:00 PM 110223FRANC

MEDICAL ONLY

Closed

Date Closed: 3/23/2011 10:04:23 AM

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$544.00 | \$544.00 | \$0.00 |
| EXPENSES | \$43.80 | \$43.80 | \$0.00 |
| TOTAL | \$587.80 | \$587.80 | \$0.00 |

CONTUSION / MULT. UPPER EXTREM. / STRUCK/I 7720

EE STATES CONTUSION TO L ARM SUSTAINED WHILE MAKING ARREST

COUNTY OF BOONE - CLAIM HISTORY

CLAIM PERIOD: 7/01/2010 - 3/31/2011

Loss date Claim#
 2/24/2011 7:08:00 PM 110224RODGE

MEDICAL ONLY

Open

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$1,700.00 | \$0.00 | \$1,700.00 |
| EXPENSES | \$200.00 | \$9.80 | \$190.20 |
| TOTAL | \$1,900.00 | \$9.80 | \$1,890.20 |

MULTIPLE PHYSICAL INJURIES ONLY / MULTIPLE 7720
 EE STATES WAS STRUCK AND SPAT ON WHILE TAKING SUBJECT IN CUSTODY

Loss date Claim#
 3/6/2011 3:06:00 AM 110306SEINE

MEDICAL ONLY

Open

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$1,000.00 | \$0.00 | \$1,000.00 |
| EXPENSES | \$150.00 | \$9.80 | \$140.20 |
| TOTAL | \$1,150.00 | \$9.80 | \$1,140.20 |

STRAIN / KNEE / STRAIN/INJ Falling 7720
 EE STATES STRAIN TO R KNEE SUSTAINED DURING FOOT PERSUIT

Loss date Claim#
 3/12/2011 1:15:00 PM 110312MCGUI

MEDICAL ONLY

Open

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$1,300.00 | \$0.00 | \$1,300.00 |
| EXPENSES | \$150.00 | \$35.66 | \$114.34 |
| TOTAL | \$1,450.00 | \$35.66 | \$1,414.34 |

CONTUSION / SKULL / STRIKE AGAINST/STEP ON 7720
 EE STATES CONTUS TO HEAD SUSTAINED WHILE USING CABINETS

COUNTY OF BOONE - CLAIM HISTORY

CLAIM PERIOD: 7/01/2010 - 3/31/2011

Loss date Claim#
 3/26/2011 12:50:00 PM 110326RIGGI

MEDICAL ONLY
 Open

| | <u>INCURRED</u> | <u>PAID</u> | <u>OUTSTANDING</u> |
|-----------|-----------------|-------------|--------------------|
| INDEMNITY | \$0.00 | \$0.00 | \$0.00 |
| MEDICAL | \$0.00 | \$0.00 | \$0.00 |
| EXPENSES | \$15.00 | \$9.80 | \$5.20 |
| TOTAL | \$15.00 | \$9.80 | \$5.20 |

STRAIN / SHOULDER(S) / STRAIN/INJ Misc 7720
 EE STATES L SHOULDER STRAIN SUSTAINED DURING DEFENSIVE TRAINING

Annual Reports to Division Workers
Compensation

Calendar years:

2005-2009

Includes compensation payments and payroll
reports

2010



MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
DIVISION OF WORKERS' COMPENSATION
INDIVIDUAL SELF-INSURED EMPLOYER INFORMATION

1. EMPLOYER (legal entity holding Missouri self-insurance authority)
Change from previous year? Yes No

| | |
|--|----------------------------------|
| Name of Self-Insured Employer COUNTY OF BOONE MISSOURI | |
| FEIN Number 436000349 | SIC/NAIC Code WI 00980 |
| Principal Contact for Self-Insurance (Officer or Manager in your organization responsible for maintaining your self-insurance authority.) WENDY S NOREN | |
| E-mail WNOREN@BOONECOUNTYMO.ORG | Telephone Number 573-886-4295 |
| Mailing Address 801 E WALNUT RM 236 | |
| City, State, ZIP Code COLUMBIA MO 65201 | |
| Street Address 801 E WALNUT RM 236 | |
| City, State, ZIP Code COLUMBIA MO 65201 | |

2. OTHER NAMES (d/b/a's) - Do you operate under any registered fictitious names in Missouri? Please list all.
Change from previous year? Yes No

| | |
|----|----|
| 1) | 2) |
| 3) | 4) |

3. PRIMARY CONTACT FOR SELF-INSURANCE (person responsible for day-to-day issues involving self-insurance)
Change from previous year? Yes No

| | |
|--|-------------------------------------|
| Name of Contact WENDY S NOREN | Contact Title BOONE COUNTY CLERK |
| E-mail WNOREN@BOONECOUNTYMO.ORG | Telephone Number 573-886-4295 |
| Address 801 E WALNUT RM 236 | |
| City, State, ZIP Code COLUMBIA MO 65201 | |

4. FINANCIAL CONTACT (the Comptroller, Treasurer, or Chief Financial Officer)
Change from previous year? Yes No

| | |
|--|----------------------------------|
| Name of Contact JUNE PITCHFORD | Contact Title COUNTY AUDITOR |
| E-mail JPITCHFORD@BOONECOUNTYMO.ORG | Telephone Number 573-886-4275 |
| Address 801 E WALNUT RM 304 | |
| City, State, ZIP Code COLUMBIA MO 65201 | |

WT 131 (07-00) A1

5. SELF-INSURANCE ANNUAL REPORT CONTACT (person responsible for responding to information contained in the Annual Reports submitted to the Division)
 Change from previous year? Yes No

| | |
|--|----------------------------------|
| Name of Contact WENDY NOREN | Telephone Number 573-886-4295 |
| E-mail WNOREN@BOONECOUNTYMO.ORG | |
| Address 801 E WALNUT RM 236 | |
| City, State, ZIP Code COLUMBIA MO 65201 | |

6. SAFETY -- In-House Contact
 Change from previous year? Yes No

| | |
|---|----------------------------------|
| Name of Safety Manager/Administrator SUSAN WELLS | Telephone Number 573-886-4295 |
| E-mail SWELLS@BOONECOUNTYMO.ORG | |
| Address 801 E WALNUT RM 236 | |
| City, State, ZIP Code COLUMBIA MO 65201 | |

Do you use an outside safety consultant? Yes No (If "Yes," please fill in the following information.)

| | |
|---------------------------|------------------|
| Name of Safety Consultant | |
| E-mail | Telephone Number |
| Address | |
| City, State, ZIP Code | |

7. ULTIMATE PARENT COMPANY -- If applicable. (Attach an organizational chart if there are intermediate companies.)
 Change from previous year? Yes No

| | |
|------------------------|------------------|
| Name of Parent Company | |
| FEB Number | Telephone Number |
| Address | |
| City, State, ZIP Code | |

WU-1117 (02-10) AI

8. CLAIMS ADMINISTRATION - Please list the location where claims are being handled for Missouri, NOT the office where the contract was signed.

Has there been a change from the previous year? Yes No

Please check if claims are SELF-ADMINISTERED (IN-HOUSE) or by THIRD-PARTY ADMINISTRATOR (TPA) EFFECTIVE DATE 07 / 01 / 2006.

| | |
|--|------------------|
| Name of Claims Administrator Company | |
| 5STAR ADMINISTRATORS INC (AKA UHLEMEYER SERVICES ADMINISTRATORS INC) | |
| FEIN Number | Telephone Number |
| 43-1810830 | 314-909-6588 |
| Contact Name | |
| KELLEY WHORL | |
| E-mail | |
| kelley_whorl@5starsp.com | |
| Address | |
| 906 S KIRKWOOD RD | |
| City, State, ZIP Code | |
| ST LOUIS MO 63122 | |

Is the current TPA handling all previous and new claims? Yes No

9. INSURANCE CONSULTANT OR BROKER

Change from previous year? Yes No

EXCESS COVERAGE BROKER - 2010

| | |
|--------------------------|------------------|
| Company Name | |
| Naught & Naught | |
| Contact Name | |
| Ruth Stone | |
| E-mail | Telephone Number |
| RStone@Naught-Naught.com | 573-874-3102 |
| Address | |
| 3928 S. Providence R | |
| City, State, ZIP Code | |
| Columbia, MO 65203 | |

10. ADMINISTRATIVE TAX AND SECOND INJURY FUND SURCHARGE CONTACT

Change from previous year? Yes No

| | |
|-------------------------|------------------|
| Name and Title | |
| WENDY NOREN | |
| E-mail | Telephone Number |
| CLERK@BOONECOUNTYMO.ORG | 573-886-1295 |
| Address | |
| 801 E WALNUT RM 236 | |
| City, State, ZIP Code | |
| COLUMBIA MO 65201 | |

11. PLEASE INDICATE ANY SIGNIFICANT CHANGES IN YOUR OPERATIONS IN THE LAST YEAR

(i.e., ownership, locations open/closed, product or operations) (Attach an additional sheet, if necessary.)

| |
|--|
| Opened new annex for sheriff and elections warehouse in Jan 2011 - notification submitted to DWC DEC 2010. |
| |
| |
| |

WC-131-3(02-10) A1

Issued by: MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS, DIVISION OF WORKERS' COMPENSATION
SELF-INSURER'S STATEMENT OF OUTSTANDING LOSSES

Note: Indicate all open cases including all new entry.

| State Injury Number | Industry PTD or Death Claims PTD or PTD or Death | Name of Insured or Decedent | Date of Accident or Death | Average Weekly Wages at the Time of the Accident | Weekly Compensation | Nature of Injury | Probable Future Duration in Weeks | Estimated Total Amount of Payments F = Final Award E = Estimate | Excess Carrier Paying on Policy (Yes/No) |
|---------------------------|---|-----------------------------|---------------------------------|---|------------------------|---|--|---|--|
| 09581985 | | Shawn McClelland | 12/10/07 | 875.66 | 531.77 | Strain to shoulder - falls on ice or snow | | 20,508.00 | E N |
| 09604533 | | Narcia Cook | 8/7/09 | 879.86 | 548.57 | Strain to knee - raise | | 18,372.00 | E N |
| 1002-0842 | | Rickey Harvey | 8/23/09 | 1,044.80 | 694.51 | Contusion to shoulder - falls on machine | | 23,927.00 | E N |
| 10063432 | | Gary Roberts | 4/8/10 | 751.20 | 502.13 | Contusion to lower arm - falls on stairs steps | | 1,167.00 | E N |
| 10060101 | | Paula Evans | 7/23/10 | 684.80 | 435.45 | Repetitive Motion - etc | | 33,317.00 | E N |
| 10074255 | | Jason Jamerson | 8/5/10 | 1,011.24 | 674.77 | MVA - multiple body parts | | 91,678.00 | E N |
| 10080450 | | Ross James Robinson | 9/16/10 | 768.00 | 512.00 | Exposure to bodily fluids - hands | | 1,456.00 | E N |
| 10092158 | | Ashley Kirkwood | 10/3/10 | 510.00 | 406.67 | Exposure to bodily fluids - eyes | | 791.00 | E N |
| 10102536 | | Jeffrey VanChieve | 11/8/10 | 859.20 | 439.57 | Strain (SI) wrist - strap injured by person | | 622.00 | E N |
| 10103230 | | Larry Dietzen | 12/16/10 | 812.89 | 543.20 | Strain knee - falls on same level | | 1,140.00 | E N |
| 10105379 | | Christie Murray | 12/16/10 | 552.20 | 368.13 | Contusion - multiple body parts - falls on ice/snow | | 1,490.00 | E N |
| | | Brandon Weber | 12/28/10 | 766.40 | 509.60 | Laceration to face - strike against | | 1,140.00 | E N |

State of Missouri
 County of Boone
 My Commission Expires September 16, 2013
 My Commission # 08856953

Notary Public - Notary Seal
 State of Missouri
 County of Boone
 My Commission Expires September 16, 2013
 My Commission # 08856953

Page 1 of 1
 Page Total of Gross Total
 (Gross Total Required)
 Total of All Pages
 \$ 184,808.00
 \$ 184,808.00

Notary Seal or Stamp
 JULIE M. CROUCH
 Notary Public - Notary Seal
 State of Missouri
 County of Boone
 My Commission Expires September 16, 2013
 My Commission # 08856953



MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
 Division of Workers' Compensation
 JEFFERSON CITY, MISSOURI

Self-Insurer's Payroll Report

For the Month of DECEMBER 2010

Name COUNTY OF BOONE

Address (Principal office) 801 E WALNUT RM 236 COLUMBIA MO 65201
No. Street City State Zip

Nature of Business COUNTY GOVERNMENT

| PART I | | PART II | | | |
|---|------------------|---|------------|-----------------------------|--|
| Give location of factories, offices, or other working places in MISSOURI and number of employees in each place. | | CLASSIFICATIONS AND PAYROLL IN MISSOURI | | | |
| Address | No. of Employees | Classification Code Description | Class Code | Average Number of Employees | Wages Received Monthly by Each Class of Employee |
| 801 E WALNUT COLUMBIA MO 65201 | 109 | (Example) Clerical | 8810 | 200 | \$2,912,000 |
| | | STREET OR ROAD CONSTRUCTION | 5506 | 64 | \$153,286.14 |
| 701 E WALNUT COLUMBIA MO 65201 | 94 | POLICE OFFICERS | 7720 | 144 | \$450,763.59 |
| | | AUTO REPAIR | 8391 | 3 | \$11,000.24 |
| 2121 COUNTY DR COLUMBIA MO 65202 | 144 | ARCHITECT OR ENGINEER | 8601 | 34 | \$99,465.64 |
| | | CLERICAL OFFICE | 8810 | 145 | \$427,549.01 |
| 5151 HWY 63 S COLUMBIA MO | 82 | ATTORNEY - ALL EMPLOYEES | 8820 | 55 | \$174,016.23 |
| | | PUBLIC HEALTH NURSE | 8835 | 4 | \$15,125.88 |
| 601 E WALNUT COLUMBIA MO | 22 | BUILDING NOC | 9015 | 13 | \$32,596.85 |
| | | RESTAURANT NOC | 9082 | 5 | \$10,344.25 |
| 607 E ASH COLUMBIA MO | 9 | MUNICIPAL FWP COUNTY NOC | 9410 | 13 | \$47,778.27 |
| | 0 | | | | |
| Total | 460 | Total | | | \$1,022,326.10 |

ONLY LOCATIONS REPORTED TO THE DIVISION ARE APPROVED SELF-INSURED LOCATIONS.

Walter S. Boone
 (Name of Person Making Report)
 Boone County Clerk
 (Title or Position)

WC-204 (10-03) 01



MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
DIVISION OF WORKERS' COMPENSATION

FOR YEAR ENDING
2010

SELF-INSURER'S REPORT OF COMPENSATION PAYMENTS

THIS FORM MUST BE COMPLETED AND RETURNED ON OR BEFORE MARCH 31 TO:

MISSOURI DIVISION OF WORKERS' COMPENSATION
P.O. BOX 58
JEFFERSON CITY, MO 65102-0058

SECTION I

OFFICIAL NAME OF SELF-INSURED ENTITY
County of Boone, Mo.

FEDERAL EMPLOYER IDENTIFICATION NO
43-6000349

CORPORATE ADDRESS
801 E WALNUT RM 236

MONTH AND DATE OF FISCAL YEAR END
12/2010

DURING THE CALENDAR YEAR CLOSED JANUARY 1, THRU DECEMBER 31, 2010

COMPENSATION PAID
\$ 161,647.07

MEDICAL PAID
\$ 99,398.71

TOTAL PAID
\$ 261,045.78

SECTION II

NAME, ADDRESS, TELEPHONE NUMBER OF SERVICE COMPANY WHICH HANDLED INJURY PAYMENTS IF USED OR OF PERSON PROCESSING SUCH PAYMENTS IF SELF-ADMINISTERED

SERVICE COMPANY NAME

5Star Administrators, Inc. (aka: Uhlemeyer Services Administrators, Inc.)

ADDRESS
906 S. Kirkwood Road

ADDRESS
St. Louis, Mo. 63122

ADDRESS

TELEPHONE NUMBER
314-909-6588

TELEPHONE NUMBER

TELEPHONE NUMBER

SECTION III

NAME, ADDRESS, TELEPHONE NUMBER OF PERSON TO BE CONTACTED IN SELF-INSURED COMPANY (ENTITY), RESPONSIBLE FOR ANNUAL REPORTS AND OTHER MATTERS PERTAINING TO MAINTAINING SELF-INSURED AUTHORITY

NAME
WENDY S NOREN

TITLE
BOONE COUNTY CLERK

TELEPHONE NUMBER
573-886-4295

ADDRESS
801 E WALNUT RM 236

CITY
COLUMBIA

STATE ZIP CODE
MO 65201

NAME OF PARENT CO. IF A SUBSIDIARY:

IS THE SELF-INSURED ENTITY OR ANY PARENT COMPANY, CURRENTLY UNDER BANKRUPTCY PROTECTION OR CONSIDERING FILING FOR BANKRUPTCY PROTECTION? YES NO IF "YES," ATTACH A STATEMENT WITH DETAILS REGARDING THE BANKRUPTCY ACTION AN AUTHORIZED SELF-INSURER, BEING DULY SWORN, STATE THAT THE FOREGOING IS A FULL AND CORRECT REPORT OF THE INFORMATION REQUIRED IN THIS STATEMENT

SIGNATURE
Wendy S. Noren

OFFICIAL CAPACITY
BOONE COUNTY CLERK

DATE
3/18/2011

NOTARY PUBLIC EMBOSSER SEAL

STATE MISSOURI

COUNTY (OR) CITY OF

BOONE

SUBSCRIBED AND SWORN BEFORE ME, THIS 18th DAY OF MARCH, YEAR 2011

NOTARY PUBLIC SIGNATURE
Julie M. Crouch

NOTARY PUBLIC NAME (TYPED OR PRINTED)
Julie M. Crouch

USE RUBBER STAMP OR SIGNATURE AREA BELOW.
Notary Public - Notary Seal
State of Missouri
County of Boone
My Commission Expires September 16, 2013
Commission # 6828963

WC-86(03-07) A1



MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
 DIVISION OF WORKERS' COMPENSATION
INDIVIDUAL SELF-INSURED EMPLOYER INFORMATION

2009

Please Note: Form must be completed entirely even if there are no changes from previous year.

1. EMPLOYER (legal entity holding Missouri self-insurance authority)

| | |
|--|------------------------------|
| NAME OF SELF-INSURED EMPLOYER County of Boone, Missouri | |
| FEDIN NUMBER 43-6000349 | SIC/NAIC CODE 9199/921190 |
| MAILING ADDRESS 801 E. Walnut, Room 236 | |
| CITY, STATE, ZIP CODE Columbia, MO 65201 | |
| STREET ADDRESS 801 E. Walnut, Room 236 | |
| CITY, STATE, ZIP CODE Columbia, MO 65201 | |

2. OTHER NAMES (d/b/a's) - Do you operate under any fictitious company names in Missouri? Please list all.

| | |
|----|----|
| 1. | 2. |
| 3. | 4. |
| 5. | 6. |

3. PRINCIPAL CONTACT FOR SELF-INSURANCE (the person in your organization responsible for maintaining your self-insurance authority)

| | | |
|---|---------------------------------|-------------------------------|
| CONTACT NAME Wendy S. Noren | JOB TITLE Boone County Clerk | TELEPHONE NO. 573-886-4295 |
| E-MAIL ckwendy@msn.com | | FAX NO. 573-886-4300 |
| ADDRESS 801 E. Walnut, Room 236 | | |
| CITY, STATE, ZIP CODE Columbia, MO 65201 | | |

4. ANNUAL REPORT CONTACT

| | | |
|---|----------------------------------|-------------------------------|
| CONTACT NAME Nikki Martin | JOB TITLE Deputy County Clerk | TELEPHONE NO. 573-886-4298 |
| E-MAIL clerk@boonecountymo.org | | FAX NO. 573-886-4300 |
| ADDRESS 801 E. Walnut, Room 236 | | |
| CITY, STATE, ZIP CODE Columbia, MO 65201 | | |

5. SAFETY -- In House Contact

| | | |
|--|----------------------------------|-------------------------------|
| NAME OF SAFETY MANAGER/ADMINISTRATOR Nikki Martin | JOB TITLE Deputy County Clerk | TELEPHONE NO. 573-886-4298 |
| E-MAIL clerk@boonecountymo.org | | FAX NO. 573-886-4300 |
| ADDRESS 801 E. Walnut, Room 236 | | |
| CITY, STATE, ZIP CODE Columbia, MO 65201 | | |

Do you use an outside safety consultant? Yes No (If "Yes," please fill in the following information.)

| | | |
|------------------------|-----------|---------------|
| SAFETY CONSULTANT NAME | JOB TITLE | TELEPHONE NO. |
| E-MAIL | | FAX NO. |
| ADDRESS | | |
| CITY, STATE, ZIP CODE | | |

WC-131 (01-07) AI

6. PARENT COMPANY – If applicable.

| | |
|------------------------|---------------|
| NAME OF PARENT COMPANY | |
| PHONE NUMBER | TELEPHONE NO. |
| ADDRESS | |
| CITY, STATE, ZIP CODE | |

7. CLAIMS ADMINISTRATION – Please list the location where claims are being handled for Missouri, NOT the office where the contract was signed.

(IN-HOUSE) SELF-ADMINISTERED (TPA) EFFECTIVE DATE: 07/01/2005
 THIRD PARTY ADMINISTRATOR

| | |
|--|-------------------------------|
| NAME OF CLAIMS ADMINISTRATOR 5Star Administrators, Inc. | |
| PHONE NUMBER 43-1810830 | TELEPHONE NO. 888-909-6588 |
| CONTACT NAME Kelley M. Whorl | FAX NO. 314-909-7415 |
| E-MAIL Kelley.Whorl@5starsp.com | |
| ADDRESS 906 S. Kirkwood Road | |
| CITY, STATE, ZIP CODE St. Louis, MO 63122 | |

Is the current TPA handling all previous & new claims? Yes No

8. INSURANCE CONSULTANT OR BROKER

| | |
|---|-------------------------------|
| COMPANY NAME Naught-Naught Agency | |
| CONTACT NAME RUTH STONE | |
| E-MAIL rstone@naught-naught.com | TELEPHONE NO. 573-874-3102 |
| ADDRESS 3928 South Providence Rd | FAX NO. 573-442-5489 |
| CITY, STATE, ZIP CODE Columbia, MO 65203 | |

9. ADMINISTRATIVE TAX AND SECOND INJURY FUND SURCHARGE CONTACT

| | |
|--|-------------------------------|
| NAME & TITLE Nikki Martin - Deputy County Clerk | |
| E-MAIL clerk@boonecountymn.org | TELEPHONE NO. 573-886-4298 |
| ADDRESS 801 E. Walnut, Room 236 | FAX NO. 573-886-4300 |
| CITY, STATE, ZIP CODE Columbia, MO 65201 | |

10. PLEASE INDICATE ANY SIGNIFICANT CHANGES IN YOUR OPERATIONS IN THE LAST YEAR (i.e., ownership, locations open/closed, product or operations)

| |
|--|
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |

WC-131-2 (01-07) AI



ISSUED BY MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS, DIVISION OF WORKERS' COMPENSATION
SELF-INSURER'S STATEMENT OF OUTSTANDING LOSSES

Note - Include all open cases including all lost only.

| State Injury Number | Index or PTD or Death Claims PTD or PTD - Death | Name of Injured or Deceased | Date of Accident or Death | Average Weekly Wage at Time of the Accident | Weekly Compensation | Nature of Injury | Probable Future Expenses in Weeks | Estimated Total Future Payments P = Partial Award E = Estimate | Excess Current Period on Claims (%) |
|---------------------|---|-----------------------------|---------------------------|---|---------------------|--------------------------------------|-----------------------------------|--|-------------------------------------|
| 07 028079 | | Randy Garret | 3/28/07 | 306.13 | 57.42 | STRAINING/LIFTING | | 22,004.54 | E |
| 07 054896 | | Scot Ewing | 4/10/07 | 1,146.53 | 764.24 | STRAINING/MISC | | 18,040.15 | E |
| 07 121190 | | Steven McQuider | 12/10/07 | 875.66 | 583.77 | FALL/SLIP ON ICE OR SNOW | | 21,312.33 | E |
| 08 086035 | | Misty McKez | 9/29/08 | 588.00 | 392.00 | FALL/SLIP ON FROM LADDER/SCAFFOLDING | | 24,313.11 | E |
| 08 094621 | | Trevor Forster | 10/22/08 | 786.97 | 524.65 | STRAINING/MISC | | 3,079.66 | E |
| 08 098138 | | Scott Ewing | 10/26/08 | 1,105.63 | 737.10 | STRAINING/MISC | | 21,825.34 | E |
| 08 102408 | | Steven DeYemsey | 11/15/08 | 1,152.44 | 748.96 | STRAINING/MISC | | 11,499.13 | E |
| 08 102410 | | Kelly Keller | 11/16/08 | 962.83 | 641.96 | STRAINING/MISC | | 35,111.97 | E |
| 09 061985 | | Marcus Cook | 8/17/09 | 879.36 | 586.57 | STRAINING/MISC | | 18,818.32 | E |
| 09 080488 | | Rickey Harvey | 1/24/10 | 1,044.80 | 696.53 | FALL/SLIP ON MISC | | 3,827.08 | E |
| 09 084533 | | Sheren Nicholas | 8/25/09 | 455.29 | 303.53 | STRAINING/LIFTING | | 24,596.52 | E |
| 09 091774 | | Pamela Rickens | 10/26/09 | 1,423.29 | 949.33 | STRAINING BY PERSON | | 5,411.78 | E |
| 09 091777 | | Deborah Mackey | 11/18/09 | 621.21 | 414.21 | FALL/SLIP ON FROM DIFFERENT LEVEL | | 3,827.68 | E |

Page 1 of 1
 State of Missouri
 County of Boone
 Page Total or Grand Total (Grand Total Reported) \$ 229,167.59
 Total of All Pages \$ 229,167.59

Wendy Norm (Name) _____ Being only person who shall verify is the _____ of _____
 County of Boone, Missouri
 Employer's Last Name
 The employer that is responsible for death benefits or workers' compensation benefits due under the Missouri Workers' Compensation Law, Chapter 213, shall also use appropriate license tags the foregoing statement to give to the best of his/her knowledge, information and belief after careful investigation and examination of the employer's books, that it complies with claims for death benefits and for workers' compensation benefits now existing against this employer so far as the cause of loss has been subjected to diligent inquiry in this case, and that the ages of claimants, the amount payable per week and the nature of disability, are in each instance exactly stated so far as possible from information at hand and that the estimate probable amount of disability is based upon a careful review of each individual case within two weeks of signing this form.
 Signed at this date, this _____ Day of _____, 2010
 My Commission Expires September 16, 2013
 Notary Signature
 Notary Signature
 My Commission Expires September 16, 2013
 Commission # 02282985

mailed
 3.23.10



MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
 Division of Workers' Compensation
 JEFFERSON CITY, MISSOURI

Self-Insurer's Payroll Report

For the Month of December 2009

Name County of Boone, Missouri

Address (Principal office) 801 E. Walnut, Room 236 Columbia MO 65201
No Street City State Zip

Nature of Business Government

PART I

| Give location of factories, offices, or other working places in MISSOURI and number of employees in each place. | |
|---|------------------|
| Address | No. of Employees |
| Boone County Courthouse 701 E. Walnut Columbia, MO 65201 | 109 |
| Boone County Government Center 801 E. Walnut Columbia, MO 65201 | 94 |
| Child Support 605 E. Walnut Columbia, MO 65201 | 9 |
| Boone County Public Works 5551 Hwy 63 South Columbia, MO 65201 | 74 |
| Johnson Building 601 E. Walnut Columbia, MO | 10 |
| Boone County Sheriff's/Jail 2121 County Drive Columbia, MO 65201 | 146 |
| Alternative Sentencing Center 607 E. Ash Columbia, MO 65201 | 8 |
| Total | 450 |

PART II

| CLASSIFICATIONS AND PAYROLL IN MISSOURI | | | |
|---|------------|-----------------------------|--|
| Classification Code Description | Class Code | Average Number of Employees | Wages Received Monthly by Each Class of Employee |
| (Example) Clerical | 8810 | 200 | \$2,912,000 |
| Police Officers | 7720 | 138 | \$459,557.46 |
| Clerical | 8810 | 133 | \$376,896.17 |
| Attorney-All employees | 8820 | 46 | \$164,429.91 |
| Street & Road | 5506 | 49 | \$151,620.26 |
| Architects/Engineers | 8601 | 19 | \$67,950.76 |
| Public Health Nurse | 8835 | 3 | \$12,543.86 |
| Municipal County, NOC | 9410 | 13 | \$46,321.08 |
| Building, NOC | 9015 | 13 | \$31,187.60 |
| Cooks | 9082 | 4 | \$7,234.31 |
| Auto Repair Shop | 8391 | 3 | \$11,222.25 |
| Total | | | \$1,328,963.66 |

ONLY LOCATIONS REPORTED TO THE DIVISION ARE APPROVED SELF-INSURED LOCATIONS.

Wendy Noren
(Name of Person Making Report)

Boone County Clerk
(Title or Position)

WG-84 (10-03) AI



MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
DIVISION OF WORKERS' COMPENSATION

FOR YEAR ENDING
2009

SELF-INSURER'S REPORT OF COMPENSATION PAYMENTS

THIS FORM MUST BE COMPLETED AND RETURNED ON OR BEFORE MARCH 31 TO:

MISSOURI DIVISION OF WORKERS' COMPENSATION
P.O. BOX 58
JEFFERSON CITY, MO 65102-0058

| | | | |
|--|---|--|-------------------|
| SECTION I | | FEDERAL EMPLOYER IDENTIFICATION NO. 43-6000349 | |
| OFFICIAL NAME OF SELF-INSURED ENTITY County of Boone, Missouri | | MONTH AND DATE OF FISCAL YEAR END 12/31 | |
| CORPORATE ADDRESS 801 E. Walnut, Columbia, MO 65201 | | | |
| DURING THE CALENDAR YEAR CLOSED JANUARY 1, THRU DECEMBER 31, 2009 | | | |
| COMPENSATION PAID \$ 46,322.83 | MEDICAL PAID \$ 124,944.78 | TOTAL PAID \$ 171,267.61 | |
| SECTION II | | | |
| NAME, ADDRESS, TELEPHONE NUMBER OF SERVICE COMPANY WHICH HANDLED INJURY PAYMENTS IF USED OR OF PERSON PROCESSING SUCH PAYMENTS IF SELF-ADMINISTERED. | | | |
| SERVICE COMPANY NAME 5Star Administrators, Inc | | | |
| ADDRESS 906 S. Kirkwood Road, St. Louis, MO 63122 | ADDRESS | ADDRESS | |
| TELEPHONE NUMBER 888-909-6588 | TELEPHONE NUMBER | TELEPHONE NUMBER | |
| SECTION III | | | |
| NAME, ADDRESS, TELEPHONE NUMBER OF PERSON TO BE CONTACTED IN SELF-INSURED COMPANY (ENTITY), RESPONSIBLE FOR ANNUAL REPORTS AND OTHER MATTERS PERTAINING TO MAINTAINING SELF-INSURED AUTHORITY. | | | |
| NAME Wendy S. Noren | TITLE Boone County Clerk | TELEPHONE NUMBER (573)886-4295 | |
| ADDRESS 801 E. Walnut, Room 236 | CITY Columbia | STATE MO | ZIP CODE 65201 |
| NAME OF PARENT CO. IF A SUBSIDIARY: | | | |
| IS THE SELF-INSURED ENTITY OR ANY PARENT COMPANY CURRENTLY UNDER BANKRUPTCY PROTECTION OR CONSIDERING FILING FOR BANKRUPTCY PROTECTION? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF "YES," ATTACH A STATEMENT WITH DETAILS REGARDING THE BANKRUPTCY ACTION. | | | |
| AN AUTHORIZED SELF-INSURER, BEING DULY SWORN, STATE THAT THE FOREGOING IS A TRUE AND CORRECT REPORT OF THE INFORMATION REQUIRED IN THIS STATEMENT. | | | |
| SIGNATURE | OFFICIAL CAPACITY Boone County Clerk | DATE 3-23-2010 | |
| NOTARY PUBLIC ADDRESS/EMAIL | STATE Missouri | COUNTY (OR) CITY OF Boone | |
| SUBSCRIBED AND SWORN BEFORE ME, THIS 23 DAY OF March YEAR 2010 | | USE RUBBER STAMP IN CLEAR AREA BELOW. | |
| NOTARY PUBLIC SIGNATURE | MY COMMISSION EXPIRES 9-16-13 | KRISTINA JOHNSON Notary Public - Notary Seal State of Missouri County of Boone My Commission Expires September 16, 2013 Commission # 09288966 | |
| NOTARY PUBLIC NAME (TYPE OR PRINTED) Kristina Johnson | | | |

WC-86 (03-07) A1



MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
 DIVISION OF WORKERS' COMPENSATION
INDIVIDUAL SELF-INSURED EMPLOYER INFORMATION

Copy of Report
 that was sent
 on 3/23/09.

Please Note: Form must be completed entirely even if there are no changes

1. EMPLOYER (legal entity holding Missouri self-insurance authority)

| | |
|--|------------------------------|
| NAME OF SELF-INSURED EMPLOYER County of Boone, Missouri | |
| FEDIN NUMBER 43-6000349 | SIC/NAIC CODE 9199/921190 |
| MAILING ADDRESS 801 E. Walnut, Room 236 | |
| CITY, STATE, ZIP CODE Columbia, MO 65201 | |
| STREET ADDRESS 801 E. Walnut, Room 236 | |
| CITY, STATE, ZIP CODE Columbia, MO 65201 | |

2008

www.moperm.com

2. OTHER NAMES (d/b/a's) - Do you operate under any fictitious company names in Missouri? Please list all.

| | |
|----|----|
| 1. | 2. |
| 3. | 4. |
| 5. | 6. |

3. PRINCIPAL CONTACT FOR SELF-INSURANCE (the person in your organization responsible for maintaining your self-insurance authority)

| | | |
|---|---------------------------------|-------------------------------|
| CONTACT NAME Wendy S. Noren | JOB TITLE Boone County Clerk | TELEPHONE NO. 573-886-4295 |
| E-MAIL ckwendy@msn.com | | FAX NO. 573-886-4300 |
| ADDRESS 801 E. Walnut, Room 236 | | |
| CITY, STATE, ZIP CODE Columbia, MO 65201 | | |

4. ANNUAL REPORT CONTACT

| | | |
|---|----------------------------------|-------------------------------|
| CONTACT NAME Tasha Reynolds | JOB TITLE Deputy County Clerk | TELEPHONE NO. 573-886-4298 |
| E-MAIL treynolds@boonecountymmo.org | | FAX NO. 573-886-4300 |
| ADDRESS 801 E. Walnut, Room 236 | | |
| CITY, STATE, ZIP CODE Columbia, MO 65201 | | |

5. SAFETY - In House Contact

| | | |
|--|----------------------------------|-------------------------------|
| NAME OF SAFETY MANAGER/ADMINISTRATOR Tasha Reynolds | JOB TITLE Deputy County Clerk | TELEPHONE NO. 573-886-4298 |
| E-MAIL treynolds@boonecountymmo.org | | FAX NO. 573-886-4300 |
| ADDRESS 801 E. Walnut, Room 236 | | |
| CITY, STATE, ZIP CODE Columbia, MO 65201 | | |

Do you use an outside safety consultant? Yes No (If "Yes," please fill in the following information.)

| | | |
|------------------------|-----------|---------------|
| SAFETY CONSULTANT NAME | JOB TITLE | TELEPHONE NO. |
| E-MAIL | | FAX NO. |
| ADDRESS | | |
| CITY, STATE, ZIP CODE | | |

WC-131 (01-07) A1

6. PARENT COMPANY – If applicable.

| | |
|------------------------|---------------|
| NAME OF PARENT COMPANY | |
| FED NUMBER | TELEPHONE NO. |
| ADDRESS | |
| CITY, STATE, ZIP CODE | |

7. CLAIMS ADMINISTRATION – Please list the location where claims are being handled for Missouri, NOT the office where the contract was signed.

(IN-HOUSE) SELF-ADMINISTERED (TPA) EFFECTIVE DATE: 07/01/2005
 SELF-ADMINISTERED THIRD PARTY ADMINISTRATOR

| | |
|--|-------------------------------|
| NAME OF CLAIMS ADMINISTRATOR Uhlmeyer Services Administrators, Inc. | |
| FED NUMBER 43-1810830 | TELEPHONE NO. 314-909-6588 |
| CONTACT NAME Kelley M. Whorl | FAX NO. 314-909-7415 |
| E-MAIL kwhorl@uhlmeier.com | |
| ADDRESS 906 S. Kirkwood Road | |
| CITY, STATE, ZIP CODE St. Louis, Mo. 63122 | |

Is the current TPA handling all previous & new claims? Yes No

8. INSURANCE CONSULTANT OR BROKER

| | |
|---|-------------------------------|
| COMPANY NAME Naught-Naught Agency | |
| CONTACT NAME RUFH STONE | |
| E-MAIL rstone@naught-naught.com | TELEPHONE NO. 573-874-3102 |
| ADDRESS 3928 South Providence Rd. | FAX NO. |
| CITY, STATE, ZIP CODE Columbia, MO 65203 | |

9. ADMINISTRATIVE TAX AND SECOND INJURY FUND SURCHARGE CONTACT

| | |
|--|-------------------------------|
| NAME & TITLE Tasha Reynolds - Deputy County Clerk | |
| E-MAIL treynolds@boonecountyma.org | TELEPHONE NO. 573-886-4298 |
| ADDRESS 801 E. Walnut, Room 236 | FAX NO. 573-886-4300 |
| CITY, STATE, ZIP CODE Columbia, MO 65201 | |

10. PLEASE INDICATE ANY SIGNIFICANT CHANGES IN YOUR OPERATIONS IN THE LAST YEAR (i.e., ownership, locations open/closed, product or operations)

| |
|--|
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |

WC-131-1 (01-07) AI



Issued by: MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS, DIVISION OF WORKERS' COMPENSATION
SELF-INSURER'S STATEMENT OF OUTSTANDING LOSSES

Note: Include all open cases including all paid only.

Page 1 of 2

| State Injury Number | Index FTD or Death Claims FTD = FTD B = Both | Name of Injured or Deceased | Date of Accident or Death | Average Weekly Wage at the Time of the Accident | Weekly Compensation | Nature of Injury | Probable Future Benefits in Weeks | Estimated Total Future Benefits F = Paid A = Award C = Balance (YTD) | Excess Carrier Payable on Claims (YTD) |
|---------------------|--|-----------------------------|---------------------------|---|---------------------|--------------------------------------|-----------------------------------|--|--|
| 07-023073 | | RANDY GARRETT | 3/26/07 | \$96.13 | \$37.42 | STRAINING LIFTING | | 50,890.00 | E |
| 07-121983 | | PHOENIX DAMERON | 12/6/07 | 454.40 | 309.93 | STRAINING LIFTING | | 19,717.00 | E |
| 08-037640 | | BEVERLY BRAUN | 5/5/08 | 1,327.20 | 762.72 | STRAINING HOLDING, CARRYING | | 22,195.00 | E |
| 08-086025 | | MISTY MCKEE | 9/26/08 | 538.00 | 339.40 | FALL/SLIP IN FROM LADDER/SCAFFOLDING | | 6,377.00 | E |
| 08-096158 | | SCOTT EWING | 10/28/08 | 1,104.63 | 737.10 | STRAINING BY PERSON | | 43,233.00 | E |
| 08-102409 | | STEVEN DEVENNEY | 11/15/08 | 1,123.44 | 748.96 | STRAINING MISC. | | 9,389.00 | E |
| 08-102410 | | KELLY RELLER | 11/16/08 | 962.93 | 641.90 | STRAINING MISC. | | 49,269.00 | E |
| 08-114139 | | MARK ROWLAND | 12/4/08 | 446.08 | 297.40 | STRAINING PUSHING, PULLING | | 841.00 | E |
| 08-112461 | | ANDERSON PEEBLES | 12/16/08 | 582.00 | 388.00 | STRAINING LOADING OR UNLOADING | | 1,991.00 | E |
| 08-111671 | | VICKIE ARROWOOD | 12/18/08 | 300.00 | 200.00 | FALL/SLIP ON ICE OR SNOW | | 991.00 | E |
| 08-14479 | | DOMENICA ANTIMI | 12/27/08 | 736.40 | 499.93 | FALL/SLIP ON STAIRS OR STEPS | | 841.00 | E |

State OF MISSOURI
 County OF MOONE

Weekly \$ 185,744.00
 Total of All Pages \$ 185,744.00

being duly sworn, say that he/she is the
 State of Missouri
 County of Boone, Missouri
 Employer's Legal Representative
 My Commission Expires May 26, 2011

NOTE: Self-insurers must include on this form every outstanding claim whether or not an award has been made. Make notation as to the disposition of any death or disability case previously reported and omitted from this report. This report is to be executed in the name of the self-insured firm or individual.

DIANE K. BUCHMANN
 Notary Public - Notary Seal
 State of Missouri
 County of Boone
 My Commission Expires May 26, 2011
 Commission # 07542619

State of Missouri
 County of Boone
 My Commission Expires May 26, 2011
 Commission # 07542619



MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
 Division of Workers' Compensation
 JEFFERSON CITY, MISSOURI

Self-Insurer's Payroll Report

For the Month of December 2008

Name County of Boone, Missouri
 Address (Principal office) 801 E. Walnut, Room 236 Columbia MO 65201
No Street City State Zip
 Nature of Business Government

PART I

| Give location of factories, offices, or other working places in MISSOURI and number of employees in each place. | |
|---|------------------|
| Address | No. of Employees |
| Boone County Courthouse 701 E. Walnut Columbia, MO 65201 | 110 |
| Boone County Government Center 801 E. Walnut Columbia, MO 65201 | 105 |
| Child Support 22 N. 8th St. (now at 605 E. Walnut) Columbia, MO 65201 | 10 |
| Boone County Public Works 5531 Hwy 63 South Columbia, MO 65201 | 73 |
| Johnson Building 601 E. Walnut Columbia, MO 65201 | 10 |
| Boone County Sheriff's/Jail 2121 County Drive Columbia, MO 65201 | 140 |
| Alternative Sentencing Center 607 E. Ash Columbia, MO | 6 |
| Total | 454 |

PART II

| CLASSIFICATIONS AND PAYROLL IN MISSOURI | | | | |
|---|--------------------------|------------|-----------------------------|--|
| Classification Code | Description | Class Code | Average Number of Employees | Wages Received Monthly by Each Class of Employee |
| (Example) | Clerical | 8810 | 200 | \$2,912,000 |
| | Police Officers | 7720 | 139 | \$439,603.17 |
| | Clerical | 8810 | 187 | \$388,620.78 |
| | Attorney - All employees | 8820 | 43 | \$153,631.84 |
| | Street & Road | 5506 | 51 | \$150,278.30 |
| | Architects/Engineers | 8601 | 17 | \$59,066.04 |
| | Public Health Nurse | 8835 | 3 | \$11,389.93 |
| | Municipal County, NOC | 9410 | 15 | \$59,559.88 |
| | Building, NOC | 9015 | 13 | \$31,460.97 |
| | Cooks | 9082 | 4 | \$10,133.11 |
| | Auto Repair Shop | 8391 | 1 | \$3,707.70 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total | | | | \$1,307,451.72 |

ONLY LOCATIONS REPORTED TO THE DIVISION ARE APPROVED SELF-INSURED LOCATIONS.

Wendy S. Noren

(Name of Person Making Report)

Boone County Clerk

(Title or Position)

WC-84 (10-03) AI



MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
 Division of Workers' Compensation
 JEFFERSON CITY, MISSOURI

Self-Insurer's Payroll Report

For the Month of December 2008

Name County of Boone, Missouri
 Address (Principal office) 801 E. Walnut, Room 236 Columbia MO 65201
No. Street City State Zip
 Nature of Business Government

| PART I | | PART II | | | |
|---|------------------|---|------------|-----------------------------|--|
| Give location of factories, offices, or other working places in MISSOURI and number of employees in each place. | | CLASSIFICATIONS AND PAYROLL IN MISSOURI | | | |
| Address | No. of Employees | Classification Code Description | Class Code | Average Number of Employees | Wages Received Monthly by Each Class of Employee |
| Continuation of Page 1 (needed to add additional buildings that are in use but not full-time) | | (Example) Clerical | 8810 | 200 | \$2,912,000 |
| Warehouse 1711 Paris Rd., Ste. B Columbia, MO 65201 | 0 | | | | |
| Johnston Building 613 E. Ash Columbia, MO 65201 | 0 | | | | |
| Juvenile Justice Center 5595 Roger I. Wilson Memorial Dr. Columbia, MO 65201 | 17 | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total | 17 | Total | | | |

ONLY LOCATIONS REPORTED TO THE DIVISION ARE APPROVED SELF-INSURED LOCATIONS.

Wendy S. Noren
 (Name of Person Making Report)
 Boone County Clerk
 (Title or Position)

WC-84 (10-03) AI



MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
DIVISION OF WORKERS' COMPENSATION

SELF-INSURER'S REPORT OF COMPENSATION PAYMENTS

FOR YEAR ENDING
2008

THIS FORM MUST BE COMPLETED AND RETURNED ON OR BEFORE MARCH 31 TO:
MISSOURI DIVISION OF WORKERS' COMPENSATION
P.O. BOX 58
JEFFERSON CITY, MO 65102-0058

| | | |
|--|---|---|
| SECTION I | | |
| OFFICIAL NAME OF SELF-INSURED ENTITY County of Boone, Missouri | | FEDERAL EMPLOYER IDENTIFICATION NO. 43-6000349 |
| CORPORATE ADDRESS 801 E. Walnut, Columbia, MO 65201 | | MONTH AND DATE OF FISCAL YEAR END 12/31 |
| DURING THE CALENDAR YEAR CLOSED JANUARY 1, THRU DECEMBER 31, | | |
| COMPENSATION PAID \$214,118.53 | MEDICAL PAID \$107,443.09 | TOTAL PAID \$321,561.62 |
| SECTION II | | |
| NAME, ADDRESS, TELEPHONE NUMBER OF SERVICE COMPANY WHICH HANDLED INJURY PAYMENTS IF USED OR OF PERSON PROCESSING SUCH PAYMENTS IF SELF-ADMINISTERED. | | |
| SERVICE COMPANY NAME Uhlmeier Services Administrators, Inc. | | |
| ADDRESS 906 S. Kirkwood Road St. Louis, MO. 63122 | ADDRESS | ADDRESS |
| TELEPHONE NUMBER 314-909-6588 or 888-909-6588 | TELEPHONE NUMBER | TELEPHONE NUMBER |
| SECTION III | | |
| NAME, ADDRESS, TELEPHONE NUMBER OF PERSON TO BE CONTACTED IN SELF-INSURED COMPANY (ENTITY), RESPONSIBLE FOR ANNUAL REPORTS AND OTHER MATTERS PERTAINING TO MAINTAINING SELF-INSURED AUTHORITY. | | |
| NAME Wendy S. Noren | TITLE Boone County Clerk | TELEPHONE NUMBER (573)886-4295 |
| ADDRESS 801 E. Walnut, Room 236 | CITY Columbia | STATE MO |
| | | ZIP CODE 65201 |
| NAME OF PARENT CO. IF A SUBSIDIARY: | | |
| IS THE SELF-INSURED ENTITY OR ANY PARENT COMPANY, CURRENTLY UNDER BANKRUPTCY PROTECTION OR CONSIDERING FILING FOR BANKRUPTCY PROTECTION? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF "YES," ATTACH A STATEMENT WITH DETAILS REGARDING THE BANKRUPTCY ACTION | | |
| AN AUTHORIZED SELF-INSURER, BEING DULY SWORN, STATE THAT THE FOREGOING IS A FULL AND CORRECT REPORT OF THE INFORMATION REQUIRED IN THIS STATEMENT. | | |
| SIGNATURE | OFFICIAL CAPACITY Boone County Clerk | DATE 3/24/2009 |
| NOTARY PUBLIC EMPLOYER SEAL | STATE Missouri | COUNTY (OR) CITY OF Boone |
| SUBSCRIBED AND SWORN BEFORE ME, THIS 24th DAY OF March YEAR 2009 | | USE RUBBER STAMP IN CLEAR AREA BELOW. DIANE K. BUCHMANN Notary Public - Notary Seal State of Missouri County of Boone My Commission Expires May 26, 2011 Notary Public License # 07540910 |
| NOTARY PUBLIC SIGNATURE | MY COMMISSION EXPIRES May 26, 2011 | |
| NOTARY PUBLIC NAME (TYPED OR PRINTED) DIANE K BUCHMANN | | |

WC-86 (03-97) A1



MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
DIVISION OF WORKERS' COMPENSATION
INDIVIDUAL SELF-INSURED EMPLOYER INFORMATION

2007

Please Note: Form must be completed entirely even if there are no changes from previous year.

1. EMPLOYER (legal entity holding Missouri self-insurance authority)

| | |
|--|--------------------------------|
| NAME OF SELF-INSURED EMPLOYER County of Boone, Missouri | |
| FEDIN NUMBER 43-6000349 | SIC/NAIC CODE 9199 / 921190 |
| MAILING ADDRESS 801 E. Walnut, Room 236 | |
| CITY, STATE, ZIP CODE Columbia, MO 65201 | |
| STREET ADDRESS 801 E. Walnut, Room 236 | |
| CITY, STATE, ZIP CODE Columbia, MO 65201 | |

2. OTHER NAMES (d/b/a's) -- Do you operate under any fictitious company names in Missouri? Please list all.

| | |
|----|----|
| 1. | 2. |
| 3. | 4. |
| 5. | 6. |

3. PRINCIPAL CONTACT FOR SELF-INSURANCE (the person in your organization responsible for maintaining your self-insurance authority)

| | | |
|---|--|---------------------------------|
| CONTACT NAME Wendy S. Noren | | JOB TITLE Boone County Clerk |
| E-MAIL ckwendy@msn.com | | TELEPHONE NO. 573-886-4295 |
| ADDRESS 801 E. Walnut, Room 236 | | FAX NO. 573-886-4300 |
| CITY, STATE, ZIP CODE Columbia, MO 65201 | | |

4. ANNUAL REPORT CONTACT

| | | |
|---|--|-----------------------------------|
| CONTACT NAME June Pitchford | | JOB TITLE Boone County Auditor |
| E-MAIL jpitchford@boonecountymo.org | | TELEPHONE NO. 573-886-4275 |
| ADDRESS 801 E. Walnut, Room 205 | | FAX NO. |
| CITY, STATE, ZIP CODE Columbia, MO 65201 | | |

5. SAFETY - In House Contact

| | | |
|--|--|----------------------------------|
| NAME OF SAFETY MANAGER/ADMINISTRATOR Carol Wilson | | JOB TITLE Deputy County Clerk |
| E-MAIL cwillson@boonecountymo.org | | TELEPHONE NO. 573-886-4298 |
| ADDRESS 801 E. Walnut, Room 236 | | FAX NO. 573-886-4300 |
| CITY, STATE, ZIP CODE Columbia, MO 65201 | | |

Do you use an outside safety consultant? Yes No (If "Yes," please fill in the following information.)

| | | |
|------------------------|--|---------------|
| SAFETY CONSULTANT NAME | | JOB TITLE |
| E-MAIL | | TELEPHONE NO. |
| ADDRESS | | FAX NO. |
| CITY, STATE, ZIP CODE | | |

WC-131 (01-07) A1

6. PARENT COMPANY - If applicable.

| | |
|------------------------|---------------|
| NAME OF PARENT COMPANY | |
| FEIN NUMBER | TELEPHONE NO. |
| ADDRESS | |
| CITY, STATE, ZIP CODE | |

7. CLAIMS ADMINISTRATION - Please list the location where claims are being handled for Missouri, NOT the office where the contract was signed.

(IN-HOUSE) SELF-ADMINISTERED THIRD PARTY ADMINISTRATOR (TPA) EFFECTIVE DATE: 07/01/2005

| | |
|---|-------------------------------|
| NAME OF CLAIMS ADMINISTRATOR Bisys/Uhlenmeyer Services | |
| FEIN NUMBER 43-1810830 | TELEPHONE NO. 314-909-6588 |
| CONTACT NAME Kelley, Whorl | FAX NO. |
| E-MAIL Kelley.whorl@bisys.com | |
| ADDRESS 906 South Kirkwood Rd. | |
| CITY, STATE, ZIP CODE St. Louis, MO 63122 | |

Is the current TPA handling all previous & new claims? Yes No

8. INSURANCE CONSULTANT OR BROKER

| | |
|---|-------------------------------|
| COMPANY NAME Naught-Naught | |
| CONTACT NAME RUTH STONE | |
| E-MAIL rstone@naught-naught.com | TELEPHONE NO. 573-874-3102 |
| ADDRESS 3928 South Providence Rd. | FAX NO. |
| CITY, STATE, ZIP CODE Columbia, MO 65203 | |

9. ADMINISTRATIVE TAX AND SECOND INJURY FUND SURCHARGE CONTACT

| | |
|--|-------------------------------|
| NAME & TITLE Carol Wilson - Deputy County Clerk | |
| E-MAIL cwilson@booncountymn.org | TELEPHONE NO. 573-886-4298 |
| ADDRESS 801 E. Walnut, Room 236 | FAX NO. 573-886-4300 |
| CITY, STATE, ZIP CODE Columbia, MO 65201 | |

10. PLEASE INDICATE ANY SIGNIFICANT CHANGES IN YOUR OPERATIONS IN THE LAST YEAR
(i.e., ownership, locations open/closed, product or operations)

| |
|--|
| |
| |
| |
| |
| |
| |
| |
| |

WC-131-2 (01-07) AI



ISSUED BY MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS, DIVISION OF WORKERS' COMPENSATION
SELF-INSURER'S STATEMENT OF OUTSTANDING LOSSES

Note - include all open cases including all lost days.

| State Policy Number | Insured's PTB or Death Claim PTB or Death | Name of Insured or Deceased | Date of Accident or Death | Average Weekly Wage at the Time of the Accident | Weekly Compensation | Nature of Injury | Probable Future Duration in Weeks | Estimated Total Future Benefits P - Permanent S - Estimate | Excess Carrier Paying on Claims (Y/N) |
|---------------------|---|-----------------------------|---------------------------|---|---------------------|-------------------------------------|-----------------------------------|--|---------------------------------------|
| 05113457 | | Cheryl Zuch | 11/29/05 | 455.09 | 323.33 | fall/slip (inj same level) - knee | | 17,331.75 | e n |
| 05124541 | | Robert Wilson | 11/13/05 | 773.46 | 515.64 | fall/slip (inj mist) - back | | 82,658.50 | e n |
| 07021932 | | Anthony Ergan | 3/6/07 | 700.64 | 467.09 | struck (inj) by person - knee | | 31,024.74 | e n |
| 07021949 | | Darrin Williams | 3/6/07 | 742.19 | 495.06 | straining inj - knee | | 14,603.65 | e n |
| 07023079 | | Randy Garrett | 3/11/07 | 1,007.31 | 571.58 | straining inj - thumb | | 7,135.18 | e n |
| 07057269 | | Mark Winchester | 3/28/07 | 806.13 | 537.42 | straining inj - elbow | | 28,456.28 | e n |
| 07077513 | | Joye Labran | 6/23/07 | 736.80 | 504.33 | cut, puncture, scrape mist - hand | | 627.90 | e n |
| 07093157 | | Derrick Dodson | 8/14/07 | 772.40 | 514.93 | misc causes - bodily fluids | | 701.75 | e n |
| 07111617 | | Donnetta Arntini | 9/20/07 | 758.40 | 505.60 | caught in-between mist - knee | | 32,753.59 | e n |
| 07121963 | | Proebke Damaron | 11/16/07 | 729.20 | 486.13 | misc causes - bodily fluids | | 1,241.75 | e n |
| 07121190 | | Sharon McGruder | 12/8/07 | 498.00 | 333.00 | straining inj - shoulder | | 1,291.75 | e n |
| 07121168 | | Paula Evans | 12/13/07 | 764.00 | 509.35 | fall/slip on ice or snow - shoulder | | 1,291.75 | e n |
| | | | | 678.00 | 452.00 | straining inj - wrists / hands | | 3,491.75 | e n |

State of MISSOURI
 County of BOONE
 Page Total or Grand Total \$ 212,629.85
 Grand Total Required \$ 213,621.60
 Total of All Pages \$ 213,621.60

Wade S. Noren, being duly sworn, says that he is the _____ of _____ County of Boone, Missouri.
 (By Wade S. Noren)
 The employer that is responsible for death benefits or workers' compensation benefits due under the Missouri Workers' Compensation Law Chapter 287, RSMo and rules applicable thereto, due to the following statements to me to the best of his/her knowledge, information and belief after careful investigation and examination of the employer's books, files and records, and after a review of the records and the nature of disability, are in each instance correctly stated, so far as possible from information at hand and that no estimated probable duration of absence and that no estimated probable duration of disability is based upon a careful review of each individual case within two weeks of signing this form.
 Signed to me, this _____ day of _____, 2008.

 Employer Signature

 Notary Signature

NOTE - Self-insurers must include on this form every outstanding claim whether or not it would have been made available to the disposition of any death or disability case previously reported and omitted from this report. This report to be executed in the name of the self-insured firm or individual.
 JOSHUA NORBERG
 Notary Public - Notary Seal
 State of Missouri
 County of Boone
 My Commission Expires September 18, 2011
 Commission # 07-257890
 WC-43 (01-01) A1



MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
 Division of Workers' Compensation
 JEFFERSON CITY, MISSOURI

Self-Insurer's Payroll Report

For the Month of December 2007

Name County of Boone, Missouri
 Address (Principal office) 801 E Walnut, Room 236 Columbia MO 65201
Ka. Street City State Zip
 Nature of Business _____

PART I

| Give location of factories, offices, or other working places in MISSOURI and number of employees in each place. | |
|---|------------------|
| Address | No. of Employees |
| Boone County Courthouse 701 E. Walnut Columbia, MO 65201 | 106 |
| Boone County Government Center 801 E. Walnut Columbia, MO 65201 | 90 |
| Child Support 22 N. 8th St. Columbia, MO 65201 | 9 |
| Boone County Public Works 5551 Hwy 63 South Columbia, MO 65201 | 71 |
| Johnson Building 601 E. Walnut Columbia, MO 65201 | 9 |
| Boone County Sheriff's Jail 2121 County Drive Columbia, MO 65201 | 144 |
| Total | 429 |

PART II

| CLASSIFICATIONS AND PAYROLL IN MISSOURI | | | |
|---|------------|-----------------------------|--|
| Classification Code Description | Class Code | Average Number of Employees | Wages Received Monthly by Each Class of Employee |
| (Example) Clerical | 8810 | 200 | \$2,912,000 |
| Police Officers | 7720 | | \$407,357.96 |
| Clerical | 8810 | | \$378,072.33 |
| Attorney-All employees | 8820 | | \$147,913.91 |
| Street & Road | 5500 | | \$171,942.62 |
| Architects/Engineers | 8601 | | \$50,843.72 |
| Public Health Nurse | 8835 | | \$9,148.87 |
| Municipal County, NOC | 9410 | | \$57,921.23 |
| Building, NOC | 9015 | | \$31,335.58 |
| Cooks | 9082 | | \$10,986.91 |
| Auto Repair Shop | 8391 | | \$4,721.76 |
| Total | | | \$1,270,244.89 |

ONLY LOCATIONS REPORTED TO THE DIVISION ARE APPROVED SELF-INSURED LOCATIONS.

Wendy S. Naren
 (Name of Person Making Report)

Boone County Clerk
 (Title or Position)

WC-84 (10-03) A1



MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
DIVISION OF WORKERS' COMPENSATION

SELF-INSURER'S REPORT OF COMPENSATION PAYMENTS

FOR YEAR ENDING
2007

THIS FORM MUST BE COMPLETED AND RETURNED ON OR BEFORE MARCH 31 TO:

MISSOURI DIVISION OF WORKERS' COMPENSATION
P.O. BOX 58
JEFFERSON CITY, MO 65102-0058

| | | | |
|---|---|---|-----------------------------------|
| SECTION I | | | |
| OFFICIAL NAME OF SELF-INSURED ENTITY COUNTY OF BOONE, MISSOURI | | FEDERAL EMPLOYER IDENTIFICATION NO. 43-6000349 | |
| CORPORATE ADDRESS 801 E. WALNUT, COLUMBIA, MO. 65201 | | MONTH AND DATE OF FISCAL YEAR END 12/31 | |
| DURING THE CALENDAR YEAR CLOSED JANUARY 1, THRU DECEMBER 31, 2007 | | | |
| COMPENSATION PAID \$50,709.67 | MEDICAL PAID \$136,213.07 | TOTAL PAID \$186,922.74 | |
| SECTION II | | | |
| NAME, ADDRESS, TELEPHONE NUMBER OF SERVICE COMPANY WHICH HANDLED INJURY PAYMENTS IF USED OR OF PERSON PROCESSING SUCH PAYMENTS IF SELF-ADMINISTERED. | | | |
| SERVICE COMPANY NAME Uhlemeyer Services Administrators, Inc. | | | |
| ADDRESS 906 S. Kirkwood Road | ADDRESS St. Louis, MO. 63122 | ADDRESS | |
| TELEPHONE NUMBER (314) 909-6588 | TELEPHONE NUMBER | TELEPHONE NUMBER | |
| SECTION III | | | |
| NAME, ADDRESS, TELEPHONE NUMBER OF PERSON TO BE CONTACTED IN SELF-INSURED COMPANY (ENTITY), RESPONSIBLE FOR ANNUAL REPORTS AND OTHER MATTERS PERTAINING TO MAINTAINING SELF-INSURED AUTHORITY. | | | |
| NAME Wendy S. Noren | | TITLE Boone County Clerk | TELEPHONE NUMBER (573)886-4295 |
| ADDRESS 801 E. Walnut, Room 236 | CITY Columbia | STATE MO | ZIP CODE 65201 |
| NAME OF PARENT CO. IF A SUBSIDIARY: | | | |
| IS THE SELF-INSURED ENTITY OR ANY PARENT COMPANY, CURRENTLY UNDER BANKRUPTCY PROTECTION OR CONSIDERING FILING FOR BANKRUPTCY PROTECTION? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF "YES," ATTACH A STATEMENT WITH DETAILS REGARDING THE BANKRUPTCY ACTION. | | | |
| AN AUTHORIZED SELF-INSURER, BEING DULY SWORN, STATE THAT THE FOREGOING IS A FULL AND CORRECT REPORT OF THE INFORMATION REQUIRED IN THIS STATEMENT. | | | |
| SIGNATURE <i>Wendy S. Noren</i> | OFFICIAL CAPACITY Boone County Clerk | DATE 3/06/08 | |
| NOTARY PUBLIC EMBOSSER SEAL | STATE Missouri | COUNTY (OR) CITY OF Boone | |
| SUBSCRIBED AND SWORN BEFORE ME, THIS 6 th DAY OF March YEAR 2008 | | USE RUBBER STAMP IN CLEAR AREA BELOW. | |
| NOTARY PUBLIC SIGNATURE <i>Joshua Norberg</i> | MY COMMISSION EXPIRES 9/18/11 | | |
| NOTARY PUBLIC NAME (TYPED OR PRINTED) Joshua Norberg | | | |

WLC-86 (03-07) AI

2006



MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
 DIVISION OF WORKERS' COMPENSATION
INDIVIDUAL SELF-INSURED EMPLOYER INFORMATION

Please Note: Form must be completed entirely even if there are no changes from previous year.

1. EMPLOYER (legal entity holding Missouri self-insurance authority)

| | |
|--|--------------------------------|
| Name of Self-Insured Employer County of Boone, Missouri | |
| FBN NUMBER 43-6000349 | SIC/NAIC CODE 9199 / 921190 |
| MAILING ADDRESS 801 E. Walnut, Room 236 | |
| CITY, STATE, ZIP CODE Columbia, MO 65201 | |
| STREET ADDRESS 801 E. Walnut, Room 236 | |
| CITY, STATE, ZIP CODE Columbia, MO 65201 | |

2. OTHER NAMES (d/b/a's) - Do you operate under any fictitious company names in Missouri? Please list all.

| | |
|----|----|
| 1. | 2. |
| 3. | 4. |
| 5. | 6. |

3. PRINCIPAL CONTACT FOR SELF-INSURANCE (the person in your organization responsible for maintaining your self-insurance authority)

| | |
|---|---------------------------------|
| CONTACT NAME Verdy S. Noren | Job title Boone County Clerk |
| E-MAIL ckverdy@bncm.com | Telephone no. 573-886-4295 |
| ADDRESS 801 E. Walnut, Room 236 | Fax no. 573-886-4300 |
| city, state, zip code Columbia, MO 65201 | |

4. ANNUAL REPORT CONTACT

| | |
|---|-----------------------------------|
| CONTACT NAME June Pitchford | Job title Boone County Auditor |
| E-MAIL jpitchford@boonecountymo.org | Telephone no. 573-886-4275 |
| ADDRESS 801 E. Walnut, Room 205 | Fax no. |
| city, state, zip code Columbia, MO 65201 | |

5. Safety - In House Contact

| | |
|--|----------------------------------|
| NAME OF SAFETY MANAGER/ADMINISTRATOR Carol Wilson | Job title Deputy County Clerk |
| E-MAIL cwilson@boonecountymo.org | TELEPHONE NO. 573-886-4298 |
| ADDRESS 801 E. Walnut, Room 236 | Fax no. 573-886-4300 |
| city, state, zip code Columbia, MO 65201 | |

Do you use an outside safety consultant? Yes No (If "Yes," please fill in the following information.)

| | |
|------------------------|---------------|
| SAFETY CONSULTANT NAME | Job title |
| E-MAIL | Telephone no. |
| Address | Fax no. |
| city, state, zip code | |

WLC-131 (01-07) AI

6. PARENT COMPANY - If applicable.

| | |
|------------------------|---------------|
| Name OF PARENT COMPANY | |
| FEIN NUMBER | |
| Address | telephone no. |
| city, state, zip code | |

7. CLAIMS ADMINISTRATION - Please list the location where claims are being handled for Missouri, NOT the office where the contract was signed.

| | |
|--|------------------------------|
| (IN-HOUSE) <input type="checkbox"/> SELF-ADMINISTERED <input type="checkbox"/> (9a) EFFECTIVE DATE: # 7/1/05 | |
| <input checked="" type="checkbox"/> THIRD PARTY ADMINISTRATOR | |
| Name OF CLAIMS ADMINISTRATOR Bsys/Unitecver Services | |
| claims number 43-1810830 | telephone no. 314-9096188 |
| CONTACT NAME Kelley Whorl | Fax No. |
| e-mail kelley.whorl@bsys.com | |
| Address 906 South Kirkwood Rd. | |
| city, state, zip code St. Louis, MO 63122 | |
| Is the current TPA handling all previous & new claims? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

8. INSURANCE CONSULTANT OR BROKER

| | |
|---|-------------------------------|
| COMPANY NAME Naught-Naught | |
| CONTACT NAME Ruth Stone | |
| E-MAIL rstone@naught-naught.com | |
| Address 3928 South Providence Rd. | telephone no. 573-878-3102 |
| city, state, zip code Columbia, MO 65203 | |

9. ADMINISTRATIVE TAX AND SECOND INJURY FUND SURCHARGE CONTACT

| | |
|---|-------------------------------|
| Name & title Carol Wilson - Deputy Comty Clerk | |
| e-mail cwilson@boonecountymo.org | |
| Address 801 E. Walnut, Room 236 | telephone no. 573-886-4298 |
| city, state, zip code Columbia, MO 65201 | |
| Fax no. 573-886-4300 | |

10. PLEASE INDICATE ANY SIGNIFICANT CHANGES IN YOUR OPERATIONS IN THE LAST YEAR (i.e., ownership, locations open/closed, product or operations)

| |
|--|
| |
| |
| |
| |
| |
| |

WC-131-2 (01-07) AT



MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS, DIVISION OF WORKERS' COMPENSATION
SELF-INSURER'S STATEMENT OF OUTSTANDING LOSSES

Note - Include all open cases including all paid only.

Table with columns: State ID No., Insured, Name of Insured or Deceased, Date of Accident or Death, Average Weekly Wage at Time of Accident, Weekly Compensation, Nature of Injury, Probable Future Duration in Weeks, Estimated Total Future Payments, and Weeks of Compensation. Rows include David Nielson, Jason Jamison, Cheryl Zoch, Robert Wilson, Allen Elverwein, Richard Yeager, Benjamin Niceman, and James Beaker.

State of MISSOURI, County of Boone, Missouri
Mervyn S. Norman, County Clerk
Mervyn S. Norman, being duly sworn, says that he is the

the employee that is responsible for death benefits or workers' compensation benefits due under the Missouri Workers' Compensation Law Chapter 287 RSMo and also applicable statute that the foregoing statement is true to the best of his/her knowledge, information and belief after careful investigation and examination of the employer's books that it recognizes all claims for death benefits and for workers' compensation benefits now existing against said employee as the insured herein and that the amount shown on this statement represents the amount of such claims payable per each individual case within two weeks of signing this form.

NOTE: Self-insurers must include on this form every outstanding claim whether or not an award has been made. Values relative to the disposition of any death or disability case previously reported and omitted from this report. This report is to be returned to the name of the self-insured firm or individual.

DIANE K. SCHWANN, Notary Public - Notary Seal, State of Missouri, County of Boone, Missouri Commission Expires May 28, 2011

Page 1 of 1
Page Total or Grand Total (Grand Total Required) \$ 69,734.28
Total of All Pages \$ 69,734.28
Very Short or Stump



MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
 Division of Workers' Compensation
 JEFFERSON CITY, MISSOURI

Self-Insurer's Payroll Report

For the Month of December 2006

Name County of Boone, Missouri

Address (Principal office) 801 E. Walnut, Room 236 Columbia MO 65201

Nature of Business County Government

| PART I | | PART II | | | |
|---|------------------|---|------------|-----------------------------|--|
| Give location of factories, offices, or other working places in MISSOURI and number of employees in each place. | | CLASSIFICATIONS AND PAYROLL IN MISSOURI | | | |
| Address | No. of Employees | Classification Code Description | Class Code | Average Number of Employees | Wages Received Monthly by Each Class of Employee |
| Boone County Courthouse 701 E. Walnut Columbia, MO 65201 | 81 | (Example) Clerical | 8810 | 200 | \$1,912,000 |
| Boone County Government Center 801 E. Walnut Columbia, MO 65201 | 90 | Police Officers | 7720 | | 621,114.11 |
| Child Support 22 N. 8th St. Columbia, MO 65201 | 9 | Clerical | 8810 | | 567,889.98 |
| Boone County Public Works 5551 Hwy 63 South Columbia, MO 65201 | 67 | Attorney-all employees | 8820 | | 222,574.70 |
| Johnson Building 601 E. Walnut, Columbia, MO 65201 | 21 | Street & Road | 5506 | | 242,377.32 |
| Boone County Sheriff's/Jail 2121 County Drive Columbia, MO 65201 | 151 | Architects/Engineers | 8601 | | 83,362.88 |
| | | Public Health Nurse | 8835 | | 38,318.59 |
| | | Municipal County, NOC | 9410 | | 83,670.67 |
| | | Building, NOC | 9015 | | 45,283.54 |
| | | Cooks | 9082 | | 14,565.82 |
| | | Auto Repair Shop | 8391 | | 5,565.10 |
| | | | | | |
| | | | | | |
| | | | | | |
| Total | 439 | | | | 1,904,722.71 |

ONLY LOCATIONS REPORTED TO THE DIVISION ARE APPROVED SELF-INSURED LOCATIONS.

Wendy S. Noren
 (Name of Person Making Report)

Boone County Clerk
 (Title or Position)

WC-84 (10-03) AI



MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
 DIVISION OF WORKERS' COMPENSATION
SELF-INSURER'S REPORT OF COMPENSATION PAYMENTS

FOR YEAR ENDING
 2006

THIS FORM MUST BE COMPLETED AND RETURNED ON OR BEFORE MARCH 31 TO:
 MISSOURI DIVISION OF WORKERS' COMPENSATION
 P.O. BOX 58
 JEFFERSON CITY, MISSOURI 65102-0058

| | |
|--|---|
| SECTION I | |
| OFFICIAL NAME OF SELF-INSURED ENTITY Boone County, Missouri | FEDERAL EMPLOYER IDENTIFICATION NO. 43-6000349 |
| CORPORATE ADDRESS 801 E. Walnut Columbia, MO 65201 | MONTH AND DATE OF FISCAL YEAR END 12/31 |

| | | |
|--|-------------------------------|-----------------------------|
| DURING THE CALENDAR YEAR CLOSED JANUARY 1, THRU DECEMBER 31, | | |
| COMPENSATION PAID \$ 30,313.17 | MEDICAL PAID \$ 101,191.70 | TOTAL PAID \$ 131,504.87 |

| | | |
|--|-------------------------------|---------------|
| SECTION II | | |
| NAME, ADDRESS, TELEPHONE NUMBER OF SERVICE COMPANY WHICH HANDLED INJURY PAYMENTS IF USED OR OF PERSON PROCESSING SUCH PAYMENTS IF SELF-ADMINISTERED. | | |
| SERVICE COMPANY NAME Uhlencoyer Services Administrators, Inc. | | |
| ADDRESS 906 S. Kirkwood St. Louis, MO 63122 | ADDRESS | ADDRESS |
| TELEPHONE NO. (314)909-6588 | TELEPHONE NO. (888)9096588 | TELEPHONE NO. |

| | | | |
|--|-----------------------------|-----------------------------------|-------------------|
| SECTION III | | | |
| NAME, ADDRESS, TELEPHONE NUMBER OF PERSON TO BE CONTACTED IN SELF-INSURED COMPANY (ENTITY), RESPONSIBLE FOR ANNUAL REPORTS AND OTHER MATTERS PERTAINING TO MAINTAINING SELF-INSURED AUTHORITY. | | | |
| NAME Wendy S. Noren | TITLE Boone County Clerk | TELEPHONE NUMBER (573)886-4295 | |
| ADDRESS 801 E. Walnut, Room 236 | CITY Columbia | STATE MO | ZIP CODE 65201 |

NAME OF PARENT CO. IF A SUBSIDIARY:

IS THE SELF-INSURED ENTITY OR ANY PARENT COMPANY, CURRENTLY UNDER BANKRUPTCY PROTECTION OR CONSIDERING FILING FOR BANKRUPTCY PROTECTION? YES NO IF "YES," ATTACH A STATEMENT WITH DETAILS REGARDING THE BANKRUPTCY ACTION. AN AUTHORIZED SELF-INSURER, BEING DULY SWORN, STATE THAT THE FOREGOING IS A FULL AND CORRECT REPORT OF THE INFORMATION REQUIRED IN THIS STATEMENT.

| | | |
|---------------------------------|---|------------------|
| SIGNATURE <i>[Signature]</i> | OFFICIAL CAPACITY Boone County Clerk | DATE 3/8/2007 |
|---------------------------------|---|------------------|

| | | |
|---|--|---|
| NOTARY PUBLIC ENDORSER SEAL | STATE Missouri | COUNTY (OR) CITY OF Boone |
| | SUBSCRIBED AND SWORN BEFORE ME, THIS 8th DAY OF MARCH YEAR 2007 | |
| | NOTARY PUBLIC SIGNATURE <i>[Signature]</i> | MY COMMISSION EXPIRES May 26, 2007 |
| NOTARY PUBLIC NAME (TYPED OR PRINTED) DIANE K BUCHMANN | | USE RUBBER STAMP IN CLEAR AREA BELOW. DIANE K. BUCHMANN Notary Public - Notary Seal State of Missouri County of Boone NOTARY PUBLIC - COM. EXPIRES JULY 15, 2007 |

WC-86 (12-86)A1



MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
 DIVISION OF WORKERS' COMPENSATION
 INDIVIDUAL SELF-INSURED EMPLOYER INFORMATION

2006

1. EMPLOYER (legal entity holding Missouri self-insurance authority)

Change from previous year? Yes No

| | |
|--|--------------------------------|
| NAME OF SELF-INSURED EMPLOYER County of Boone, Missouri | |
| FEIN NUMBER 43-6000349 | SIC/NAIC CODE 9199 / 921190 |
| MAILING ADDRESS 801 E. Walnut, Room 236 | |
| CITY, STATE, ZIP CODE Columbia, MO 65201 | |
| STREET ADDRESS 801 E. Walnut, Room 236 | |
| CITY, STATE, ZIP CODE Columbia, MO 65201 | |

2. OTHER NAMES (d/b/a's) - Do you operate under any fictitious company names in Missouri? Please list all.

| | |
|----|----|
| 1. | 2. |
| 3. | 4. |
| 5. | 6. |

3. PRINCIPAL CONTACT FOR SELF-INSURANCE (the person in your organization responsible for maintaining your self-insurance authority)

Change from previous year? Yes No

| | |
|---|-------------------------------|
| CONTACT NAME Wendy S. Noren | TELEPHONE NO. 573-886-4295 |
| E-MAIL ckwendy@msn.com | |
| ADDRESS 801 E. Walnut, Room 236 | |
| CITY, STATE, ZIP CODE Columbia, MO 65201 | |

4. ANNUAL REPORT CONTACT

Change from previous year? Yes No

| | |
|---|-------------------------------|
| CONTACT NAME June Pitchford | TELEPHONE NO. 573-886-4275 |
| E-MAIL jpitchford@boonecountymo.org | |
| ADDRESS 801 E. Walnut, Room 205 | |
| CITY, STATE, ZIP CODE Columbia, MO 65201 | |

5. SAFETY - In House Contact

Change from previous year? Yes No

| | |
|--|-------------------------------|
| NAME OF SAFETY MANAGER/ADMINISTRATOR Carol Wilson | TELEPHONE NO. 573-886-4298 |
| E-MAIL cwilson@boonecountymo.org | |
| ADDRESS 801 E. Walnut, Room 236 | |
| CITY, STATE, ZIP CODE Columbia, MO 65201 | |

Do you use an outside safety consultant? Yes No (If "Yes," please fill in the following information.)

| | |
|------------------------|---------------|
| SAFETY CONSULTANT NAME | |
| E-MAIL | TELEPHONE NO. |
| ADDRESS | |
| CITY, STATE, ZIP CODE | |

WC-131 (01-04) A1



ISSUED BY MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS, DIVISION OF WORKERS' COMPENSATION

SELF-INSURER'S STATEMENT OF OUTSTANDING LOSSES

Note - Include all open cases including all lost only.

Table with columns: State Injury Number, Date of Injury, Name of Injured or Deceased, Date of Accident or Death, Average Weekly Wage, Weekly Compensation, Nature of Injury, Probable Future Pension, Estimated Total Future Pension, Exam Center, Paying or Claiming (Y/N).

State of MISSOURI, County of Boone, Missouri. Name: Mervyn S. Nixson. Total of All Pages: \$102,515.30.

Notary Public - Notary Seal. State of Missouri, County of Boone. My Commission Expires May 26, 2007. Signature: Diane K. Buchmann.

WC-85 (ready A)



MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
 Division of Workers' Compensation
 JEFFERSON CITY, MISSOURI

Self-Insurer's Payroll Report

For the Month of December 2005

Name County of Boone, Missouri
 Address (Principal office) 801 E. Walnut, Room 236 Columbia MO 65201
No. Street City State Zip
 Nature of Business County Government

PART I

| Give location of factories, offices, or other working places in MISSOURI and number of employees in each place. | |
|---|------------------|
| Address | No. of Employees |
| Boone County Courthouse 701 E. Walnut Columbia, MO 65201 | 64 |
| Boone County Government Center 801 E. Walnut Columbia, MO 65201 | 83 |
| Child Support 27 N. 8th Street Columbia, MO 65201 | 8 |
| Boone County Public Works 5551 Hwy 63 South Columbia, MO 65201 | 65 |
| Johnson Building 601 E. Walnut Columbia, MO 65201 | 20 |
| Juvenile Justice Center 5665 N. Roger I. Wilson Memorial Drive Columbia, MO 65201 | 31 |
| Boone County Sheriff's/Jail 2121 County Drive Columbia, MO 65201 | 130 |
| Total | 401 |

PART II

| CLASSIFICATIONS AND PAYROLL IN MISSOURI | | | |
|---|------------|-----------------------------|--|
| Classification Code Description | Class Code | Average Number of Employees | Wages Received Monthly by Each Class of Employee |
| (Example) Clerical | 8810 | 200 | \$2,912,000 |
| Police Officers | 7720 | | 581,545.27 |
| Clerical | 8810 | | 535,963.30 |
| Attorney - All employees | 8820 | | 190,744.73 |
| Street & Road | 5506 | | 197,198.80 |
| Architects/Engineers | 8601 | | 79,905.25 |
| Public Health Nurse | 8835 | | 17,186.48 |
| Municipal County, NOC | 9410 | | 79,710.22 |
| Building, NOC | 9015 | | 43,050.86 |
| Cooks | 9082 | | 14,363.10 |
| Auto Repair Shop | 8391 | | 4,959.49 |
| Total | | | 1,744,627.50 |

ONLY LOCATIONS REPORTED TO THE DIVISION ARE APPROVED SELF-INSURED LOCATIONS.

Wendy S. Noren

(Name of Person Making Report)

Boone County Clerk

(Title or Position)

WC-04 (10-03) AF

NCCI Workers Compensation Experience
Ratings

2005 – 2011



WORKERS COMPENSATION EXPERIENCE RATING

Risk Name: COUNTY OF BOONE

Risk ID: 240818658

Effective Date: 07/01/2005

Production Date: 07/26/2006

State: MISSOURI

| (A) W | (B) | (C) Exp Excess Losses (D - E) | (D) Expected Losses | (E) Exp Prim Losses | (F) Act Exe Losses (H - I) | (G) Ballast | (H) Act Inc Losses | (I) Act Prim Losses |
|----------|-----|-------------------------------|---------------------|--------------------------|----------------------------|------------------------|--------------------|---------------------|
| 26 | | 373302 | 500111 | 126809 | 362991 | 68500 | 525224 | 162233 |
| | | Primary Losses | | Stabilizing Value | | Rateable Excess | | Totals |
| Actual | (J) | 162233 | (C) x (I - W) + (G) | 344743 | (A) x (F) | 94378 | (J) | 601364 |
| Expected | (K) | 126809 | 344743 | (A) x (C) | 97059 | | (K) | 568611 |
| | | ARAP | FLARAP | SARAP | | | (J) / (K) | (16) Exp Mod |
| Factors | | 1.02 | | | | | | 1.06 |

THIS EXPERIENCE RATING CONTAINS NON-AFFILIATE DATA ATTESTED TO BE CORRECT BY THE INSURED BUT WHICH HAS NOT BEEN VERIFIED FOR ACCURACY BY NCCI.

*** REVISED RATING ***

*** WHILE THE INFORMATION CONTAINED IN THIS RATING WAS OBTAINED FROM NON-AFFILIATES WHO ATTESTED TO ITS ACCURACY, NCCI HAS NOT VERIFIED SUCH INFORMATION FOR DATA REPORTING VALUATIONS AND CANNOT GUARANTEE ITS ACCURACY OR COMPLETENESS OR MAKE ANY WARRANTIES WITH REGARD TO THE RESULTS OBTAINED FROM ITS USE. ***

Copyright 1993-2006. All rights reserved. This experience modification factor is composed of computations and information which are the proprietary and exclusive property of the National Council on Compensation Insurance, Inc. (NCCI). No further use, dissemination, sale, transfer, assignment or disposition of this experience rating modification factor or any part thereof may be used without the written consent of NCCI. NCCI makes no representation of warranty, expressed or implied, as to any matter whatsoever including but not limited to the accuracy of any information, product or service furnished hereunder and, as to NCCI, recipient of this experience rating modification factor subscribes to and utilizes the information service "as is".

* Total by Policy Year of all cases \$2000 or less. D Disease Loss # Limited Loss
C Catastrophical Loss E Employers Liability Loss U US\$M

WORKERS COMPENSATION EXPERIENCE RATING

NCCI Risk Name: COUNTY OF BOONE Risk ID: 240818558
 Effective Date: 07/01/2005 Production Date: 07/26/2006 State: MISSOURI

24-MISSOURI Firm ID: Firm Name: COUNTY OF BOONE
 Carrier: 00000 Policy No. ERM6 Eff Date: 07/01/2001 Exp Date: 07/01/2002

| Code | ELR | D-Ratio | Payroll | Expected Losses | Exp Prim Losses | Claim Data | IJ OF | Act Inc Losses | Act Prim Losses |
|----------------------|-----|---------|---------|-------------------------|-----------------|------------|-------|------------------------------|-----------------|
| 8601 | 31 | 22 | 570129 | 1707 | 369 | | 5 F | 9819 | 5000 |
| 8620 | 23 | 27 | 1278287 | 2942 | 794 | | 5 F | 40606 | 5000 |
| 8391 | 162 | 27 | 54907 | 689 | 240 | | 5 F | 11436 | 5000 |
| 9015 | 204 | 27 | 307175 | 6266 | 1692 | | 5 F | 2368 | 2368 |
| 8810 | 19 | 27 | 3556412 | 6757 | 1824 | | 6 F | 2047 | 2047 |
| 9082 | 127 | 30 | 125904 | 1599 | 480 | | 6 F | 2485 | 2485 |
| 9410 | 205 | 29 | 539741 | 11065 | 3209 | NO. 1 | 5 * | 979 | 979 |
| 8835 | 163 | 28 | 90782 | 1480 | 414 | NO. 13 | 6 * | 10454 | 10454 |
| 5506 | 338 | 23 | 1508039 | 50972 | 11724 | | 5 F | 18593 | 5000 |
| 7720 | 194 | 26 | 3477214 | 67458 | 17539 | | 6 F | 4210 | 4210 |
| | | | | | | | 6 F | 2057 | 2057 |
| | | | | | | | 5 F | 25160 | 5000 |
| | | | | | | | 5 F | 2755 | 2755 |
| | | | | | | | 5 F | 5093 | 5000 |
| | | | | | | | 6 F | 2424 | 2424 |
| | | | | | | | 5 F | 43377 | 5000 |
| Policy Total: | | | | | | | | Total Act Inc Losses: | 183972 |
| | | | | Subject Premium: | 0 | | | | |

24-MISSOURI Firm ID: Firm Name: COUNTY OF BOONE
 Carrier: 00000 Policy No. ERM6 Eff Date: 07/01/2002 Exp Date: 07/01/2003

| Code | ELR | D-Ratio | Payroll | Expected Losses | Exp Prim Losses | Claim Data | IJ OF | Act Inc Losses | Act Prim Losses |
|----------------------|-----|---------|---------|-------------------------|-----------------|------------|-------|------------------------------|-----------------|
| 8601 | 31 | 22 | 660312 | 2016 | 444 | | 5 F | 2139 | 2139 |
| 8620 | 23 | 27 | 1405210 | 3232 | 873 | NO. 1 | 5 * | 1676 | 1676 |
| 8391 | 162 | 27 | 42865 | 694 | 187 | NO. 12 | 6 * | 8770 | 8770 |
| 8810 | 19 | 27 | 3984954 | 7571 | 2044 | | 5 F | 10523 | 5000 |
| 9015 | 204 | 27 | 330246 | 6737 | 1819 | | 6 F | 28000 | 5000 |
| 9082 | 127 | 30 | 129995 | 1651 | 495 | | 5 F | 82491 | 5000 |
| 7720 | 194 | 26 | 3802964 | 73778 | 19182 | | 5 F | 11767 | 5000 |
| 8835 | 163 | 28 | 89326 | 1456 | 408 | | 5 O | 25394 | 5000 |
| 9410 | 205 | 29 | 582439 | 11940 | 3463 | | 5 F | 15716 | 5000 |
| 5506 | 338 | 23 | 1651899 | 55834 | 12842 | | 6 F | 2665 | 2665 |
| | | | | | | | 5 F | 37783 | 5000 |
| Policy Total: | | | | | | | | Total Act Inc Losses: | 226904 |
| | | | | Subject Premium: | 0 | | | | |

Copyright 1993-2000, All rights reserved. This experience modification factor is comprised of compilation and information which are the proprietary and exclusive property of the National Council on Compensation Insurance, Inc. (NCCI). No further use, dissemination, sale, transfer, assignment or disposition of this experience rating modification factor or any part thereof may be used without the written consent of NCCI. NCCI makes no representation of warranty, expressed or implied, as to any matter whatsoever including but not limited to the accuracy of any information, product or service furnished hereunder and, as to NCCI, recipient of this experience rating modification factor subscribes to and utilizes the information service "as is".

* Total by Policy Year of all cases \$2000 or less I Disease Loss # Limited Loss
 C Catastrophic Loss E Employers Liability Loss U USLEH



WORKERS COMPENSATION EXPERIENCE RATING

Risk Name: COUNTY OF BOONE

Risk ID: 240818558

Effective Date: 07/01/2005

Production Date: 07/28/2006

State: MISSOURI

24-MISSOURI Firm ID: Firm Name: COUNTY OF BOONE
Carrier: 00000 Policy No. ERM0 Eff Date: 07/01/2003 Exp Date: 07/01/2004

| Code | ELR | D-Ratio | Payroll | Expected Losses | Exp Prim Losses | Claim Data | U | OF | Act Inc Losses | Act Prim Losses |
|----------------------|-----|---------|---------|-----------------|-----------------|------------|---|----|------------------------------|-----------------|
| 5506 | 338 | 23 | 1671082 | 66482 | 12991 | NO. 1 | 5 | * | 742 | 742 |
| 7720 | 194 | 26 | 4810655 | 89447 | 23256 | NO. 15 | 6 | * | 14936 | 14936 |
| 8391 | 182 | 27 | 44717 | 724 | 195 | | 6 | F | 2930 | 2930 |
| 8601 | 31 | 22 | 698794 | 2166 | 477 | | 5 | F | 59342 | 5000 |
| 8810 | 19 | 27 | 4318939 | 8208 | 2216 | | 5 | F | 4898 | 4898 |
| 8820 | 23 | 27 | 1511990 | 3478 | 939 | | 5 | F | 13388 | 5000 |
| 8835 | 163 | 28 | 111169 | 1812 | 507 | | 5 | F | 6374 | 5000 |
| 9015 | 204 | 27 | 347239 | 7004 | 1913 | | 6 | F | 3696 | 3696 |
| 9082 | 127 | 30 | 132152 | 1678 | 603 | | 5 | F | 8140 | 6000 |
| 9410 | 205 | 29 | 630733 | 12930 | 3750 | | | | | |
| Policy Total: | | | | | | | | | Total Act Inc Losses: | 114448 |

Copyright 1993-2006, All rights reserved. This experience modification factor is comprised of calculations and information which are the proprietary and exclusive property of the National Council on Compensation Insurance, Inc. (NCCI). No further use, distribution, sale, transfer, assignment or disposition of this experience rating modification factor or any part thereof may be used without the written consent of NCCI. NCCI makes no representation of warranty, expressed or implied, as to any matter whatsoever including but not limited to its accuracy of any information, product or service furnished hereunder and, as to NCCI, recipient of this experience rating modification factor subscribes to and utilizes the information service as is.

* Total by Policy Year of all cases \$2000 or less D Inmate Loss # Limited Loss
C Catastrophic Loss E Employers Liability Loss U UGL&F



WORKERS COMPENSATION EXPERIENCE RATING

Risk Name: COUNTY OF BOONE

Risk ID: 240818568

Effective Date: 07/01/2006

Production Date: 07/26/2006

State: MISSOURI

| (A) W | (B) | (C) Exp Excess Losses (D - E) | (D) Expected Losses | (E) Exp Prim Losses | (F) Act Exc Losses (H - I) | (G) Ballast | (H) Act Inc Losses | (I) Act Prim Losses |
|----------|--------|-------------------------------|--------------------------|---------------------|----------------------------|---------------|--------------------|---------------------|
| 27 | | 434348 | 574496 | 140147 | 335463 | 76000 | 495054 | 159591 |
| | | Primary Losses | Stabilizing Value | Ratio Excess | | Totals | | |
| | (J) | (C) x (I - W) + (G) | (A) x (F) | (J) | | | | |
| Actual | 159591 | 393074 | 90575 | 643240 | | | | |
| | (K) | (A) x (C) | (J) / (K) | | | | | |
| Expected | 140147 | 393074 | 117274 | 650495 | | | | |
| | | ARAP | FLARAP | SARAP | (15) Exp Mod | | | |
| Factors | 1.00 | | | | .99 | | | |

*** WHILE THE INFORMATION CONTAINED IN THIS RATING WAS OBTAINED FROM NON-AFFILIATES WHO ATTESTED TO ITS ACCURACY, NCCI HAS NOT VERIFIED SUCH INFORMATION FOR DATA REPORTING VALUATIONS AND CANNOT GUARANTEE ITS ACCURACY OR COMPLETENESS OR MAKE ANY WARRANTIES WITH REGARD TO THE RESULTS OBTAINED FROM ITS USE.***

Copyright 1993-2006. All rights reserved. This experience modification factor is comprised of calculations and information which are the proprietary and exclusive property of the National Council on Compensation Insurance, Inc. (NCCI). No further use, dissemination, sale, transfer, assignment or disposition of this experience rating modification factor or any part thereof may be used without the written consent of NCCI. NCCI makes no representation of warranty, expressed or implied, as to any matter whatsoever involving but not limited to the accuracy of any information, product or service furnished hereunder and, as to NCCI, recipient of this experience rating modification factor subscribes to and utilizes the information service "as is".

* Total by Policy Year of all cases \$2000 or less
 C Catastrophic Loss
 D Disease Loss
 E Employers Liability Loss
 # Limited Loss
 U USLRH



WORKERS COMPENSATION EXPERIENCE RATING

Risk Name: COUNTY OF BOONE Risk ID: 240818558
 Effective Date: 07/01/2006 Production Date: 07/26/2006 State: MISSOURI

24-MISSOURI Firm ID: Firm Name: COUNTY OF BOONE
 Carrier: 00000 Policy No. ERM6 Eff Date: 07/01/2002 Exp Date: 07/01/2003

| Code | ELR | D-Ratio | Payroll | Expected Losses | Exp Prim Losses | Claim Data | J | OF | Act Inc Losses | Act Prim Losses | | | |
|----------------------|-----|---------|---------|-----------------|-----------------|------------|---|----|----------------|------------------|---|-----------------------|--------|
| 5506 | 380 | 22 | 1651899 | 62772 | 13810 | | 5 | F | 2139 | 2139 | | | |
| 7720 | 204 | 26 | 3892964 | 77580 | 19395 | NO. 1 | 5 | * | 1676 | 1676 | | | |
| 8391 | 171 | 26 | 42866 | 733 | 191 | NO. 12 | 6 | * | 8770 | 8770 | | | |
| 8601 | 29 | 21 | 650312 | 1886 | 396 | | 5 | F | 10523 | 5000 | | | |
| 8810 | 18 | 27 | 3984954 | 7173 | 1937 | | 5 | F | 28000 | 5000 | | | |
| 8820 | 24 | 25 | 1405210 | 3373 | 843 | | 5 | F | 82491 | 5000 | | | |
| 8835 | 169 | 27 | 89326 | 1610 | 408 | | 5 | F | 11787 | 5000 | | | |
| 9015 | 214 | 26 | 330245 | 7067 | 1837 | | 5 | Q | 25394 | 5000 | | | |
| 9082 | 128 | 28 | 124995 | 1600 | 448 | | 5 | F | 15716 | 5000 | | | |
| 9410 | 252 | 28 | 582439 | 14677 | 4110 | | 5 | F | 37763 | 5000 | | | |
| Policy Total: | | | | | | | | | 12665209 | Subject Premium: | 0 | Total Act Inc Losses: | 226904 |

24-MISSOURI Firm ID: Firm Name: COUNTY OF BOONE
 Carrier: 00000 Policy No. ERM6 Eff Date: 07/01/2003 Exp Date: 07/01/2004

| Code | ELR | D-Ratio | Payroll | Expected Losses | Exp Prim Losses | Claim Data | J | OF | Act Inc Losses | Act Prim Losses | | | |
|----------------------|-----|---------|---------|-----------------|-----------------|------------|---|----|----------------|------------------|---|-----------------------|--------|
| 5506 | 380 | 22 | 1671062 | 63500 | 13970 | NO. 1 | 5 | * | 742 | 742 | | | |
| 7720 | 204 | 25 | 4610655 | 94057 | 23514 | NO. 15 | 6 | * | 14938 | 14938 | | | |
| 8391 | 171 | 26 | 44717 | 765 | 199 | | 6 | F | 2930 | 2930 | | | |
| 8601 | 29 | 21 | 698794 | 2027 | 426 | | 5 | F | 59342 | 5000 | | | |
| 8810 | 18 | 27 | 4318939 | 7774 | 2099 | | 5 | F | 4898 | 4898 | | | |
| 8820 | 24 | 25 | 1511998 | 3820 | 907 | | 5 | F | 13388 | 5000 | | | |
| 8835 | 169 | 27 | 111165 | 1879 | 507 | | 5 | F | 6374 | 6000 | | | |
| 9015 | 214 | 26 | 347239 | 7431 | 1932 | | 6 | F | 3696 | 3696 | | | |
| 9082 | 128 | 28 | 132152 | 1692 | 474 | | 5 | F | 8140 | 5000 | | | |
| 9410 | 252 | 28 | 630733 | 15894 | 4450 | | | | | | | | |
| Policy Total: | | | | | | | | | 14077454 | Subject Premium: | 0 | Total Act Inc Losses: | 114448 |

Copyright 1993-2000. All rights reserved. This experience modification factor is comprised of computations and information which are the proprietary and exclusive property of the National Council on Compensation Insurance, Inc. (NCCI). For further use, dissemination, sale, transfer, assignment or disposition of this experience rating Modification factor or any part thereof may be used without the written consent of NCCI. NCCI makes no representation of warranty, expressed or implied, as to any matter whatsoever including but not limited to the accuracy of any information, product or service furnished hereunder and, as to NCCI, recipient of this experience rating Modification factor subscribes to and utilizes the information service "as is".

* Fund by Policy Year of all cases \$2000 or less. O Disease Loss # Limited Loss
 C Catastrophic Loss E Employers Liability Loss U USCAR



WORKERS COMPENSATION EXPERIENCE RATING

Risk Name: COUNTY OF BOONE

Risk ID: 240816558

Effective Date: 07/01/2006

Production Date: 07/26/2006

State: MISSOURI

24-MISSOURI Firm ID: Firm Name: COUNTY OF BOONE
 Carrier: 00000 Policy No. ERM6 Eff Date: 07/01/2004 Exp Date: 07/01/2005

| Code | ELR | D-Ratio | Payroll | Expected Losses | Exp Prm Losses | Claim Data | U | OF | Act Inc Losses | Act Prm Losses |
|---------------|-----|---------|----------|------------------|----------------|------------|---|----|-----------------------|----------------|
| 5508 | 380 | 22 | 1601374 | 60862 | 13387 | NO. 6 | 6 | * | 8751 | 8751 |
| 7720 | 204 | 25 | 4622384 | 94297 | 23574 | | 6 | F | 3336 | 3336 |
| 8391 | 171 | 26 | 43734 | 748 | 194 | | 5 | F | 9019 | 5000 |
| 8601 | 20 | 21 | 693162 | 2010 | 422 | | 5 | F | 13530 | 5000 |
| 8810 | 18 | 27 | 4500340 | 8101 | 2187 | | 5 | F | 8209 | 5000 |
| 8820 | 24 | 25 | 1615334 | 3877 | 969 | | 5 | F | 24326 | 5000 |
| 8832 | 26 | 26 | 114221 | 297 | 77 | | 6 | F | 5082 | 5000 |
| 9015 | 214 | 26 | 370502 | 7929 | 2002 | | 5 | F | 6707 | 5000 |
| 9082 | 128 | 28 | 126489 | 1747 | 489 | | 5 | O | 9509 | 5000 |
| 9410 | 252 | 28 | 699144 | 17618 | 4933 | | 5 | O | 22602 | 5000 |
| | | | | | | | 5 | F | 38581 | 5000 |
| | | | | | | | 6 | F | 2551 | 2551 |
| | | | | | | | 6 | F | 2500 | 2500 |
| | | | | | | | | | Total Act Inc Losses: | 153702 |
| Policy Total: | | | 14396684 | Subject Premium: | | 0 | | | | |

Copyright 1993-2006. All rights reserved. This experience modification factor is comprised of computations and information which are the proprietary and exclusive property of the National Council on Compensation Insurance, Inc. (NCCI). No further use, dissemination, sale, transfer, assignment or disposition of this experience rating modification factor or any part thereof may be used without the written consent of NCCI. NCCI makes no representation of warranty, expressed or implied, as to any matter whatsoever including but not limited to the accuracy of any information, product or service furnished hereunder and, as to NCCI, recipient of this experience rating modification factor subscribes to and releases the information source thereon.

* Total by Policy Year of all cases \$2000 or less † Disease Loss ‡ Limited Loss
 C Catastrophic Loss ‡ Employers Liability Loss † USL&H



WORKERS COMPENSATION EXPERIENCE RATING

Risk Name: COUNTY OF BOONE Risk ID: 240818558
Effective Date: 07/01/2007 Production Date: 04/00/2007 State: MISSOURI

| (A) W | (B) | (C) Exp Excess Losses (D - E) | (D) Expected Losses | (E) Exp Prim Losses | (F) Act Exp Losses (H - I) | (G) Ballast | (H) Act Int Losses | (I) Act Prim Losses |
|-------|-----|-------------------------------|---------------------|---------------------|----------------------------|-------------|--------------------|---------------------|
| 27 | | 485344 | 644404 | 146050 | 320105 | 09626 | 487022 | 158437 |

| | Primary Losses | Stabilizing Value | Ratio Excess | Totals |
|----------|----------------|---------------------|--------------|-------------|
| Actual | (C) | (C) x (I - W) + (G) | (A) x (I) | (J) |
| | 158437 | 448956 | 8888 | 692273 |
| Expected | (E) | (E) | (A) x (E) | (K) |
| | 148000 | 448955 | 134913 | 731023 |
| | ARAP | FLARAP | SARAP | (L) Exp Mod |
| Factor | 1.00 | | | (J) / (K) |
| | | | | .95 |

*** WHILE THE INFORMATION CONTAINED IN THIS RATING WAS OBTAINED FROM NON-AFFILIATES WHO ATTESTED TO ITS ACCURACY, NCCI HAS NOT VERIFIED SUCH INFORMATION FOR DATA REPORTING VALUATIONS AND CANNOT GUARANTEE ITS ACCURACY OR COMPLETENESS OR MAKE ANY WARRANTIES WITH REGARD TO THE RESULTS OBTAINED FROM ITS USE. ***

Copyright 1993-2007. All rights reserved. This experience rating calculation is computed using data and information which is the property and exclusive possession of National Council on Compensation Insurance, Inc. (NCCI). No liability, assumption, duty, knowledge, assignment or endorsement of this experience rating calculation or any part thereof by NCCI is intended without the written consent of NCCI. NCCI makes no representation, warranty, or promise for any data, its accuracy, or otherwise including but not limited to the timeliness of any information, or the quality of source data and the manner in which it is processed, compiled, analyzed, reported, interpreted or distributed to the insured or other users.

* Half Year Policy Year of excess 2006 of 06/01
 O Catastrophic Loss D Direct Loss # Injured Loss
 E Employee Injury Loss M Other Loss



WORKERS COMPENSATION EXPERIENCE RATING

Risk Name: COUNTY OF BOONE Risk ID: 240816538
 Effective Date: 07/01/2007 Production Date: 04/09/2007 State: MISSOURI

24-MISSOURI Firm ID: Firm Name: COUNTY OF BOONE
 Carrier: 00000 Policy No. ERMG Eff Date: 07/01/2003 Exp Date: 07/01/2004

| Code | ELR | D-Ratio | Payroll | Expected Losses | Exp Prim Losses | Claim Data | J | OF | Act Inc Losses | Act Prim Losses | |
|---------------|-----|---------|---------|-----------------|-----------------|------------|---|----|----------------|------------------|------------------------------|
| 5500 | 378 | 21 | 1071082 | 63100 | 32269 | NO. 22 | 6 | * | 16541 | 16541 | |
| 7720 | 223 | 23 | 4610655 | 102618 | 23848 | | 6 | F | 2930 | 2830 | |
| 8301 | 171 | 24 | 44717 | 765 | 184 | | 5 | F | 37803 | 6000 | |
| 8601 | 31 | 20 | 688794 | 2166 | 433 | | 6 | F | 3606 | 3806 | |
| 8810 | 18 | 26 | 4318939 | 7774 | 1044 | | 5 | F | 742 | 742 | |
| 8820 | 22 | 26 | 1511908 | 5320 | 832 | | 5 | F | 6653 | 5000 | |
| 8835 | 167 | 26 | 111165 | 1745 | 436 | | 5 | F | 13308 | 5000 | |
| 9015 | 205 | 25 | 347238 | 7418 | 1780 | | 6 | F | 4837 | 4937 | |
| 9082 | 117 | 27 | 132153 | 1540 | 417 | | 5 | F | 27219 | 5000 | |
| 9410 | 285 | 27 | 630733 | 18607 | 5624 | | 5 | F | 2539 | 2539 | |
| Policy Total: | | | | | | | | | 14077454 | Subject Premium: | Total Act Inc Losses: 118238 |

24-MISSOURI Firm ID: Firm Name: COUNTY OF BOONE
 Carrier: 00000 Policy No. ERMG Eff Date: 07/01/2004 Exp Date: 07/01/2005

| Code | ELR | D-Ratio | Payroll | Expected Losses | Exp Prim Losses | Claim Data | J | OF | Act Inc Losses | Act Prim Losses | |
|---------------|-----|---------|---------|-----------------|-----------------|------------|---|----|----------------|------------------|------------------------------|
| 5506 | 376 | 21 | 1691374 | 60532 | 32712 | NO. 34 | 6 | * | 19542 | 19542 | |
| 7720 | 223 | 23 | 4622384 | 103070 | 23708 | | 6 | F | 3335 | 3339 | |
| 8301 | 171 | 24 | 43734 | 716 | 180 | | 5 | F | 9018 | 6000 | |
| 8601 | 31 | 20 | 693162 | 2449 | 420 | | 5 | F | 13520 | 5000 | |
| 8810 | 18 | 26 | 4560349 | 8101 | 2025 | | 5 | F | 8209 | 8600 | |
| 8820 | 22 | 26 | 1615334 | 3564 | 889 | | 5 | F | 21783 | 5000 | |
| 8835 | 167 | 25 | 379502 | 7695 | 1893 | | 6 | F | 5882 | 6000 | |
| 9082 | 117 | 27 | 136489 | 1637 | 431 | | 5 | F | 4199 | 4199 | |
| 9410 | 285 | 27 | 688144 | 20685 | 5569 | | 5 | O | 69109 | 5000 | |
| 8835 | 167 | 26 | 114221 | 1793 | 448 | | 6 | F | 21347 | 5000 | |
| | | | | | | | | F | 2689 | 2689 | |
| | | | | | | | | F | 2038 | 2038 | |
| | | | | | | | | F | 1707 | 1707 | |
| Policy Total: | | | | | | | | | 14396681 | Subject Premium: | Total Act Inc Losses: 181689 |

Copyright 1993 NCCI. All rights reserved. This report is the property of NCCI and is to be used only for the purpose of providing information to the insured. NCCI does not warrant the accuracy of the information provided herein. NCCI does not assume any liability for any loss or damage caused by or resulting from the use of this information. The insured agrees to hold NCCI harmless from any and all claims, damages, losses, expenses, and costs of any kind, including reasonable attorneys' fees, that may be incurred by the insured or any other party as a result of any use of this information, product or service provided by NCCI, regardless of whether such claim, damage, loss, expense, or cost is caused in whole or in part by the negligence of NCCI.

*) (CB) by Policy Year of at least \$2000 or less; O) Other loss; #) Unreported; C) Unreported loss; E) Employee/Unemployed; U) Unpaid

WORKERS COMPENSATION EXPERIENCE RATING

NCCI Risk Name: COUNTY OF BOONE Risk ID: 240018558
 Effective Date: 07/01/2007 Production Date: 04/09/2007 State: MISSOURI

24-MISSOURI Firm ID: Firm Name: COUNTY OF BOONE
 Carrier: 6000 Policy No. ERM0 Eff Date: 07/01/2005 Exp Date: 07/01/2009

| Code | ELR | D-Ratio | Payroll | Expected Losses | Exp Prim Losses | Claim Data | IJ | OF | Act Ins Losses | Act Prim Losses |
|----------------------|-----|---------|---------|-----------------|-----------------|------------|----|----|-----------------------------|-----------------|
| 7720 | 223 | 23 | 4951000 | 110407 | 25394 | NO. 12 | 0 | * | 6000 | 6603 |
| 8810 | 18 | 25 | 4752440 | 8559 | 2140 | | 0 | F | 10114 | 5000 |
| 0820 | 22 | 25 | 1762440 | 3877 | 860 | | 0 | O | 63105 | 6000 |
| 0801 | 31 | 20 | 767551 | 2380 | 476 | | 0 | F | 931 | 931 |
| 8835 | 157 | 25 | 136324 | 2172 | 543 | | 0 | O | 2880 | 2880 |
| 0506 | 378 | 21 | 1780547 | 67531 | 14182 | | 0 | F | 2635 | 2635 |
| 0410 | 205 | 27 | 897251 | 20509 | 5554 | | 0 | O | 36627 | 5000 |
| 0015 | 285 | 26 | 385883 | 7913 | 1978 | | 0 | F | 272 | 272 |
| 5082 | 177 | 27 | 124287 | 1454 | 393 | | 0 | F | 105 | 195 |
| 8391 | 171 | 24 | 42175 | 738 | 177 | | 0 | O | 58781 | 5000 |
| | | | | | | | 0 | F | 227 | 227 |
| | | | | | | | 0 | F | 409 | 409 |
| | | | | | | | 0 | F | 10000 | 6000 |
| | | | | | | | 0 | F | 70 | 70 |
| Policy Total: | | | | | | | | | Total Active Losses: | 189505 |

Subject Premium: 0

© Copyright 1993 NCCI. All rights reserved. This experience rating calculation is prepared by NCCI and is not intended to be used for any other purpose. The information contained herein is for informational purposes only and does not constitute an offer of insurance. The information contained herein is not intended to be used for any other purpose. NCCI makes no representation, warranty, or guarantee as to the accuracy or completeness of any information provided to NCCI. NCCI is not responsible for any errors or omissions in this experience rating calculation. For more information, please contact NCCI at 1-800-368-7623.

* Full by Policy Year of all cases \$1000 or less 0 Deductible Unlimited Loss
 0 Co-insurance 0 Employee Liability \$100,000



WORKERS COMPENSATION EXPERIENCE RATING

Risk Name: COUNTY OF BOONE Risk ID: 240818558
 Effective Date: 07/01/2008 Production Date: 04/22/2008 State: MISSOURI

| (A) W | (B) | (C) Exp Excess Losses (D - E) | (D) Expected Losses | (E) Exp Prim Losses | (F) Act Ex Losses (H - I) | (G) Ballast | (H) Act Ino Losses | (I) Act Prim Losses |
|----------|-----|-------------------------------|---------------------|---------------------|---------------------------|-------------|--------------------|---------------------|
| 26 | | 455716 | 592503 | 136867 | 427410 | 81700 | 608918 | 181508 |
| | | Primary Losses | Stabilizing Value | Ratable Excess | | Totals | | |
| Actual | (I) | 181508 | (C) x (1 - W) + (G) | 418930 | (A) x (F) | 111127 | (J) | 711565 |
| Expected | (E) | 136867 | 418930 | 118486 | (K) | 674283 | | |
| | | ARAP | FLARAP | SARAP | (J) / (K) | | | |
| Factors | | 1.02 | | | 1.06 | | | |

RATING REVISED TO CORRECT CLAIM INFORMATION FOR TWO (2) CLAIMS ON THE POLICY PERIOD EFFECTIVE 07/01/2008

 **** REVISED RATING ****

 *** WHILE THE INFORMATION CONTAINED IN THIS RATING WAS OBTAINED ***
 *** FROM NON-AFFILIATES WHO ATTESTED TO ITS ACCURACY, NCCI HAS NOT ***
 *** VERIFIED SUCH INFORMATION FOR DATA REPORTING VALUATIONS AND ***
 *** CANNOT GUARANTEE ITS ACCURACY OR COMPLETENESS OR MAKE ANY ***
 *** WARRANTIES WITH REGARD TO THE RESULTS OBTAINED FROM ITS USE.***

Copyright 1993-2008. All rights reserved. This experience Modification factor is comprised of computations and information which are the proprietary and exclusive property of the National Council on Compensation Insurance, Inc. (NCCI). No further use, dissemination, sale, transfer, assignment or disposition of this experience rating Modification factor or any part thereof may be used without the written consent of NCCI. NCCI makes no representation of warranty, expressed or implied, as to any matter whatsoever including but not limited to the accuracy of any information, product or service furnished hereunder and, as to NCCI, recipient of this experience rating Modification factor subscribes to and utilizes the information herein "as is".

* Total by Policy Year of all cases \$2000 or less. D Disease Loss # Injured Loss
 C Catastrophic Loss E Employee Liability Loss U USLBH



WORKERS COMPENSATION EXPERIENCE RATING

Risk Name: COUNTY OF BOONE Risk ID: 240818558
 Effective Date: 07/01/2008 Production Date: 04/22/2008 State: MISSOURI

24-MISSOURI Firm ID: Firm Name: COUNTY OF BOONE
 Carrier: 00000 Policy No. ERM8 Eff Date: 07/01/2004 Exp Date: 07/01/2005

| Code | ELR | D-Ratio | Payroll | Expected Losses | Exp Prm Losses | Claim Data | U | OF | Act Inc Losses | Act Prm Losses |
|----------------------|-----|---------|---------|-----------------|----------------|------------|---|----|-----------------|-------------------------------------|
| 5506 | 328 | 21 | 1601374 | 52525 | 11030 | NO. 34 | 6 | * | 19642 | 19642 |
| 7720 | 196 | 23 | 4622384 | 90598 | 20838 | | 6 | F | 3335 | 3335 |
| 8391 | 157 | 24 | 43734 | 667 | 165 | | 5 | F | 9019 | 5000 |
| 8601 | 32 | 21 | 693162 | 2218 | 466 | | 5 | F | 13530 | 5000 |
| 8810 | 16 | 26 | 4500340 | 7201 | 1872 | | 5 | F | 8209 | 5000 |
| 8820 | 20 | 24 | 1615334 | 3231 | 775 | | 5 | F | 21783 | 5000 |
| 9015 | 173 | 25 | 370502 | 8410 | 1603 | | 6 | F | 5082 | 5000 |
| 9082 | 106 | 26 | 136489 | 1474 | 383 | | 5 | F | 4199 | 4199 |
| 9410 | 308 | 27 | 699144 | 21534 | 5814 | | 6 | F | 21347 | 5000 |
| 8835 | 133 | 25 | 114221 | 1619 | 380 | | 6 | F | 2590 | 2599 |
| | | | | | | | 6 | F | 2038 | 2038 |
| | | | | | | | 6 | F | 1707 | 1707 |
| | | | | | | | 5 | O | 46956 | 5000 |
| Policy Total: | | | | | | | | | 14396684 | Subject Premium: |
| | | | | | | | | | 0 | Total Act Inc Losses: 168446 |

Copyright 1993-2008. All rights reserved. This experience Modification factor is comprised of computations and information which are the proprietary and exclusive property of the National Council on Compensation Insurance, Inc. (NCCI). No further use, dissemination, sale, transfer, assignment or disposition of this experience rating Modification factor or any part thereof may be made without the written consent of NCCI. NCCI makes no representation of warranty, expressed or implied, as to any matter whatsoever including but not limited to the accuracy of any information, product or service furnished hereunder nor, as to NCCI, receipt of this experience rating Modification factor subscribes to and utilizes this information service "as is".

* Total by Policy Year of all cases \$2000 or less. D Disease Loss # Limited Loss
 O Catastrophic Loss E Fire/theft Liability Loss U USL&H



WORKERS COMPENSATION EXPERIENCE RATING

Risk Name: COUNTY OF BOONE Risk ID: 240818568
 Effective Date: 07/01/2008 Production Date: 04/22/2008 State: MISSOURI

24-MISSOURI Firm ID: Firm Name: COUNTY OF BOONE
 Carrier: 00000 Policy No. ERM6 Eff Date: 07/01/2005 Exp Date: 07/01/2005

| Code | ELR | D-Ratio | Payroll | Expected Losses | Exp Prim Losses | Claim Data | U | OF | Act Inc Losses | Act Prim Losses |
|----------------------|-----|---------|----------|-------------------------|-----------------|------------|------------------------------|----|----------------|-----------------|
| 7720 | 198 | 23 | 4951000 | 97040 | 22319 | | 6 | F | 931 | 931 |
| 8010 | 16 | 26 | 4756240 | 7600 | 1970 | | 6 | F | 2635 | 2635 |
| 8820 | 20 | 24 | 1762446 | 3525 | 946 | | 6 | F | 272 | 272 |
| 8601 | 32 | 21 | 767651 | 2456 | 516 | | 6 | F | 105 | 105 |
| 8835 | 133 | 25 | 130324 | 1040 | 460 | | 6 | F | 409 | 409 |
| 5506 | 328 | 21 | 1786547 | 68599 | 12306 | | 6 | F | 10006 | 5000 |
| 9410 | 308 | 27 | 697251 | 21475 | 5798 | | 6 | F | 70 | 70 |
| 9015 | 173 | 25 | 385983 | 6670 | 1670 | | 5 | F | 0 | 0 |
| 9082 | 108 | 26 | 124287 | 1342 | 349 | | 6 | F | 227 | 227 |
| 8391 | 167 | 24 | 43175 | 678 | 163 | NO. 12 | 6 | F | 6003 | 6003 |
| | | | | | | | 9 | F | 10114 | 5000 |
| | | | | | | | 9 | O | 105543 | 5000 |
| | | | | | | | 9 | F | 12960 | 5000 |
| | | | | | | | 9 | F | 2500 | 2500 |
| | | | | | | | 9 | O | 82135 | 5000 |
| | | | | | | | 6 | F | 202 | 202 |
| | | | | | | | 6 | F | 375 | 375 |
| | | | | | | | 6 | F | 346 | 346 |
| | | | | | | | 6 | F | 375 | 375 |
| | | | | | | | 6 | F | 427 | 427 |
| | | | | | | | 6 | F | 473 | 473 |
| | | | | | | | 6 | F | 879 | 879 |
| | | | | | | | 6 | F | 281 | 281 |
| | | | | | | | 6 | F | 166 | 166 |
| | | | | | | | 6 | F | 1059 | 1059 |
| | | | | | | | 6 | F | 735 | 735 |
| | | | | | | | 6 | F | 166 | 166 |
| | | | | | | | 6 | F | 40 | 40 |
| | | | | | | | 6 | F | 869 | 869 |
| | | | | | | | 6 | F | 858 | 858 |
| | | | | | | | 6 | F | 506 | 506 |
| | | | | | | | 6 | F | 919 | 919 |
| | | | | | | | 6 | F | 141 | 141 |
| | | | | | | | 6 | F | 1492 | 1492 |
| | | | | | | | 6 | F | 1651 | 1651 |
| | | | | | | | 9 | F | 35975 | 5000 |
| | | | | | | | 5 | F | 6790 | 5000 |
| Policy Total: | | | 15411904 | Subject Premium: | | 0 | Total Act Inc Losses: | | 274635 | |

Copyright 1993-2008. All rights reserved. This experience modification factor is comprised of occupations and information which are the proprietary and exclusive property of the National Council on Compensation Insurance, Inc. (NCCI). No further use, dissemination, sale, transfer, assignment or disposition of this experience rating modification factor or any part thereof may be used without the written consent of NCCI. NCCI makes no representation of warranty, expressed or implied, as to any matter whatsoever including but not limited to the accuracy of any information, product or service furnished hereunder and, as to NCCI, recipient of this experience rating modification factor subscribes to and utilizes the information service "as is".

* Total by Policy Year of 97 cases \$2009 or less. D Disease Loss # Limited Loss
 C Catastrophic Loss E Employers Liability Loss U U.S.G.H.



WORKERS COMPENSATION EXPERIENCE RATING

Risk Name: COUNTY OF BOONE Risk ID: 240818558
 Effective Date: 07/01/2008 Production Date: 04/22/2008 State: MISSOURI

24-MISSOURI Firm ID: Firm Name: COUNTY OF BOONE
 Carrier: 00000 Policy No. ERM6 Eff Date: 07/01/2006 Exp Date: 07/01/2007

| Code | ELR | D-Ratio | Payroll | Expected Losses | Exp Prim Losses | Claim Data | N OF | Act Inc Losses | Act Prim Losses |
|----------------------|-----|---------|----------|-------------------------|-----------------|------------|------------------------------|----------------|-----------------|
| 5506 | 328 | 21 | 1716699 | 58276 | 11818 | NO. 22 | 6 * | 11656 | 11556 |
| 7720 | 198 | 23 | 5110502 | 100166 | 23038 | | 6 F | 3267 | 3267 |
| 8391 | 157 | 24 | 44537 | 699 | 168 | | 6 F | 19578 | 5000 |
| 8601 | 32 | 21 | 767442 | 2424 | 509 | | 6 O | 45380 | 5000 |
| 8810 | 18 | 26 | 4985769 | 7977 | 2074 | | 9 O | 27695 | 5000 |
| 8820 | 20 | 24 | 1908425 | 3813 | 915 | | 9 F | 10907 | 5000 |
| 8835 | 133 | 25 | 134524 | 1789 | 447 | | 5 F | 30206 | 5000 |
| 9015 | 173 | 25 | 392279 | 6798 | 1697 | | 5 F | 19195 | 5000 |
| 9082 | 108 | 26 | 132795 | 1434 | 373 | | 6 F | 2529 | 2629 |
| 9410 | 308 | 27 | 733143 | 22501 | 6097 | | 5 F | 4665 | 4665 |
| | | | | | | | 5 F | 859 | 859 |
| Policy Total: | | | 15913115 | Subject Premium: | | 0 | Total Act Inc Losses: | | 175837 |

Copyright 1995-2008. All rights reserved. This experience modification factor is comprised of computations and information which are the proprietary and exclusive property of the National Council on Compensation Insurance, Inc. (NCCI). No further use, dissemination, sale, transfer, assignment or disposition of this experience rating modification factor or any part thereof may be used without the written consent of NCCI. NCCI makes no representation of warranty, expressed or implied, as to any matter whatsoever including but not limited to the accuracy of any information, product or service furnished hereunder and, as to NCCI, recipient of this experience rating modification factor subscribes to and authorizes the information service "as is".

* Total by Policy Year of all cases \$2000 or less. D Disease Loss # Limited Loss
 C Catastrophic Loss E Employee Liability Loss U USLAIH

WORKERS COMPENSATION EXPERIENCE RATING



Risk Name: COUNTY OF BOONE

Risk ID: 240010568

Rating Effective Date: 07/01/2009

Production Date: 06/05/2009

State: MISSOURI

| State | Wt | BRP | Exp Excess Losses | Expected Losses | Exp Prim Losses | Act Exp Losses | Ballast | Act Inc Losses | Act Prim Losses |
|----------|-----|-----|---------------------------|---------------------|---------------------|----------------------------|-----------------|--------------------|---------------------|
| MO | .25 | 0 | 427,451 | 557,040 | 129,689 | 487,714 | 77,850 | 629,176 | 141,462 |
| (A) | (B) | (C) | Exp Excess Losses (D - B) | (D) Expected Losses | (E) Exp Prim Losses | (F) Act Exp Losses (H - I) | (G) Ballast | (h) Act Inc Losses | (I) Act Prim Losses |
| | | | 427,451 | 557,040 | 129,689 | 487,714 | 77,850 | 629,176 | 141,462 |
| | | | Primary Losses | | Stabilizing Value | | Rateable Excess | | Totals |
| Actual | (J) | | 141,462 | C * (I - A) + G | | (A) * (F) | | (J) | |
| | | | | 398,438 | | 121,929 | | | 661,829 |
| Expected | (E) | | 129,689 | C * (I - A) + G | | (A) * (C) | | (K) | |
| | | | | 398,438 | | 106,863 | | | 634,890 |
| | | | ARAP | FLARAP | SARAP | MAARAP | Exp Mod | | |
| Factors | | | 1.02 | | | | | (J) / (K) | 1.04 |

*** WHILE THE INFORMATION CONTAINED IN THIS RATING WAS OBTAINED FROM NON-AFFILIATES WHO ATTESTED TO ITS ACCURACY, NCCI HAS NOT VERIFIED SUCH INFORMATION FOR DATA REPORTING VALUATIONS AND CANNOT GUARANTEE ITS ACCURACY OR COMPLETENESS OR MAKE ANY WARRANTIES WITH REGARD TO THE RESULTS OBTAINED FROM ITS USE. ***

Copyright 1993-2009. All rights reserved. This experience modification factor is comprised of computations and information which are the proprietary and exclusive property of the National Council on Compensation Insurance, Inc. (NCCI). No further use, dissemination, sale, transfer, assignment or disposition of this experience rating modification factor or any part thereof may be used without the written consent of NCCI. NCCI makes no representation or warranty, expressed or implied, as to any matter whatsoever including but not limited to the accuracy of any information, product or service furnished hereunder and, as to NCCI's receipt of this experience rating modification factor subscription and utilizes the information solely "as is".

WORKERS COMPENSATION EXPERIENCE RATING



Risk Name: COUNTY OF BOONE

Risk ID: 240818558

Rating Effective Date: 07/01/2009

Production Date: 06/05/2009

State: MISSOURI

24-MISSOURI Firm ID: Firm Name: COUNTY OF BOONE

Carrier: 00000 Policy No. ERMS Eff Date: 07/01/2005 Exp Date: 07/01/2006

| Code | ELR | D-Ratio | Payroll | Expected Losses | Exp Prim Losses | Claim Data | JJ | OF | Act Inc Losses | Act Prim Losses |
|----------------------|------|---------|-------------------|-------------------------|-----------------|------------------------------|----|----------------|----------------|-----------------|
| 7720 | 1.61 | .24 | 4,951,000 | 79,711 | 19,131 | NO. 4 | 6 | F | 3,928 | 3,928 |
| 8810 | .14 | .26 | 4,755,240 | 6,657 | 1,731 | | 9 | F | 10,114 | 5,000 |
| 8820 | .17 | .24 | 1,762,446 | 2,988 | 719 | | 9 | F | 61,270 | 5,000 |
| 8801 | .30 | .21 | 767,651 | 2,303 | 484 | | 5 | F | 931 | 931 |
| 8835 | 1.09 | .25 | 138,324 | 1,508 | 377 | | 6 | F | 2,636 | 2,036 |
| 5506 | 3.08 | .20 | 1,706,647 | 85,026 | 11,006 | | 9 | F | 36,976 | 5,000 |
| 9410 | 3.10 | .27 | 687,261 | 21,616 | 5,836 | | 9 | F | 126,717 | 5,000 |
| 9015 | 1.60 | .25 | 389,893 | 6,176 | 1,644 | | 6 | F | 16,006 | 5,000 |
| 9082 | .99 | .27 | 124,287 | 1,230 | 332 | | 9 | F | 2,600 | 2,900 |
| 8381 | 1.50 | .25 | 43,176 | 648 | 102 | | 9 | F | 12,960 | 8,800 |
| | | | | | | | 6 | F | 879 | 879 |
| | | | | | | | 6 | F | 1,059 | 1,059 |
| | | | | | | | 0 | F | 735 | 735 |
| | | | | | | | 5 | F | 6,790 | 5,000 |
| | | | | | | | 8 | F | 869 | 869 |
| | | | | | | | 6 | F | 506 | 506 |
| | | | | | | | 6 | F | 919 | 919 |
| | | | | | | | 6 | F | 1,492 | 1,492 |
| | | | | | | | 6 | F | 1,651 | 1,651 |
| | | | | | | | 6 | F | 858 | 858 |
| Policy Total: | | | 15,411,904 | Subject Premium: | 0 | Total Act Inc Losses: | | 280,803 | | |

Copyright 1988-2009. All rights reserved. This experience modification factor is comprised of computations and information which are the proprietary and exclusive property of the National Council on Compensation Insurance, Inc. (NCCI). No further use, dissemination, sale, transfer, assignment or disposition of this experience modification factor or any part thereof may be used without the written consent of NCCI. NCCI makes no representation or warranty, expressed or implied, as to any matter whatsoever including but not limited to the accuracy of any information, product or service furnished hereunder and, as an NCCI recipient of this experience rating modification factor, subscribers to and users of this information warrant "as is."

* Total by Policy Year of all cases \$2000 or less 0 Disease Loss X Ex-Medical Coverage U Unstable
 C Catastrophic Loss E Employees Liability Loss # Limited Loss

WORKERS COMPENSATION EXPERIENCE RATING



Risk Name: COUNTY OF BOONE

Risk ID: 240818553

Rating Effective Date: 07/01/2009

Production Date: 06/05/2009

State: MISSOURI

24-MISSOURI Firm ID: Firm Name: COUNTY OF BOONE

Carrier: 00000 Policy No. ERM6 Eff Date: 07/01/2008 Exp Date: 07/01/2008

| Code | ELR | D-Ratio | Payroll | Expected Losses | Exp Prim Losses | Claim Data | U | OF | Act Inc Losses | Act Prim Losses |
|----------------------|------|---------|------------|------------------|-----------------|------------------------------|---|---------|----------------|-----------------|
| 8506 | 3.08 | .20 | 1,716,899 | 62,844 | 10,580 | NO. 3 | 6 | * | 3,890 | 3,890 |
| 7720 | 1.61 | .24 | 5,110,502 | 82,279 | 19,747 | | 6 | F | 3,267 | 3,267 |
| 8391 | 1.69 | .26 | 44,537 | 668 | 167 | | 5 | F | 28,314 | 5,000 |
| 8601 | .30 | .21 | 787,442 | 2,272 | 477 | | 5 | F | 38,400 | 5,000 |
| 8810 | .14 | .26 | 4,965,769 | 5,980 | 1,815 | | 9 | F | 38,382 | 5,000 |
| 8820 | .17 | .24 | 1,908,425 | 3,241 | 778 | | 9 | F | 18,963 | 5,000 |
| 8835 | 1.09 | .25 | 134,524 | 1,460 | 307 | | 8 | F | 30,206 | 5,000 |
| 9015 | 1.60 | .25 | 392,279 | 6,276 | 1,560 | | 5 | F | 19,484 | 5,000 |
| 9082 | .99 | .27 | 132,795 | 1,315 | 356 | | 6 | F | 2,629 | 2,629 |
| 9410 | 3.10 | .27 | 733,143 | 22,727 | 6,136 | | 5 | F | 4,665 | 4,665 |
| | | | | | | | 6 | F | 859 | 859 |
| Policy Total: | | | 18,913,116 | Subject Premium: | 0 | Total Act Inc Losses: | | 178,949 | | |

24-MISSOURI Firm ID: Firm Name: COUNTY OF BOONE

Carrier: 00000 Policy No. ERM6 Eff Date: 07/01/2007 Exp Date: 07/01/2008

| Code | ELR | D-Ratio | Payroll | Expected Losses | Exp Prim Losses | Claim Data | U | OF | Act Inc Losses | Act Prim Losses |
|----------------------|------|---------|------------|------------------|-----------------|------------------------------|---|---------|----------------|-----------------|
| 8506 | 3.08 | .20 | 1,935,813 | 59,598 | 11,920 | NO. 4 | 6 | * | 5,110 | 5,110 |
| 7720 | 1.61 | .24 | 5,878,298 | 94,008 | 22,706 | | 6 | F | 9,712 | 5,000 |
| 8391 | 1.80 | .25 | 10,171 | 153 | 38 | | 6 | O | 32,707 | 5,000 |
| 8601 | .30 | .21 | 720,979 | 2,163 | 454 | | 5 | F | 24,248 | 5,000 |
| 8810 | .14 | .26 | 5,078,151 | 7,109 | 1,848 | | 8 | F | 5,709 | 5,000 |
| 8820 | .17 | .24 | 1,930,827 | 3,282 | 788 | | 9 | F | 65,174 | 5,000 |
| 8835 | 1.09 | .25 | 124,425 | 1,356 | 339 | | 5 | F | 3,471 | 3,471 |
| 8866 | .23 | .27 | 46,916 | 108 | 29 | | 5 | F | 3,709 | 3,709 |
| 9015 | 1.60 | .25 | 406,377 | 8,486 | 1,622 | | 9 | O | 21,584 | 5,000 |
| 9082 | .99 | .27 | 145,887 | 1,442 | 389 | | | | | |
| 9410 | 3.10 | .27 | 735,380 | 22,797 | 6,155 | | | | | |
| Policy Total: | | | 17,009,230 | Subject Premium: | 0 | Total Act Inc Losses: | | 161,424 | | |

Copyright 1993-2009. All rights reserved. This experience modification factor is composed of computations and information which are the proprietary and exclusive property of the National Council on Compensation Insurance, Inc. (NCCI). No further use, dissemination, sale, transfer, assignment or disposition of this experience rating modification factor or any part thereof may be used without the written consent of NCCI. NCCI makes no representation or warranty, expressed or implied, as to any trailer whatsoever including but not limited to the accuracy of any information, product or service furnished hereunder and, as to NCCI, recipient of this experience rating modification factor subscribes to and utilizes the information service "as is".

* Total by Policy Year of at least \$2000 or 10% O: Other Loss X: Ex-Medical Coverage U: USL:RAY
 C: Catastrophic Loss E: Employers Liability Loss F: Limited Loss Page 3 of 3

WORKERS COMPENSATION EXPERIENCE RATING



Risk Name: COUNTY OF BOONE

Risk ID: 240010550

Rating Effective Date: 07/01/2010

Production Date: 03/24/2010

State: MISSOURI

| State | Wt | BRP | Exp Excess Losses | Expected Losses | Exp Prim Losses | Act Exe Losses | Ballast | Act Ino Losses | Act Prim Losses |
|-------|-----|-----|---------------------------|---------------------|---------------------|----------------------------|-------------|--------------------|---------------------|
| MO | .24 | 0 | 433,772 | 553,331 | 119,559 | 491,339 | 76,075 | 619,289 | 127,950 |
| (A) | (B) | (C) | Exp Excess Losses (C * E) | (D) Expected Losses | (E) Exp Prim Losses | (F) Act Exe Losses (H * I) | (G) Ballast | (H) Act Ino Losses | (I) Act Prim Losses |
| .24 | | | 433,772 | 553,331 | 119,559 | 491,339 | 76,075 | 619,289 | 127,950 |

| | Primary Losses | Stabilizing Value | Rateable Excess | Totals |
|----------|----------------|-------------------------|-------------------|-------------------------|
| Actual | (I) 127,950 | C * (I - A) + G 405,742 | (A) * (F) 117,921 | (J) 651,613 |
| Expected | (E) 119,559 | C * (I - A) + G 405,742 | (A) * (C) 104,105 | (K) 629,406 |
| Factors | ARAP 1.01 | FLARAP | SARAP | MAARAP |
| | | | | Exp Mod: (J) / (K) 1.04 |

*** WHILE THE INFORMATION CONTAINED IN THIS RATING WAS OBTAINED FROM NON-AFFILIATES WHO ATTESTED TO ITS ACCURACY, NCCI HAS NOT VERIFIED SUCH INFORMATION FOR DATA REPORTING VALUATIONS AND CANNOT GUARANTEE ITS ACCURACY OR COMPLETENESS OR MAKE ANY WARRANTIES WITH REGARD TO THE RESULTS OBTAINED FROM ITS USE. ***

Copyright 1993-2010, Financial Research Corporation. This experience modification factor is composed of computations and adjustments which are the property of Financial Research Corporation. No further use, dissemination, sale, transfer, assignment or disposition of this experience rating modification factor is permitted without the written consent of NCCI. NCCI makes no representation, warranty, or guarantee, as to any matter whatsoever including but not limited to the accuracy of any information, in respect to the information herein and, as to NCCI, acceptance of this experience rating modification factor is subject to and governed by the terms and conditions of the NCCI policy form "as is".

WORKERS COMPENSATION EXPERIENCE RATING



Risk Name: COUNTY OF BOONE

Risk ID: 240818558

Rating Effective Date: 07/01/2010

Production Date: 03/24/2010

State: MISSOURI

24-MISSOURI Firm ID: Firm Name: COUNTY OF BOONE
 Carrier: 00000 Policy No. ERM6 Eff Date: 07/01/2006 Exp Date: 07/01/2007

| Code | ELR | D-Ratio | Payroll | Expected Losses | Exp Prm Losses | Claim Date | J | QF | Act Inc Losses | Act Prm Losses |
|----------------------|------|---------|------------|------------------|----------------|------------------------------|---|---------|----------------|----------------|
| 5806 | 2.87 | .17 | 1,715,639 | 45,809 | 7,788 | NO. 3 | 6 | * | 3,890 | 3,890 |
| 7720 | 1.62 | .21 | 5,110,602 | 62,790 | 17,386 | | 6 | F | 3,267 | 3,267 |
| 8391 | 1.63 | .23 | 44,537 | 681 | 157 | | 5 | F | 28,314 | 5,000 |
| 8601 | .31 | .23 | 757,442 | 2,348 | 540 | | 6 | F | 36,400 | 5,000 |
| 8810 | .14 | .28 | 4,385,763 | 6,980 | 1,954 | | 8 | F | 38,382 | 5,000 |
| 8820 | .16 | .23 | 1,905,426 | 3,050 | 702 | | 9 | F | 10,953 | 5,000 |
| 8835 | 1.28 | .28 | 134,524 | 1,722 | 482 | | 9 | O | 61,666 | 5,000 |
| 9016 | 1.71 | .28 | 392,279 | 8,708 | 1,879 | | 6 | O | 35,092 | 5,000 |
| 9082 | .89 | .30 | 132,795 | 1,315 | 398 | | 6 | F | 2,529 | 2,529 |
| 9410 | 2.97 | .29 | 733,143 | 21,774 | 6,314 | | 5 | F | 4,665 | 4,665 |
| | | | | | | | 8 | F | 659 | 659 |
| | | | | | | | 6 | F | 1,007 | 1,007 |
| Policy Total: | | | 16,813,115 | Subject Premium: | 0 | Total Act Inc Losses: | | 246,924 | | |

24-MISSOURI Firm ID: Firm Name: COUNTY OF BOONE
 Carrier: 00000 Policy No. ERM6 Eff Date: 07/01/2007 Exp Date: 07/01/2008

| Code | ELR | D-Ratio | Payroll | Expected Losses | Exp Prm Losses | Claim Date | J | QF | Act Inc Losses | Act Prm Losses |
|----------------------|------|---------|------------|------------------|----------------|------------------------------|---|---------|----------------|----------------|
| 5500 | 2.67 | .17 | 1,935,013 | 51,665 | 6,783 | NO. 4 | 8 | * | 5,200 | 5,200 |
| 7720 | 1.62 | .21 | 5,870,295 | 95,196 | 19,991 | | 5 | F | 8,712 | 5,000 |
| 8391 | 1.53 | .23 | 19,171 | 156 | 36 | | 6 | F | 33,147 | 5,000 |
| 8601 | .31 | .23 | 729,979 | 2,235 | 514 | | 9 | O | 43,141 | 5,000 |
| 8810 | .14 | .28 | 5,078,151 | 7,109 | 1,991 | | 6 | F | 5,709 | 5,000 |
| 8820 | .16 | .23 | 1,930,827 | 3,089 | 710 | | 9 | F | 55,174 | 5,000 |
| 8835 | 1.28 | .28 | 124,426 | 1,593 | 446 | | 5 | F | 3,471 | 3,471 |
| 9060 | .23 | .30 | 46,916 | 108 | 32 | | 5 | F | 5,111 | 5,000 |
| 9015 | 1.71 | .28 | 405,377 | 9,932 | 1,941 | | 9 | F | 9,723 | 5,000 |
| 9082 | .89 | .30 | 145,087 | 1,442 | 433 | | | | | |
| 9410 | 2.97 | .29 | 735,389 | 21,841 | 6,334 | | | | | |
| Policy Total: | | | 17,009,230 | Subject Premium: | 0 | Total Act Inc Losses: | | 170,396 | | |

Copyright 1991-2010, All rights reserved. This experience modification factor is computed on the basis of actual losses and the policy history and exclusive property of the Financial Control and Compensation Services, Inc. (FCCS). It is not to be used, in whole or in part, to determine the experience rating modification factor of any other insured. It may be used without the written consent of FCCS. FCCS makes no representation or warranty, expressed or implied, as to any matter whatsoever mentioned but not limited to the accuracy of any information, product or service furnished hereunder and, as to FCCS, responsibility of this experience rating modification factor shall only be and always the administrative service loss.

* Total by Policy Year of \$2500 or less C Catastrophic Loss
 † Designated Loss E Employee's loss-by-loss
 ‡ Excess Loss F Financial Control
 § Excess Loss H Excess Loss
 ¶ Excess Loss I Excess Loss

MUSKATOW Page 2 of 3

WORKERS COMPENSATION EXPERIENCE RATING

NCCT Risk Name: COUNTY OF BOONE Risk ID: 240818558
 Rating Effective Date: 07/01/2010 Production Date: 03/24/2010 State: MISSOURI

24-MISSOURI Firm ID: Firm Name: COUNTY OF BOONE
 Carrier: 00000 Policy No. ERM6 Eff Date: 07/01/2008 Exp Date: 07/01/2009

| Code | ELR | D-Ratio | Payroll | Expected Losses | Exp Prim Losses | Claim Date | IF | OF | Act Inc Losses | Act Prim Losses |
|----------------------|------|---------|-------------------|-------------------------|-----------------|------------------------------|----|----|----------------|-----------------|
| 5506 | 2.67 | .17 | 1,869,467 | 49,674 | 0,446 | NO. 4 | 6 | * | 4,246 | 4,246 |
| 7720 | 1.62 | .21 | 5,770,886 | 93,498 | 19,632 | | 9 | O | 57,021 | 5,000 |
| 8391 | 1.53 | .23 | 88,557 | 1,355 | 312 | | 9 | O | 5,094 | 5,000 |
| 8601 | .31 | .23 | 802,156 | 2,487 | 578 | | 9 | O | 46,721 | 5,000 |
| 8810 | .14 | .20 | 6,081,775 | 7,114 | 1,992 | | 9 | O | 16,120 | 5,000 |
| 8820 | .16 | .23 | 1,022,716 | 3,076 | 707 | | 9 | O | 58,387 | 5,000 |
| 8835 | 1.20 | .28 | 133,837 | 1,713 | 480 | | 5 | F | 1,179 | 1,179 |
| 8868 | .23 | .30 | 66,974 | 159 | 49 | | 6 | F | 2,629 | 2,629 |
| 9015 | 1.71 | .28 | 399,890 | 6,838 | 1,915 | | 5 | F | 11,672 | 5,000 |
| 9082 | .99 | .30 | 128,660 | 1,273 | 382 | | | | | |
| 9410 | 2.97 | .29 | 727,646 | 21,611 | 6,267 | | | | | |
| Policy Total: | | | 16,985,454 | Subject Premium: | 0 | Total Act Inc Losses: | | | 201,960 | |

Copyright 1992-2010. All rights reserved. This experience modification factor is comprised of calculations and formulas which are the proprietary and exclusive property of the National Council on Compensation Insurance, Inc. (NCCI). No further use, dissemination, sale, transfer, assignment or disposition of this experience rating modification factor or any part thereof may be used without the written consent of NCCI. NCCI makes no representation or warranty, expressed or implied, as to any matter whatsoever including but not limited to the accuracy of any information, product or service furnished hereunder and, as to NCCI, exemption of this experience rating modification factor subsidiaries to and address the following service "as is".

* Total by Policy Year of 23 cases \$2000 or less D-Disability Loss X-Employee Coverage U-First Accrual
 C-Disability Loss E-Employer Liability Loss # Unpaid Loss Page 3 of 3

WORKERS COMPENSATION EXPERIENCE RATING



Risk Name: COUNTY OF BOONE MISSOURI

Risk ID: 2408 10550

Rating Effective Date: 07/01/2011

Production Date: 03/02/2011

State: MISSOURI

| | | | | | | | | | | | | |
|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|
| 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 |
| 101,349 | 101,349 | 101,349 | 101,349 | 101,349 | 101,349 | 101,349 | 101,349 | 101,349 | 101,349 | 101,349 | 101,349 | 101,349 |
| 30 | 439,543 | 522,071 | 82,476 | 387,080 | 76,400 | 400,439 | 101,349 | | | | | |

| | | | | | | | | |
|----------|-----|---------|-----------------|---------|-----------|---------|---------|---------|
| Actual | (I) | 101,349 | C * (I - A) + G | 384,080 | (A) * (F) | 110,127 | (J) | 599,556 |
| Expected | (E) | 82,476 | G * (I - A) + G | 384,080 | (A) * (C) | 131,853 | (K) | 599,419 |
| Factors | | 1.00 | | | | | (L) (K) | 1.00 |

RATING REFLECTS A DECREASE OF 70% MEDICAL ONLY PRIMARY AND EXCESS LOSS DOLLARS WHERE ERA IS APPLIED.

*** WHILE THE INFORMATION CONTAINED IN THIS RATING WAS OBTAINED FROM NON-AFFILIATES WHO ATTESTED TO ITS ACCURACY, NCCI HAS NOT VERIFIED SUCH INFORMATION FOR DATA REPORTING VALUATIONS AND CANNOT GUARANTEE ITS ACCURACY OR COMPLETENESS OR MAKE ANY WARRANTIES WITH REGARD TO THE RESULTS OBTAINED FROM ITS USE. ***

Copyright 1971-2011, All rights reserved. This computer-generated report is compiled of computer data for the duration which was provided and is the property of the National Council on Compensation Insurance, Inc. (NCCI). No part of this, its contents, copy, transfer, reproduction or distribution of this information may be used without the written consent of NCCI. NCCI makes no representation or warranty, expressed or implied, as to any errors or omissions in this report or the accuracy of any information, product or service furnished hereon, and NCCI disclaims all liability for any errors or omissions in this report or the accuracy of any information, product or service furnished hereon.

WORKERS COMPENSATION EXPERIENCE RATING



Risk Name: COUNTY OF BOONE MISSOURI

Risk ID: 240818058

Rating Effective Date: 07/01/2011

Production Date: 03/07/2011

State: MISSOURI

24-MISSOURI Firm ID: Firm Name: COUNTY OF BOONE MISSOURI
 Carrier: 00000 Policy No. ERM0 Eff Date: 07/01/2007 Exp Date: 07/01/2008

| Year | Rate | Exp | Premium | Subject | Rate | Exp | Premium | Subject | Rate | Exp | Premium | Subject | | |
|----------------------|------|-----|-----------|---------|---------|-----|---------|---------|-------|------------|------------------|---------|-----------------------|---------|
| 6506 | 2.50 | 11 | 1,800,019 | 40,376 | 070930d | 5 | F | 9,712 | 5,000 | | | | | |
| 7720 | 1.52 | 15 | 5,876,295 | 89,320 | 071210m | 9 | O | 43,141 | 5,000 | | | | | |
| 8091 | 1.90 | 18 | 10,174 | 751 | 08021h | 9 | F | 65,174 | 5,000 | | | | | |
| 8601 | .29 | 19 | 720,979 | 2,091 | 08030k | 5 | F | 5,111 | 5,000 | | | | | |
| 8810 | .12 | 23 | 5,028,161 | 5,194 | 08050j | 9 | F | 9,723 | 5,000 | | | | | |
| 8820 | .13 | 16 | 1,930,827 | 2,910 | 08110r | 9 | F | 83,329 | 5,000 | | | | | |
| 8825 | 1.22 | 24 | 124,424 | 384 | 081216p | 6 | F | 2,079 | 2,629 | | | | | |
| 8869 | .21 | 29 | 48,916 | 89 | 09010m | 9 | F | 11,672 | 5,000 | | | | | |
| 9015 | .16 | 24 | 205,877 | 609 | | | | | | | | | | |
| 9087 | .91 | 30 | 145,507 | 1,326 | | | | | | | | | | |
| 9110 | 2.67 | 24 | 780,889 | 16,870 | | | | | | | | | | |
| Policy Total: | | | | | | | | | | 17,069,230 | Subject Premium: | 0 | Total Act Inc Losses: | 170,399 |

24-MISSOURI Firm ID: Firm Name: COUNTY OF BOONE MISSOURI
 Carrier: 00000 Policy No. ERM0 Eff Date: 07/01/2008 Exp Date: 07/01/2009

| Year | Rate | Exp | Premium | Subject | Rate | Exp | Premium | Subject | Rate | Exp | Premium | Subject | | |
|----------------------|------|-----|-----------|---------|---------|-----|---------|---------|-------|------------|------------------|---------|-----------------------|---------|
| 6506 | 2.50 | 11 | 1,800,019 | 40,376 | 09020e | 9 | F | 48,186 | 5,000 | | | | | |
| 7720 | 1.52 | 15 | 5,778,800 | 87,717 | 09102a | 9 | F | 21,045 | 5,000 | | | | | |
| 8301 | 1.48 | 18 | 86,567 | 1,811 | 09102a | 9 | F | 40,904 | 5,000 | | | | | |
| 8901 | .26 | 19 | 892,166 | 2,326 | 09115d | 9 | F | 10,324 | 5,000 | | | | | |
| 8910 | .14 | 23 | 5,091,779 | 6,996 | 09116r | 9 | F | 83,329 | 5,000 | | | | | |
| 8820 | .13 | 16 | 1,022,716 | 2,500 | 09120f | 9 | F | 4,179 | 1,179 | | | | | |
| 8888 | 1.22 | 24 | 133,937 | 383 | 091216p | 6 | F | 2,079 | 2,629 | | | | | |
| 8988 | .21 | 29 | 68,974 | 145 | 09130m | 9 | F | 11,672 | 5,000 | | | | | |
| 9016 | .16 | 24 | 205,877 | 609 | | | | | | | | | | |
| 9082 | .91 | 30 | 128,560 | 1,170 | | | | | | | | | | |
| 9110 | 2.67 | 24 | 727,040 | 16,701 | | | | | | | | | | |
| Policy Total: | | | | | | | | | | 16,985,454 | Subject Premium: | 0 | Total Act Inc Losses: | 198,270 |

Copyright 2008 NCCI. All rights reserved. This experience rating is based on the information provided by the insured and is subject to the terms and conditions of the rating agreement. The information provided by the insured is the basis for the rating and is not to be used for any other purpose. The information provided by the insured is not to be used for any other purpose. The information provided by the insured is not to be used for any other purpose.

* Total by Policy Year of classes 5000 or less
 0 Catastrophic Loss
 0 Uninsured
 0 Unemployed Loss
 X% Mod of Coverage
 #13541000
 NCCI/AM Page 2 of 3

WORKERS COMPENSATION EXPERIENCE RATING



Risk Name: COUNTY OF BOONE MISSOURI

Risk ID: 240818558

Rating Effective Date: 07/01/2011

Production Date: 03/02/2011

State: MISSOURI

24-MISSOURI Firm ID: Firm Name: COUNTY OF BOONE MISSOURI

Carrier: 00000 Policy No.: ERM6 Eff Date: 07/01/2009 Exp Date: 07/01/2010

| Code | Rate | Exp | Rate | Exp | Rate | Exp | Rate | Exp | Rate | Exp | Rate | Exp |
|---------------|------|-----|------------|------------------|--------|-----------------------|------|---------|--------|--------|------|-----|
| 6500 | 2.20 | 15 | 1634,640 | 45,066 | 6,046 | 00111AM | 0 | F | 0 | 0 | 0 | 0 |
| 7720 | 1.62 | 15 | 6,980,080 | 84,953 | 12,743 | 100322h | 0 | F | 1,304 | 1,304 | 0 | 0 |
| 8090 | 1.48 | 10 | 103,082 | 1,976 | 370 | 0000176 | 0 | O | 20,200 | 20,200 | 0 | 0 |
| 8001 | 2.9 | 10 | 899,726 | 2,680 | 400 | 090029h | 0 | F | 40,220 | 40,220 | 0 | 0 |
| 8010 | 1.7 | 20 | 1,800,284 | 6,876 | 1,301 | 000030h | 0 | F | 2,042 | 2,042 | 0 | 0 |
| 8820 | 1.3 | 18 | 1,965,685 | 2,555 | 400 | 091020h | 0 | F | 22,430 | 22,430 | 0 | 0 |
| 8830 | 1.92 | 24 | 166,613 | 1,508 | 246 | 001110h | 0 | F | 0 | 0 | 0 | 0 |
| 9015 | 1.65 | 24 | 308,381 | 6,673 | 1,576 | 100204c | 5 | F | 1,720 | 1,720 | 0 | 0 |
| 9009 | 3.1 | 30 | 189,715 | 11,124 | 340 | 100400c | 0 | O | 0 | 0 | 0 | 0 |
| 9440 | 2.57 | 24 | 654,935 | 16,832 | 4,040 | | | | | | | |
| Policy Total: | | | 16,641,700 | Subject Premium: | 0 | Total Act Inc Losses: | | 112,227 | | | | |

Copyright 2004 NCCI. All rights reserved. This experience modification factor is computed on conditions and information which is the property of the National Council on Compensation Insurance, Inc. (NCCI). No further use, dissemination, sale, rental, assignment or disposition of this experience modification factor or any part thereof may be made without the written consent of NCCI. NCCI makes no representation or warranty, expressed or implied, as to any information including but not limited to the accuracy of any individual, period or total amount of experience modification factor, as to NCCI's reliance on the information and/or data used to calculate the experience modification factor.

* Total of Policy Year at risk \$2000 or less B) Number of Losses C) For Each of Coverage D) Rate Code E) For Each of Coverage Page 3 of 3

Boca Raton Service Center



March 24, 2010

KELLEY WHORL
5 STAR ADMINISTRATORS
906 SOUTH KIRKWOOD ROAD
ST. LOUIS, MO 63122

RE: COUNTY OF BOONE
State: MISSOURI
Risk ID: 240818558
Policy #: N/A
Policy Effective Date: N/A
CRM Tracking No: CSS00NG0X001

Dear Kelley Whorl:

Please find enclosed the experience modification worksheet you requested. The rating includes the ERM-6 data you provided for the above insured.

| Risk Name | Risk ID | FEIN | Rating Effective Date | Remarks |
|-----------------|-----------|-----------|-----------------------|-----------------|
| COUNTY OF BOONE | 240818558 | 436000349 | 07/01/2010 | Produced Rating |

Should you have any questions regarding this letter, please contact NCCI's Customer Service Center at 800-622-4123 and select Option 4.

Sincerely,

Glen Goldberg

Glen Goldberg
Experience Rating Department

901 Peninsula Corporate Circle, Boca Raton, FL 33487
Telephone: 800-622-4123

Notice: NCCI Holdings Inc. is a service provider on behalf of the National Council on Compensation Insurance Inc. ("NCCI").

VEHICLE AND OPERATING EQUIPMENT
SCHEDULE

| | Model Year (YYYY) | Chassis Manufacturer | Model |
|-----------------|----------------------|----------------------|---------------------|
| Public Works | 1990 | INTERNATIONAL | TRUCK |
| Public Works | 1996 | INTERNATIONAL | DUMP TRUCK |
| Public Works | 2000 | CHEVROLET | C3500 TRUCK |
| Public Works | 2001 | CHEVROLET | SILVERADO |
| Road and Bridge | 2002 | TRAILER | HUT-20 |
| Road and Bridge | 2002 | TRAILER | TS-10 |
| Public Works | 2002 | INTERNATIONAL | TRUCK |
| Public Works | 2002 | FORD | F550 TRUCK |
| Public Works | 2002 | FORD | F550 TRUCK |
| Public Works | 2002 | INTERNATIONAL | DUMP TRUCK |
| Public Works | 2002 | INTERNATIONAL | DUMP TRUCK |
| Public Works | 2002 | INTERNATIONAL | DUMP TRUCK |
| Public Works | 2003 | FORD | F550 TRUCK |
| Public Works | 2003 | TRAILER | WELLS CARGO UTILITY |
| Public Works | 2003 | TRAILER | WELLS CARGO UTILITY |
| Public Works | 2003 | TRAILER | WELLS CARGO UTILITY |
| Public Works | 2003 | TRAILER | DOOLITTLE |
| Public Works | 2003 | INTERNATIONAL | DUMP TRUCK |
| Public Works | 2004 | INTERNATIONAL | DUMP TRUCK |
| Public Works | 2004 | INTERNATIONAL | DUMP TRUCK |
| Public Works | 2005 | FORD | EXPLORER |
| Public Works | 2006 | INTERNATIONAL | OIL DISTRIBUTOR |
| Public Works | 2005 | CHEVROLET | 3500 TRUCK |
| Public Works | 2005 | CHEVROLET | DUMP TRUCK |
| Public Works | 2005 | CHEVROLET | DUMP TRUCK |
| Public Works | 2005 | TRAILER | CECI 20-TON FLATBED |
| Public Works | 2006 | INTERNATIONAL | DUMP TRUCK |
| Public Works | 2006 | INTERNATIONAL | DUMP TRUCK |
| Public Works | 2006 | INTERNATIONAL | DUMP TRUCK |
| Public Works | 2006 | FORD | F250 |
| Public Works | 2006 | TRAILER | EAGER BEAVER |
| Public Works | 2007 | INTERNATIONAL | TRUCK |
| Public Works | 2007 | INTERNATIONAL | TRUCK |
| Public Works | 2007 | INTERNATIONAL | TRUCK |
| Public Works | 2007 | INTERNATIONAL | TRUCK |
| Public Works | 2007 | TRAILER | DAKOTA |
| Public Works | 2007 | INTERNATIONAL | TRACTOR/TRAILER |
| Public Works | 2007 | CHEVROLET | SILVERADO |
| Public Works | 2007 | CHEVROLET | SILVERADO |
| Public Works | 2008 | INTERNATIONAL | TRACTOR/TRAILER |
| Public Works | 2009 | INTERNATIONAL | DUMP TRUCK |
| Public Works | 2009 | DODGE | RAM |
| Public Works | 1997 | CHEVROLET | SUBURBAN |
| Public Works | 2000 | CHEVROLET | TRUCK |

| | | |
|---------------------|----------------|----------------------|
| Public Works | 2002 FORD | CROWN VICTORIA |
| Public Works | 2002 CHEVROLET | BLAZER |
| Public Works | 2003 GMC | SIERRA |
| Public Works | 2003 GMC | SIERRA |
| Public Works | 2004 CHEVROLET | ASTRO VAN |
| Public Works | 2005 FORD | CROWN VICTORIA |
| Public Works | 2005 FORD | EXPLORER |
| Public Works | 2008 CHEVROLET | SILVERADO |
| Public Works | 2009 CHEVROLET | PICKUP |
| Assessor | 1993 FORD | TRUCK |
| Assessor | 1994 FORD | F150 |
| Assessor | 1995 FORD | F142 TRUCK |
| Assessor | 2000 CHEVROLET | LUMINA |
| Assessor | 2000 FORD | CROWN VICTORIA |
| Administrative | 2003 FORD | CROWN VICTORIA |
| Animal Control | 2007 FORD | VAN |
| Animal Control | 2008 CHEVROLET | VAN |
| Attorney | 2000 CHEVROLET | MALIBU |
| Attorney | 2005 FORD | EXPLORER |
| Attorney | 2007 CHEVROLET | MALIBU |
| Commission | 1996 FORD | CROWN VICTORIA |
| Commission | 1996 FORD | WINDSTAR |
| Commission | 1999 JEEP | CHEROKEE |
| Election Commission | 1990 FORD | TRUCK |
| JJC | 2000 CHEVROLET | VAN |
| JJC | 2001 FORD | ECONOLINE E350 |
| JJC | 2001 CHEVROLET | IMPALA |
| JJC | 2003 CHEVROLET | IMPALA |
| JJC | 2004 FORD | CROWN VICTORIA |
| JJC | 2007 FORD | FOCUS |
| Law Enforcement | 1996 FORD | ECONOLINE |
| Law Enforcement | 1998 ATV | KAWASAKI ALL TERRAIN |
| Law Enforcement | 1994 FORD | VAN |
| Law Enforcement | 1993 FORD | CONVERSION VAN |
| Law Enforcement | 2001 CHEVROLET | IMPALA |
| Law Enforcement | 2001 CHEVROLET | IMPALA |
| Law Enforcement | 2001 CHEVROLET | IMPALA |
| Law Enforcement | 2001 CHEVROLET | IMPALA |
| Law Enforcement | 2001 CHEVROLET | IMPALA |
| Law Enforcement | 2001 CHEVROLET | IMPALA |
| Law Enforcement | 2001 FORD | CROWN VICTORIA |
| Law Enforcement | 2003 FORD | CROWN VICTORIA |
| Law Enforcement | 2003 CHEVROLET | IMPALA |
| Law Enforcement | 2003 CHEVROLET | IMPALA |
| Law Enforcement | 2003 FORD | CROWN VICTORIA |
| Law Enforcement | 2003 FORD | CROWN VICTORIA |
| Law Enforcement | 2003 FORD | EXPLORER |

| | | |
|-----------------|----------------|--------------------|
| Law Enforcement | 2004 FORD | EXPLORER |
| Law Enforcement | 2004 CHEVROLET | EXTENDED CAB TRUCK |
| Law Enforcement | 2004 TRAILER | CARGO |
| Law Enforcement | 2004 FORD | CROWN VICTORIA |
| Law Enforcement | 2004 FORD | CROWN VICTORIA |
| Law Enforcement | 2004 FORD | CROWN VICTORIA |
| Law Enforcement | 2004 CHEVROLET | IMPALA |
| Law Enforcement | 2005 FORD | CROWN VICTORIA |
| Law Enforcement | 2005 CHEVROLET | CARGO VAN |
| Law Enforcement | 2005 FORD | CROWN VICTORIA |
| Law Enforcement | 2005 FORD | CROWN VICTORIA |
| Law Enforcement | 2006 FORD | CROWN VICTORIA |
| Law Enforcement | 2005 FORD | CROWN VICTORIA |
| Law Enforcement | 2005 FORD | CROWN VICTORIA |
| Law Enforcement | 2005 FORD | CROWN VICTORIA |
| Law Enforcement | 2006 FORD | TAURUS |
| Law Enforcement | 2006 FORD | TAURUS |
| Law Enforcement | 2006 FORD | CROWN VICTORIA |
| Law Enforcement | 2006 FORD | E350 TRUCK |
| Law Enforcement | 2007 FORD | TAURUS |
| Law Enforcement | 2007 CHEVROLET | IMPALA |
| Law Enforcement | 2007 CHEVROLET | SILVERADO |
| Law Enforcement | 2007 FORD | CROWN VICTORIA |
| Law Enforcement | 2007 FORD | CROWN VICTORIA |
| Law Enforcement | 2007 FORD | CROWN VICTORIA |
| Law Enforcement | 2007 FORD | CROWN VICTORIA |
| Law Enforcement | 2007 FORD | CROWN VICTORIA |
| Law Enforcement | 2007 FORD | CROWN VICTORIA |
| Law Enforcement | 2007 FORD | CROWN VICTORIA |
| Law Enforcement | 2007 FORD | CROWN VICTORIA |
| Law Enforcement | 2007 FORD | CROWN VICTORIA |
| Law Enforcement | 2007 FORD | E-SERIES VAN |
| Law Enforcement | 2007 FORD | E-SERIES VAN |
| Law Enforcement | 2008 FORD | CROWN VICTORIA |
| Law Enforcement | 2008 FORD | CROWN VICTORIA |
| Law Enforcement | 2008 FORD | CROWN VICTORIA |
| Law Enforcement | 2008 FORD | CROWN VICTORIA |
| Law Enforcement | 2008 FORD | CROWN VICTORIA |
| Law Enforcement | 2008 FORD | CROWN VICTORIA |
| Law Enforcement | 2008 FORD | CROWN VICTORIA |
| Law Enforcement | 2008 CHEVROLET | TRAILBLAZER |
| Law Enforcement | 2008 FORD | CROWN VICTORIA |
| Law Enforcement | 2008 FORD | CROWN VICTORIA |
| Law Enforcement | 2009 FORD | CROWN VICTORIA |
| Law Enforcement | 2009 FORD | CROWN VICTORIA |

| | | |
|-------------------|--------------------|----------------------|
| Law Enforcement | 2009 FORD | CROWN VICTORIA |
| Law Enforcement | 2009 FORD | CROWN VICTORIA |
| Law Enforcement | 2009 FORD | CROWN VICTORIA |
| Law Enforcement | 2009 FORD | CROWN VICTORIA |
| Law Enforcement | 2000 FORD | EXPLORER |
| Law Enforcement | 2009 FORD | CROWN VICTORIA |
| Law Enforcement | 2009 FORD | CROWN VICTORIA |
| Law Enforcement | 2009 FORD | CROWN VICTORIA |
| Law Enforcement | 2009 FORD | CROWN VICTORIA |
| Law Enforcement | 2009 FORD | CROWN VICTORIA |
| Law Enforcement | 2009 FORD | CROWN VICTORIA |
| Law Enforcement | 2009 FORD | CROWN VICTORIA |
| Law Enforcement | 2009 FORD | CROWN VICTORIA |
| Law Enforcement | 2009 DODGE | CHARGER |
| Law Enforcement | 2009 CHEVROLET | IMPALA |
| Law Enforcement | 2010 DODGE | CHARGER |
| Law Enforcement | 2010 CHEVROLET | TAHOE |
| Law Enforcement | 2010 FORD | CROWN VICTORIA |
| Law Enforcement | 2010 FORD | CROWN VICTORIA |
| Law Enforcement | 2010 FORD | CROWN VICTORIA |
| Law Enforcement | 2010 FORD | CROWN VICTORIA |
| Law Enforcement | 2010 FORD | CROWN VICTORIA |
| Law Enforcement | 2010 FORD | CROWN VICTORIA |
| Law Enforcement | 2010 FORD | CROWN VICTORIA |
| Maintenance | 1994 TRAILER | HULL TILT |
| Maintenance | 1996 TRAILER | WIL-ROW FLAT BED |
| Maintenance | 1997 FORD | F350 TRUCK |
| Maintenance | 1997 FORD | RANGER |
| Maintenance | 1997 FORD | AEROSTAR VAN |
| Maintenance | 2005 CHEVROLET | SILVERADO |
| Maintenance | 2009 CHEVROLET | PICKUP |
| Planning & Zoning | 2002 GMC | 1500 TRUCK |
| Planning & Zoning | 2003 GMC | SIERRA |
| Planning & Zoning | 2003 FORD | EXPLORER |
| Planning & Zoning | 2005 FORD | EXPLORER |
| Planning & Zoning | 2007 CHEVROLET | TRAILBLAZER |
| Planning & Zoning | 2008 CHEVROLET | SILVERADO |
| Public Works | 1994 TRAILER | TOWMASTER FLATBED |
| Public Works | 2011 TRAILER | INTERSTATE 40DLA |
| Public Works | 2011 INTERNATIONAL | W/ETNYRE DISTRIBUTOR |

| Subsidiary | Description | Serial Number | Insured Value |
|--------------|--|-------------------|---------------|
| | ADDCO Trailer Mounted Message Board | 522171007 | 11477.00 |
| Public Works | ADDCO Trailer Mounted Message Board | 522181007 | 11477.00 |
| | Alamo Boom Shear Head Assembly | 10158 | 6940.00 |
| Public Works | Aikota Portable Hot Water/Steam Cleaner | 217707 | 4952.00 |
| Public Works | Bobcat Skid-Steer | 525816974 | 36531.00 |
| Public Works | Bobcat Skid-Steer | 525816828 | 36531.00 |
| Public Works | Bradco Tiller 78" Broce Ride on Broom (self-propelled) | 197714 | 4773.00 |
| Public Works | Broce Road Sweeper | 405076 | 28250.00 |
| Public Works | Case Backhoe | 404180PE4045DF270 | 29233.00 |
| Public Works | Case Backhoe | NGC411672 | 72876.00 |
| Public Works | Case Backhoe AWD w/Trenching Bucket | JIG0375033 | 74607.00 |
| Public Works | Case Forklift 6000lb 4wd | JIG0375035 | 74607.00 |
| Public Works | Case Skid Steer | JIG0250098 | 37454.00 |
| Public Works | Case Wheel Loader | JAF00450N7M446060 | 37987.00 |
| Public Works | Case Wheel Loader | JEE0125334 | 105336.00 |
| Public Works | Case Wheel Loader | JEE0200050 | 84177.00 |
| Public Works | CAT Track Loader | 2DS01527 | 200955.00 |
| | Cimline Magma HM Asphalt Crack Seal Mchn | 5110215 | 33741.00 |
| Public Works | Dura Pothole Patcher | 1379 | 36296.00 |
| | Dynapac Vibratory Asphalt Comp Roller | DW672D613083 | 29250.00 |
| Public Works | Easy Lawn Hydro Seeder #2795 | 20802 | 8293.00 |
| Public Works | Easy Lawn Straw Blower | 20801 | 7813.00 |
| Public Works | Entyre Chip Spreader Self -Prop | K6561 | 226825.00 |
| Public Works | Ethyre Bituminous Pumping Unit | P3510 | 9168.00 |
| | Ethyre Bituminous Pumping Unit 30HP | P3510 | 8328.00 |
| Public Works | Ford Tractor W/Sickle Side Mower | BD93195 | 22000.00 |
| | Good Roads Snow Plow 10X36 Reversible | 2673-D | 4623.00 |
| Public Works | Hamlin Drum Roller (Smooth) 84" | 111690844 | 64000.00 |

| | | | |
|--------------|-----------------------------------|-----------|----------|
| Public Works | Hamm Roller Vibratory | 47668 | 39360.00 |
| Public Works | Henderson Material Spreader | WSH-24310 | 14200.00 |
| Public Works | Henderson Spreader Dry Material | WSH-21985 | 12199.00 |
| Public Works | Henderson Spreader Dry Material | WSH-21984 | 12199.00 |
| Public Works | Henderson Spreader Dry Material | WSH-21986 | 12199.00 |
| Public Works | Henderson Spreader Material V-Box | 23225 | 14200.00 |
| Public Works | Henderson V-Box Spreader | WSH-24308 | 14200.00 |
| Public Works | Henderson V-Box Spreader | WSH-24309 | 14200.00 |
| Public Works | Henke Push Blade | | |
| Public Works | Dozer/Motorgrader | 6622 | 3395.00 |
| Public Works | Henke Push Blade | | |
| Public Works | Dozer/Motorgrader | 6620 | 3395.00 |
| Public Works | Henke Push Blade | | |
| Public Works | Dozer/Motorgrader | 6621 | 3395.00 |
| Public Works | Henke Snow Plow | 3750 | 3600.00 |
| Public Works | Henke Snow Plow | 8083 | 5191.00 |
| Public Works | Henke Snow Plow | 8082 | 4891.00 |
| Public Works | Henke Snow Plow | 8081 | 5091.00 |
| Public Works | Henke 36R10 Snow Plow | 6854 | 4150.00 |
| Public Works | Henke 36R10 Snow Plow | 6853 | 4150.00 |
| Public Works | Henke 36R10 Snow Plow | 6852 | 4150.00 |
| Public Works | Henke 36R10 Snow Plow | 3749 | 4150.00 |
| Public Works | Henke 36R10 Snow Plow | 3748 | 4150.00 |
| Public Works | Henderson WSH Material Spreader | 22356 | 12352.00 |
| Public Works | Henderson WSH Material Spreader | 22355 | 12352.00 |
| Public Works | Henderson WSH Material Spreader | 22354 | 12352.00 |
| Public Works | Henke Snow Plow 10" Reversible | 4920 | 4615.00 |
| Public Works | Henke Snow Plow 10" Reversible | 4921 | 4615.00 |
| Public Works | Henke Snow Plow 10" Reversible | 4922 | 4615.00 |
| Public Works | Henke Snow Plow 10" Reversible | | |
| Public Works | #3007 | 5078 | 4761.00 |
| Public Works | Henke Snow Plow 10" Reversible | | |
| Public Works | #3011 | 5079 | 4761.00 |

| | | | |
|--------------|--------------------------------|-------------------|-----------|
| | Henke Snow Plow 11" Reversible | | |
| Public Works | Power | 2311 | 4248.00 |
| Public Works | Henke Vee Plow | 82-1428 | 2962.00 |
| | HTC Hydraulic Truck Conveyor | | |
| Public Works | w/Ext | 1E03551127 | 4693.00 |
| Public Works | HTC Inc Hydrolic Conveyor | 8G0553815 | 16933.00 |
| | HWY Eqpt Co Salt Spreader w/6" | | |
| Public Works | Side Ext | 120969 | 4695.00 |
| | HWY Equip Co Spreader Dry | | |
| Public Works | Material | 121489 | 4815.00 |
| | HWY Equip Co Spreader Dry | | |
| Public Works | Material | 121490 | 4815.00 |
| | Hydro Tek Sys Inc Towable Hot- | | |
| Public Works | Water Wshr | 200200439 | 11775.00 |
| Public Works | Hypac Pneumatic Tire Roller | 90158580861037 | 40478.00 |
| | Hypac Vibratory Roller Single | | |
| Public Works | Drum | 901581 E11 | 66000.00 |
| Public Works | JCB Excavator | SLP1522C5E1019508 | 175000.00 |
| Public Works | JCB Track Excavator | JCB1522CL71701835 | 134950.00 |
| | John Deere 13175 Mower Boom | | |
| Public Works | John Deere 13175 Mower Boom | RW7210M 059328 | 105000.00 |
| | John Deere Crawler Dozer #2782 | | |
| Public Works | John Deere Crawler Dozer #2782 | T0750CX821106 | 118107.00 |
| | John Deere Motor Grader 2009 | | |
| Public Works | John Deere Motor Grader 2009 | DW672GX625756 | 266200.00 |
| | John Deere Motor Grader 2009 | | |
| Public Works | John Deere Motor Grader 2009 | DW672GX625776 | 266200.00 |
| Public Works | John Deere Motor Grader | DW672CH586837 | 170500.00 |
| Public Works | John Deere Motor Grader | DW672CH592818 | 174000.00 |
| Public Works | John Deere Motor Grader | DW672CH592795 | 174000.00 |
| Public Works | John Deere Motor Grader | DW672CH592820 | 174000.00 |
| Public Works | John Deere Motor Grader | DW672DX598563 | 183350.00 |
| Public Works | John Deere Motor Grader | DW672D613144 | 188850.00 |
| Public Works | John Deere Motor Grader | DW672D613083 | 188850.00 |
| | John Deere Tiger Tractor w/ | | |
| Public Works | Boom Mower | RW722R0036076 | 105000.00 |
| | John Deere Tiger Tractor w/ | | |
| Public Works | Boom Mower | RW722R002944 | 105000.00 |
| | John Deere Tiger Tractor w/19" | | |
| Public Works | Boom Mower | LO6420H461431 | 102161.00 |
| | John Deere Tiger Tractor w/19" | | |
| Public Works | Boom Mower | LO6420H455897 | 102161.00 |
| | layton MFG Pull behind Paver | | |
| Public Works | layton MFG Pull behind Paver | D-10951-K-B | 39972.00 |

| | | | |
|--------------|---|---------------|----------|
| Public Works | Miller Welder Bobcat | LC073574 | 3386.00 |
| Public Works | Morbark Brush Chipper | 51155 | 36500.00 |
| Public Works | Rylind Blade Dozer Motorgrader | 8602 | 3715.00 |
| Public Works | Rylind Blade Dozer Motorgrader | 8702 | 3715.00 |
| Public Works | Rylind Push Blade for Motorgrader 8' | VV27-9305 | 4125.00 |
| Public Works | Rylind Push Blade for Motorgrader 8' | 9105 | 4125.00 |
| Public Works | Rylind Push Blade for Motorgrader 8' | 9205 | 4125.00 |
| Public Works | Rylind Push Blade for Motorgrader 8' | 9405 | 4125.00 |
| Public Works | Spreader 13' Stainless Steel | | 8850.00 |
| Public Works | Stone Tamper Compactor | 1951068 | 2790.00 |
| Public Works | Stone Tamper Compactor | 1951069 | 2790.00 |
| Public Works | Stone Vibratory Plate Compactor | 1951093 | 2185.00 |
| Public Works | Stone Vibratory Plate Compactor | 1951091 | 2185.00 |
| Public Works | Sweepster Pull Behind Sweeper | 943540 | 4586.00 |
| Public Works | Swenson Spreader | 0708-3368 | 13400.00 |
| Public Works | Swenson Spreader 13' Stainless Steel | 0506-1218 | 8850.00 |
| Public Works | Swenson Spreader 13' Stainless Steel | 0506-1220 | 8850.00 |
| Public Works | Swenson Spreader 13' Stainless Steel | 0506-1219 | 8850.00 |
| Public Works | Vermeer 8C1250 Brush Chipper | 4661 | 20562.00 |
| Public Works | Vlmig Grapple Bucket | 41463 | 3602.00 |
| Public Works | Wacker Vibratory Roller | 658201218 | 9332.00 |
| Public Works | Western Snow Plow | 60308 | 2980.00 |
| Public Works | Western Snow Plow | 66901 | 3065.00 |
| Public Works | Western Snow Plow | | 3065.00 |
| Public Works | Western Material Spreader w/ Engine | 8128161038566 | 4230.00 |
| Public Works | Westendorf Landscaper 12' | | 2056.00 |

Statement of Specific and Aggregate
Insurance



MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
DIVISION OF WORKERS' COMPENSATION

3315 WEST TRUMAN BLVD.
P. O. BOX 66
JEFFERSON CITY, MO 65102-0066

STATEMENT OF SPECIFIC AND AGGREGATE EXCESS INSURANCE COVERAGE
(To Be Filed By Self-Insured)

Name of Approved Self-Insured: COUNTY OF BOONE, MISSOURI
Other Named Insureds on Policy: _____
(Please attach separate sheet if necessary)
Address of Self-Insured: 801 E. WALNUT
COLUMBIA, MO 65201-4890

Insurance Company Issuing Policy: SAFETY NATIONAL CASUALTY CORPORATION, Policy No. AGC4042330

To remain in compliance with *The Rules Governing Self-Insurance*, the insurance company must:

- A. Be AM Best rated A- or better.
- B. Be an admitted carrier by the Missouri Department of Insurance, and
- C. Provide the division, by certified mail, notice of cancellation or nonrenewal sixty (60) days before actual termination.

Named State: Missouri

1) Policy period:

From: July 01, 2010
To: July 01, 2011

2) Specific retention level:

Each accident: \$ 400,000
Each employee for disease: \$ 400,000

3) Specific limit each accident

Policy Part One, Workers' Compensation: Statutory
Policy Part Two, Employers Liability: \$ 1,000,000 PER OCC.

4) Specific limit each employee for disease:

Policy Part One, Workers' Compensation: Statutory
Policy Part Two, Employers Liability: \$ 1,000,000 PER OCC.

5) Aggregate excess retention:

Normal premium multiplied by: 255.00 %
Minimum retention: \$ 1,020,915

6) Aggregate excess limit: \$ 1,000,000

7) Check here if aggregate excess coverage is not purchased. _____

I swear the above information is true under penalty of perjury.

Gene R. Maier

June 28, 2010

Signature Gene R. Maier, Senior Vice President, Underwriting
(Representative of self-insured entity or insurance company only)

Date

SAFETY NATIONAL CASUALTY CORPORATION, 1832 SCHUETZ ROAD, ST. LOUIS, MO 63146-3540
Company Name and Address

WC-121 (5-98) AI



MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
DIVISION OF WORKERS' COMPENSATION

3315 WEST TRUMAN BLVD.
P.O. BOX 58
JEFFERSON CITY, MO 65102-0058

STATEMENT OF SPECIFIC AND AGGREGATE EXCESS INSURANCE COVERAGE
(To Be Filed By Self-Insured)

Name of Approved Self-Insured: COUNTY OF BOONE, MISSOURI
Other Named Insureds on Policy: _____
(Please attach separate sheet if necessary)
Address of Self-Insured: 801 E. WALNUT
COLUMBIA, MO 65201-4080

Insurance Company Issuing Policy: SAFETY NATIONAL CASUALTY CORPORATION, Policy No. AGC-3D46-MO
To remain in compliance with the Rules Governing Self-Insurance, the insurance company must:
A. Be an AM Best rated A- or better.
B. Be an admitted carrier by the Missouri Department of Insurance, and
C. Provide the division, by certified mail, notice of cancellation or nonrenewal sixty (60) days before actual termination.

Named State: Missouri

- 1) Policy period:
From: July 1, 2009
To: July 1, 2010
- 2) Specific retention level:
Each accident: \$400,000
Each employee for disease: \$400,000
- 3) Specific limit each accident:
Policy Part One, Workers' Compensation: STATUTORY
Policy Part Two, Employers' Liability: \$1,000,000 PER OCC
- 4) Specific limit each employee for disease:
Policy Part One, Workers' Compensation: STATUTORY
Policy Part Two, Employers' Liability: \$1,000,000 PER OCC
- 5) Aggregate excess retention:
Normal premium multiplied by: 225.00 %
Minimum retention: \$1,025,820
- 6) Aggregate excess limit: \$1,000,000
- 7) Check here if aggregate excess coverage is not purchased. _____

I swear the above information is true under penalty of perjury.

Gene R. Maler July 18, 2009
Signature Gene R. Maler, Senior Vice President, Underwriting Date
(Representative of self-insured entity or insurance company only)

SAFETY NATIONAL CASUALTY CORPORATION, 1832 SCHUETZ ROAD, ST. LOUIS, MO 63146-3540
Company Name and Address

WC-121 (5-98) AI



MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
DIVISION OF WORKERS' COMPENSATION

3315 WEST TRUMAN BLVD.
P.O. BOX 59
JEFFERSON CITY, MO 65102-0058

STATEMENT OF SPECIFIC AND AGGREGATE EXCESS INSURANCE COVERAGE
(To Be Filed By Self-Insured)

Name of Approved Self-Insured: COUNTY OF BOONE, MISSOURI
Other Named Insureds on Policy: _____
(Please attach separate sheet if necessary)
Address of Self-Insured: 801 E. WALNUT
COLUMBIA, MO 65201-1890

Insurance Company Issuing Policy: SAFETY NATIONAL CASUALTY CORPORATION, Policy No. AGC-2K61-MO
To remain in compliance with The Rules Governing Self-Insurance, the insurance company must:
A. Be AM Best rated A- or better,
B. Be an admitted carrier by the Missouri Department of Insurance, and
C. Provide the division, by certified mail, notice of cancellation or nonrenewal sixty (60) days before actual termination.

Named State: Missouri

- 1) Policy period:
From: July 1, 2008
To: July 1, 2009
- 2) Specific retention level:
Each accident: \$400,000 Firefighters & Police Officers/\$350,000 All Other
Each employee for disease: \$400,000 Firefighters & Police Officers/\$350,000 All Other
- 3) Specific limit each accident:
Policy Part One, Workers' Compensation: STATUTORY
Policy Part Two, Employers Liability: \$1,000,000
- 4) Specific limit each employee for disease:
Policy Part One, Workers' Compensation: STATUTORY
Policy Part Two, Employers Liability: \$1,000,000
- 5) Aggregate excess retention:
Normal premium multiplied by: 225.00 %
Minimum retention: \$1,000,000
- 6) Aggregate excess limit: \$1,000,000

7) Check here if aggregate excess coverage is not purchased. _____

COPY

I swear the above information is true under penalty of perjury.

Gene R. Major

July 14, 2008

Signature Gene R. Major, Senior Vice President, Underwriting
(Representative of self-insured entity or insurance company only)

Date

SAFETY NATIONAL CASUALTY CORPORATION, 2043 WOODLAND PARKWAY, SUITE 200, ST. LOUIS, MO 63146
Company Name and Address

WC-121 (5-98) AI



MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
 DIVISION OF WORKERS' COMPENSATION
STATEMENT OF SPECIFIC AND AGGREGATE EXCESS INSURANCE COVERAGE
 (To Be Filed By Self-Insured)

3315 WEST TRUMAN BLVD.
 R.O. BOX 50
 JEFFERSON CITY, MO 65102-0050

Name of Approved Self-Insured: COUNTY OF BOONE, MISSOURI
 Other Named Insureds on Policy: _____
 (Please attach separate sheet if necessary)
 Address of Self-Insured: 801 E. WALNUT
COLUMBIA, MO 65201-4890

Insurance Company Issuing Policy: Safety National Casualty Corporation Policy No. AGC-1R47-MO
 To remain in compliance with *The Rules Governing Self-Insurance*, the insurance company must:
 A. Be AM Best rated A- or better,
 B. Be an admitted carrier by the Missouri Department of Insurance, and
 C. Provide the division, by certified mail, notice of cancellation or nonrenewal sixty (60) days before actual termination.

Named State: Missouri

- 1) Policy period:
 From: 7/1/07
 To: 7/1/08
- 2) Specific retention level:
 Each accident: \$400,000 FIREFIGHTERS, POLICE OFFICERS & DRIVERS
\$350,000 ALL OTHER
 Each employee for disease: \$400,000 FIREFIGHTERS, POLICE OFFICERS & DRIVERS
\$350,000 ALL OTHER
- 3) Specific limit each accident:
 Policy Part One, Workers' Compensation: STATUTORY
 Policy Part Two, Employers Liability: \$1,000,000 PER OCC
- 4) Specific limit each employee for disease:
 Policy Part One, Workers' Compensation: STATUTORY
 Policy Part Two, Employers Liability: \$1,000,000 PER OCC
- 5) Aggregate excess retention:
 Normal premium multiplied by: 205.0%
 Minimum retention: \$1,000,000
- 6) Aggregate excess limit: \$1,000,000
- 7) Check here if aggregate excess coverage is not purchased. _____

I swear the above information is true under penalty of perjury.

Gene R. Major
 Signature Gene R. Major, Senior Vice President-Underwriting Date 6/26/07
 (Representative of self-insured entity or insurance company only)

Safety National Casualty Corporation, 2043 Woodland Pkwy, Suite 200, St. Louis, MO 63146
 Company Name and Address

WC-121 (5-98)

**SAFETY NATIONAL CASUALTY CORPORATION
EXCESS WORKERS COMPENSATION INSURANCE BINDER**

NAME INSURED EMPLOYER: COUNTY OF BOONE, MISSOURI
ADDRESS: 801 E. WALNUT, COLUMBIA, MO 65201-4890
POLICY NUMBER: AGC-9730-MO
TYPE OF INSURANCE: Specific Excess and Aggregate Excess Workers' Compensation
and Employers' Liability Insurance
LOCATION(S): MISSOURI
POLICY LIABILITY PERIOD: July 1, 2006 through July 1, 2007

This is to certify that the above named Insured Employer is covered by Specific Excess and Aggregate Excess Workers' Compensation and Employers' Liability Insurance by the CORPORATION.

| | | |
|--|----|-----------|
| <u>Specific Excess Insurance</u> | | |
| Self-Insured Retention Per Occurrence | \$ | 350,000 |
| Maximum Limit of Indemnity Per Occurrence | \$ | STATUTORY |
| Employers' Liability Maximum Limit of Indemnity Per Occurrence | \$ | 1,000,000 |

| | | |
|--|----|-----------|
| <u>Aggregate Excess Insurance</u> | | |
| Loss Fund Percentage for the Liability Period | | 100.00 % |
| Minimum Loss Fund for the Liability Period | \$ | 800,000 |
| Maximum Limit of Indemnity of the CORPORATION for the Liability Period | \$ | 1,000,000 |

| | | |
|--|----------------------------------|--------|
| <u>Other Terms</u> | | |
| Premium Rate | 0.25% of Annual Standard Premium | |
| Minimum Premium for the Liability Period | \$ | 27,562 |
| Deposit Premium for the Payroll Reporting Period | \$ | 27,562 |

This binder is effective July 1, 2006 to policy issuance and is subject to all the terms and conditions of, and shall be automatically terminated and superseded by, the Excess Workers' Compensation Agreement and Employers' Liability Insurance Agreement when issued.

Issued at St. Louis, Missouri, on June 30, 2006.

SAFETY NATIONAL CASUALTY CORPORATION

By: Gene R. Meier,
Senior Vice President of Underwriting

2043 Woodland Parkway Suite 200

St. Louis MO 63148

314-995-5300 fax 314-995-3843

SALE INTERNATIONAL GROUP / CONSTRUCTION
 2043 WOODLAND PARKWAY, SUITE 200
 ST. LOUIS, MO 63146

PHONE # (314)995-5300

FAX # (314)995-3843

TO: UHLEMEYER SERVICES (MO)
 PHONE: (314) 965-7474
 FROM: Dan Cesar

ATTN: RANDY SCHRUPP
 FAX: (314) 965-9399
 DATE: June 02, 2005

EXCESS WORKERS' COMPENSATION INSURANCE QUOTATION

| | |
|---|--------------------------------------|
| Name of Risk: COUNTY OF BOONE, MISSOURI(MO) | |
| Effective Date: 07/01/2005 | Expiration Date of Quote: 07/02/2005 |
| Account: 6020260 | Specific & Aggregate Excess |
| Estimated Annual Payroll | \$ 16,277,000 |
| Estimated Annual Manual Premium | \$ 443,505 |
| SNCC Experience Modification | 1.000 |
| Term, Years | 1 |
| Term Standard Premium | \$ 443,505 |
| Loss Fund Percentage | 125.00 % |
| Estimated Loss Fund | \$ 554,381 |
| Minimum Term Loss Fund | \$ 554,381 |
| Aggregate Excess Limit | \$ 1,000,000 |
| Specific Excess Limit | Statutory |
| SLR Loss Limitation | \$ 250,000 |
| Employer Liability Limit | \$ 1,000,000 |
| Premium Rate | 0.76% |
| Deposit Premium | \$ 23,937 |
| Term Minimum Premium | \$ 20,037 |

SAFETY NATIONAL CASUALTY CORPORATION
 1832 SCHUETZ ROAD
 ST. LOUIS, MO 63146

DECLARATIONS – SPECIFIC AND AGGREGATE EXCESS

AGC4042330

- Item 1. Employer: COUNTY OF BOONE, MISSOURI
 Address: 801 E. WALNUT, COLUMBIA, MO 65201-4890
- Item 2. This Agreement covers all business operations of the EMPLOYER as a Self-Insurer in the following State(s): MISSOURI
- Item 3. Effective Date: 12:01 A.M. July 01, 2010
- Item 4. Anniversary Date: 12:01 A.M. July 01, 2011
- Item 5. The Service Company shall be 5STAR ADMINISTRATORS, INC.

| Item 6. CLASSIFICATIONS OF OPERATIONS | Code Number | Estimated Total Annual Remuneration/Manhours | Rate Per \$ 100 Remuneration/Manhours |
|---------------------------------------|-------------|--|---------------------------------------|
| See Attached | | | |
| | | Total Estimated Manual Premium | \$ 400,359 |
| | | SNCC Experience Modification Factor | 1.000 |
| | | Total Estimated Standard Premium | \$ 400,359 |

Specific Excess Insurance

- Item 7. Self-insured Retention Per Occurrence \$ 400,000
- Item 8. (a) Maximum Limit of Indemnity Per Occurrence Statutory
 (b) Employers' Liability Maximum Limit of Indemnity Per Occurrence \$ 1,000,000

Aggregate Excess Insurance

- Item 9. Loss Fund Percentage 255.00 %
- Item 10. Minimum Loss Fund for the Liability Period \$ 1,020,915
- Item 11. Maximum Limit of Indemnity of the CORPORATION for the Liability Period \$ 1,000,000

Other Terms

- Item 12. Premium Rate 7.08 % of Annual Standard Premium
- Item 13. Minimum Premium for the Liability Period \$ 28,345
- Item 14. Deposit Premium for the Payroll Reporting Period \$ 28,345
- Item 15. Payroll Reporting Period Annually as of July 01
- Item 16. Endorsements See Endorsement Schedule

Signed at St. Louis, Missouri on July 16, 2010

Countersigned this day of

By: _____ N/A _____

 Secretary

DAGC-0195

SPECIFIC EXCESS AND AGGREGATE EXCESS
WORKERS' COMPENSATION AND
EMPLOYERS' LIABILITY INSURANCE AGREEMENT

SAFETY NATIONAL CASUALTY CORPORATION
ST. LOUIS, MISSOURI

(Hereinafter called the CORPORATION)

In consideration of the payment of premium and subject to all the terms of this Agreement, hereby agrees with the EMPLOYER named in the Declarations (hereinafter called the EMPLOYER), as follows:

A. Coverage of Agreement

This Agreement applies only to Loss sustained by the EMPLOYER because of liability imposed upon the EMPLOYER by the Workers' Compensation or Employers' Liability Laws of:

- (1) the State(s) designated in the Declarations, or
- (2) other State(s), provided that the Loss shall not be greater than it would have been had liability been imposed by the State(s) specified in the Declarations,

on account of bodily injury by accident or bodily injury by occupational disease due to Occurrences taking place within the Liability Period to Employees of the EMPLOYER engaged in the business operations specified in the Declarations and all other operations necessary, incidental, or appurtenant thereto. Bodily injury includes resulting death.

The inclusion of more than one EMPLOYER in the Declarations shall not increase the EMPLOYER'S Self-Insured Retention nor the CORPORATION'S Maximum Limit of Indemnity.

The insurance afforded by this Agreement applies to operations in the State(s) specified in the Declarations, including, however, incidental operations conducted by Employees who are regularly engaged in operations in the specified State(s), but who may be temporarily outside the specified State(s).

B. Insurance Under This Agreement

(1) Specific Excess Insurance

With respect to each Occurrence taking place within a Liability Period, the EMPLOYER shall retain as its own Loss, as defined below, the amount specified in Item 7 of the Declarations, and the CORPORATION agrees to reimburse the EMPLOYER only for such Loss in excess of such Self-Insured Retention, subject to the Maximum Limit of Indemnity Per Occurrence, or the Employers' Liability Maximum Limit of Indemnity Per Occurrence, whichever is applicable, as specified in Item 8 of the Declarations. The separate Employers' Liability Maximum Limit of Indemnity Per Occurrence shall not operate, in any case, to increase the total amount the CORPORATION agrees to reimburse the

EMPLOYER for Loss per any one Occurrence as per Item 8(a) of the Declarations.

(2) Aggregate Excess Insurance

The CORPORATION further agrees to indemnify the EMPLOYER for Loss on account of all Occurrences taking place within such Liability Period (but excluding Loss per Occurrence in excess of the amount specified in Item 7 of the Declarations as the EMPLOYER'S Self-Insured Retention (under Section B(1)) which is in excess of an aggregate amount, hereinafter called the Loss Fund, determined for each Liability Period as provided below, subject to the Maximum Limit of Indemnity as specified in Item 11 of the Declarations.

C. Definitions

(1) "Loss" - shall mean actual payments, less recoveries, legally made by the EMPLOYER to Employees and their dependents in satisfaction of: (a) statutory benefits, (b) settlements of suits and claims, and (c) awards and judgments. Loss shall also include Claim Expenses, paid by the EMPLOYER, as defined in Paragraph (2) of this Section. The term Loss shall not include the items specifically excluded by Paragraph (3) of this Section.

(2) "Claim Expenses" - shall mean court costs, interest upon awards and judgments and the reasonable allocated costs of investigation, adjustment, defense, and appeal, including pension or appeal bond costs (provided that the prosecution of such appeal and/or the posting of such pension or appeal bond is approved by the CORPORATION) of claims, suits or other proceedings brought against the EMPLOYER under the Workers' Compensation or Employers' Liability Laws of the State(s) designated in the Declarations, or other State(s), as provided in Section A, even though such claims, suits, proceedings or demands are wholly groundless, false or fraudulent. Claim Expenses shall not include fees to the EMPLOYER'S Service Company.

(3) "Exclusions from Loss" - shall refer to the following amounts paid by the EMPLOYER, and specifically excluded from the term Loss:

- (a) Salaries, wages, and remuneration provided to Employees;

- (b) Fees to the EMPLOYER's Service Company and/or costs of self-administration of claims;
 - (c) Punitive or exemplary damages as they relate to claims made under the Employers' Liability coverage provided by this Agreement;
 - (d) Fines or penalties assessed against the EMPLOYER for any violation by the EMPLOYER, or its representative(s), of any statute or regulation, unless the fines or penalties result from a reasonable dispute as to Workers' Compensation benefits owed by the EMPLOYER;
 - (e) Assessments and taxes made upon the EMPLOYER as self-insurer whether imposed by statute, regulation, or otherwise;
 - (f) Any amounts required to be paid by the EMPLOYER because of:
 - 1) Serious and willful misconduct of the EMPLOYER, including intentional torts and intentional acts or omissions resulting in injury, acts or omissions taken with reckless disregard of the possible occurrence of an injury or acts or omissions taken that are substantially certain to result in injury, regardless of whether or not said actions may be classified in the State(s) as intentional torts,
 - 2) Coercion, criticism, demotion, evaluation, re-assignment, discipline, defamation, harassment, humiliation, discrimination against or termination of any Employee and/or related personnel practices, policies, acts or omissions by the EMPLOYER,
 - 3) Knowingly employing an Employee in violation of law,
 - 4) Rejection by the EMPLOYER of any Workers' Compensation Law,
 - 5) Failure to comply with any health, safety or notification law or regulation,
 - (g) Loss voluntarily assumed by the EMPLOYER under any contract or agreement, whether express or implied;
 - (h) Loss for which the EMPLOYER carries a full coverage Workers' Compensation and Employers' Liability policy; and
 - (i) Any amount owed by the EMPLOYER pursuant to provision of any law that provides non-occupational disability benefits.
- (4) "Loss Fund" - shall be the greater of: (a) the product of the Loss Fund Percentage, as stated in Item 9 of the Declarations and the Manual or Standard Premium, whichever is applicable, as stated in Item 6 of the Declarations, or (b) the Minimum Loss Fund specified in Item 10 of the Declarations. (See Section F for the determination of the Manual or Standard Premium.)
- (5) "Occurrence" - shall mean accident. In addition, bodily injury by occupational disease must be caused or aggravated by the conditions of employment and shall be deemed to have occurred on the last day of the last exposure to those conditions of employment causing or aggravating such injury by occupational disease, or such

dates as is otherwise established by the Workers' Compensation and Employers' Liability Laws of the appropriate State(s). Bodily injury by occupational disease sustained by each Employee shall be deemed to be a separate Occurrence unless such disease results directly from an accident.

- (6) "Employee" - as respects liability imposed upon the EMPLOYER by the Workers' Compensation Law of any State, the word Employee shall mean any person performing work which renders the EMPLOYER liable under the Workers' Compensation Law of a State named in Item 2 of the Declarations, which is the State of the injured Employee's normal employment, for bodily injuries or occupational disease sustained by such person.
- (7) "State" - shall mean any state, territory, or possession of the United States of America and the District of Columbia.

D. Reimbursement

If the EMPLOYER pays any Loss incurred in any Liability Period in excess of the Self-Insured Retention Per Occurrence or the Loss Fund created for the respective Liability Period, the CORPORATION shall reimburse the EMPLOYER upon receipt of a formal proof of loss and other evidence acceptable to the CORPORATION of such payment. Within a reasonable period of time, reimbursement payments shall be made by the CORPORATION.

The CORPORATION shall have, and may exercise at any time, and from time to time, the right to offset any balance or balances, whether on account of premiums, Losses or otherwise due from the EMPLOYER to the CORPORATION against any balance or balances due from the CORPORATION to the EMPLOYER under this Agreement.

Liability Period

The liability of the CORPORATION for Loss hereunder shall be determined separately for each Liability Period. The initial Liability Period shall commence at 12:01 A.M. on the Effective Date and end at 12:01 A.M. on the Anniversary Date, designated in Items 3 and 4 respectively, of the Declarations. Each succeeding Liability Period shall begin concurrently with the end of the previous Liability Period and continue for the same number of consecutive months as the initial Liability Period. All time is stated in local time for the State(s) designated in the Declarations.

In the event the Employer fails to give express written intent to continue coverage at the end of a given Liability Period, the Agreement shall be deemed terminated, and the Anniversary Date shall serve as the termination date of the Agreement.

F. Premium

Upon acceptance of the Agreement and at the beginning of each Payroll Reporting Period, as specified in Item 15 of the Declarations, the EMPLOYER shall pay to the CORPORATION the amount of the Deposit Premium specified in Item 14 of the Declarations. The EMPLOYER shall pay premiums when due. The Deposit Premium shall be

held by the CORPORATION until the expiration of the Payroll Reporting Period. Within thirty (30) days after the close of each Payroll Reporting Period, the EMPLOYER shall render to the CORPORATION a report, upon a form satisfactory to the CORPORATION, exhibiting, by classification, the amount of such remuneration earned by Employees during such reporting period, and the EMPLOYER shall therewith pay to the CORPORATION the excess of the Earned Premium over the Deposit Premium previously paid. In case the Deposit Premium paid exceeds the Earned Premium, the Corporation shall return to the EMPLOYER the amount of such excess or give appropriate credit, subject to the proportion of Minimum Premium for the Liability Period in the case of multi-year Liability Periods.

Upon expiration of a Liability Period, a summary of voluntary payroll reports for such Liability Period shall be made to determine the Earned Premium under this Agreement. In no event, however, shall the Earned Premium in respect of any Liability Period be less than the Minimum Premium specified in the Declarations.

For each Payroll Reporting Period, the CORPORATION shall compute the Earned Premium as follows:

- (1) Remuneration - The remuneration earned, or man-hours accumulated, during such period by all Employees, including volunteers, engaged in each classification covered by this Agreement shall be computed in accordance with the rules set forth in the appropriate Manual of Workers' Compensation and Employers' Liability Insurance.
- (2) Manual and Standard Premium - The remuneration, or man-hours, so computed for Employees engaged in each such classification shall be multiplied by the Manual Rate per \$100 of remuneration/man-hour, in effect at the inception of each Payroll Reporting Period, and the products so obtained shall be added together to determine the Manual Premium. An Experience Modification Factor may be applied to the Manual Premium to determine a Standard Premium. Such Experience Modification Factor shall be determined at the inception of this Agreement and is subject to annual review and possible revision. A Standard Premium takes precedence over any Manual Premium.
- (3) Earned Premium - Against the Manual or Standard Premium shall be applied the Premium Rate, as specified in Item 12 of the Declarations, to determine the appropriate Earned Premium.

This Agreement is issued by the CORPORATION and accepted by the EMPLOYER subject to the agreement that, in the event of any change in the Rates per \$100 remuneration/man-hour, as stated in Item 6 of the Declarations, because of any general rate increase or any legislative amendment affecting the benefits under the Workers' Compensation Law of any State(s) named in Item 2 of the Declarations, such change, upon the effective date thereof, shall be, without endorsement, made a part of this Agreement.

G. Self-Insurer

The EMPLOYER, by acceptance of this Agreement,

warrants that it is a duly qualified Self-Insurer in the State(s) designated in the Declarations, and will continue to maintain such qualifications during the currency of this Agreement. In the event the EMPLOYER should at any time while this Agreement is in force terminate such qualifications or if they should be cancelled or revoked, such loss of qualifications shall operate as notice of cancellation of this Agreement by the EMPLOYER, subject to the additional terms of the Cancellation Section of this Agreement.

H. Service and Administration

This Agreement contemplates the concurrent and continued existence of a separate service agreement between the EMPLOYER and the Service Company, its designated representative, named in Item 5 of the Declarations, providing services approved by the CORPORATION. The EMPLOYER agrees that its Service Company shall furnish the CORPORATION with quarterly loss runs concurrent with each Liability Period of this Agreement. The provision of loss runs alone does not relieve the EMPLOYER of its reporting obligations as set forth in Section I of this Agreement. In addition, the electronic transfer of loss information by a Service Company of the EMPLOYER shall not constitute notice of a claim.

Cancellation of the service agreement between the Service Company and the EMPLOYER shall operate as a notice of cancellation of this Agreement by the EMPLOYER, subject to the additional terms of the Cancellation Section of this Agreement. Any change in service companies must be immediately communicated to and approved by the CORPORATION, and this obligation shall survive the termination or non-renewal of this Agreement.

I. Prompt Reporting of Claims

As soon as the EMPLOYER becomes aware, the EMPLOYER must provide prompt notice to the CORPORATION of: (a) any claim or action commenced against the EMPLOYER which exceeds, or is likely to exceed, fifty percent (50%) of the Self-Insured Retention Per Occurrence specified in Item 7 of the Declarations and (b) the reopening of any claim in which a further award might involve liability of the CORPORATION under this Agreement.

In addition, the following categories of claims shall be reported to the CORPORATION immediately, regardless of any question of potential involvement of the CORPORATION:

1. Fatalities;
2. Paraplegics and quadriplegics;
3. Serious burns, defined as 2nd or 3rd degree burns involving 25% or more of the body;
4. Brain injury;
5. Spinal cord injury;
6. Amputation of a major extremity; and
7. Any Occurrence which results in a serious injury to two or more Employees.

If the CORPORATION is prejudiced by the EMPLOYER's failure to provide prompt notice of a claim in

accordance with the requirements set forth above and/or as otherwise provided by the Law of any State(s), the CORPORATION may elect to deny coverage for Loss arising from such claim. To constitute prompt, sufficient notice, the EMPLOYER must provide complete information as to the details of the injury, disease, or death.

J. Defense of Claims

The EMPLOYER shall investigate and settle or defend all claims and shall conduct the defense and appeal of all actions, suits, and proceedings commenced against it. The EMPLOYER shall forward promptly to the CORPORATION copies of any pleadings or reports as may be requested. The CORPORATION shall not be obliged to assume charge of the investigation, defense, appeal or settlement of any claim, suit, or proceeding brought against the EMPLOYER, but the CORPORATION shall be given the opportunity to investigate, defend, or participate with the EMPLOYER in the investigation and defense of any claim, if, in the opinion of the CORPORATION, its liability under this Agreement might be involved.

K. Good Faith Claims Administration

The EMPLOYER shall use diligence, prudence, and good faith in the investigation, defense, pursuit of recovery from others and settlement of all claims. The EMPLOYER shall not unreasonably refuse to settle any claim which, in the exercise of sound judgment with respect to the entire claim, should be settled, provided, however, that the EMPLOYER shall not make any payment or agree to any settlement for any sum which would involve the limits of the CORPORATION's liability hereunder without the approval of the CORPORATION.

If the CORPORATION is prejudiced by the EMPLOYER's failure to exercise diligence, prudence, and good faith, the CORPORATION may elect to disclaim coverage for Loss from such claim.

L. Inspection and Audit

The CORPORATION shall have the right, but not the obligation, to inspect the premises and equipment and/or to audit the books and records of the EMPLOYER and of its agents and representatives, including all records relating to payroll and claims matters, at any reasonable time during the period of this Agreement and within three (3) years after final settlement of all claims due to Occurrences happening during the term of this Agreement. An audit to determine Manual or Standard Premium shall supersede any and all prior voluntary payroll reports by the EMPLOYER, and will be used to determine the final adjustment of premiums due to the CORPORATION and the Loss Fund amounts. Should a determination be made that additional audit premium is due to the CORPORATION, the due date for payment of such audit premium shall be thirty (30) days after the date of billing.

M. Other Insurance

If the EMPLOYER carries other valid and collectible insurance, reinsurance, or indemnity with any other insurer or

reinsurer covering a Loss also covered by this Agreement (other than insurance or reinsurance that is purchased to apply in excess of the sum of the Self-Insured Retention and the Maximum Limits of Indemnity hereunder), the insurance afforded by this Agreement shall apply in excess of and shall not contribute with such other insurance or reinsurance.

N. Recovery From Others

The EMPLOYER agrees to prosecute any and all valid claims the EMPLOYER may have against any other party or source that may mitigate any Loss under this Agreement and return to the CORPORATION any amount so recovered, less the reasonable expense of collecting such amounts.

The CORPORATION shall have the EMPLOYER's rights to prosecute any and all valid claims against any other party or source that may mitigate any Loss under this Agreement. The EMPLOYER agrees that it will assist the CORPORATION in any prosecution of any and all valid claims against any other party or source that may mitigate any Loss under this Agreement. Any amounts recovered by the CORPORATION from any other party or source that may mitigate Loss under this Agreement shall first be used to pay the expenses of collection and to reimburse the CORPORATION for any amount it may have paid the EMPLOYER for the Liability Period concerned, and all remaining amounts collected shall be paid to the EMPLOYER.

O. Change in Agreement

No condition, provision, or declaration of this Agreement shall be waived or altered at any time, except as specified in Section 11, except by endorsement signed by the President or a Senior Vice President and the Secretary or an Assistant Secretary of the CORPORATION.

This Agreement hereby terminates, supersedes, and replaces all previously issued Workers' Compensation Insurance or Reinsurance Agreements, as amended, between the EMPLOYER and the CORPORATION.

If terms of this Agreement are in conflict with any law applicable to this Agreement, this statement amends this Agreement to conform to such law. In addition, in the event any terms are in conflict with applicable laws, the remaining terms of the Agreement shall be enforceable.

P. Cancellation

This Agreement may be cancelled by either party giving the other party written notice not less than sixty (60) days prior to the date of cancellation, except, that if the CORPORATION cancels for non-payment of any premium, the cancellation shall become effective ten (10) days after dispatch of notice by the CORPORATION. The date of cancellation then becomes the termination date of the final Liability Period. This Agreement does not apply to Loss as a result of Occurrences taking place after the effective date of such cancellation.

If cancellation is effected by the EMPLOYER, the Manual or Standard Premium shall be determined by the short rate tables used for casualty insurance, and the Loss Fund and Earned Premium shall be the product of the Loss Fund

Percentage (Item 9) and the Premium Rate (Item 12) respectively, times the Manual or Standard Premium so arrived at, but not less than the Minimum Loss Fund and the Minimum Premium specified in the Declarations.

If cancellation is effected by the CORPORATION for non-payment of premium, the EMPLOYER shall pay the CORPORATION Earned Premium for the period up to the date of cancellation, but the Loss Fund shall be computed upon the same basis as provided in the event the EMPLOYER cancels.

If the CORPORATION cancels for any other reason, the Manual or Standard Premium shall be determined upon a pro rata basis and the Loss Fund and Earned Premium adjusted in accordance therewith.

Q. Assignment

An assignment of interest under this Agreement will not bind the CORPORATION unless an endorsement signed by the President or a Senior Vice President and the Secretary or an Assistant Secretary of the CORPORATION assigning interest under this Agreement is issued by the CORPORATION.

R. Bankruptcy or Insolvency of Employer

The bankruptcy or insolvency of the EMPLOYER will not relieve the CORPORATION or the EMPLOYER of its duties and liabilities under this Agreement. After payments have been made by or on behalf of the EMPLOYER, reimbursements due under this Agreement will be made by the

CORPORATION as if the EMPLOYER had not become bankrupt or insolvent, but not in excess of the CORPORATION's limit of indemnity.

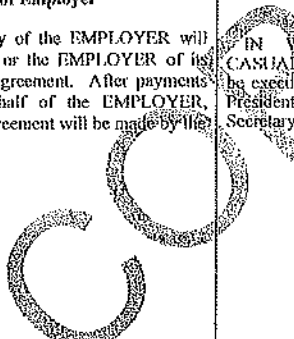
S. Sole Representative

If more than one EMPLOYER is named in Item 1 of the Declarations, or an endorsement related thereto, the EMPLOYER first named in Item 1, or a related endorsement, will act on behalf of all EMPLOYERS to give or receive notice of cancellation, to receive return premium or reimbursement, or to request changes in this Agreement.

T. Acceptance

By acceptance of this Agreement, the EMPLOYER agrees that the statements in this Agreement, in the Declarations, and in the application are the EMPLOYER's representations; that this Agreement is issued in reliance upon such representations; that this Agreement embodies all agreements existing between the EMPLOYER and the CORPORATION or any of its agents, relating to this excess insurance, and that full compliance by the EMPLOYER with all terms of this Agreement is a condition precedent to the CORPORATION'S liability hereunder.

IN WITNESS WHEREOF, SAFETY NATIONAL CASUALTY CORPORATION has caused this Agreement to be executed by printing below the facsimile signatures of its President and Secretary and by the actual signature of its Secretary on the Declarations.



Jimmy W. [Signature]
Secretary

Dwight R. [Signature]
President

XWC 1004 00 1101

Endorsement Schedule

RE: COUNTY OF BOONE, MISSOURI

Policy No: AGC4042330

Effective Date: 12:01 A.M. July 01, 2010

| <u>Number</u> | <u>Title</u> |
|------------------|--|
| XWC 0291 00 0708 | VOLUNTARY COMPENSATION ENDORSEMENT-PREMIUM DELINEATION |
| XWC 1061 10 1207 | POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE |
| XWC 2028 00 1208 | MISSOURI AMENDATORY CANCELLATION ENDORSEMENT |
| XWC 2033 00 0109 | MISSOURI EXCLUSIONARY ENDORSEMENT FOR EMPLOYMENT OF AN EMPLOYEE IN VIOLATION OF THE LAW |

ENDORSEMENT

VOLUNTARY COMPENSATION ENDORSEMENT-PREMIUM DELINEATION

Effective 12:01 A.M., Local Time, July 01, 2010

In consideration of the payment of premium and adherence by both parties to the terms of this Agreement, it is hereby understood and agreed that this Endorsement adds voluntary compensation insurance to this Agreement as follows:

A. Coverage

It is the intent of this endorsement to extend the coverage provided by this Agreement to non-compensated volunteer Employees, operating at the direction of the EMPLOYER, as if the volunteer Employees were subject to the Workers' Compensation and Employers' Liability Laws stipulated in the Schedule below, even though these laws may not require payment of benefits to such volunteer Employees.

This insurance applies to Loss sustained by the EMPLOYER because of bodily injury and occupational disease, including death resulting therefrom, due to Occurrences taking place within the Liability Period of this Agreement.

1. The bodily injury or occupational disease must be sustained by an Employee included in the group of Employees described in the Schedule.
2. The bodily injury or occupational disease must occur in the course of employment necessary or incidental to work in a State listed in the Schedule.
3. The bodily injury or occupational disease must occur in the United States of America, its territories or possessions or Canada and may occur elsewhere if the Employee is an American or Canadian citizen temporarily away from their home country.

B. Indemnification

The CORPORATION will indemnify the EMPLOYER for Loss in satisfaction of statutory benefits that would be imposed if the EMPLOYER and Employees described in the Schedule were subject to the Workers' Compensation Law shown in the Schedule. Naturally, indemnification for any such Loss is subject to the Self-Insured Retention Per Occurrence, Loss Fund(s) and Maximum Limit(s) of Liability as specified in the Declarations.

C. Exclusions

This insurance does not cover:

1. Any obligation imposed by a workers' compensation or occupational disease law, or any similar law.
2. Bodily injury intentionally caused or aggravated by the EMPLOYER.

ENDORSEMENT (CONTINUED)

D. Before Indemnification

Before the CORPORATION indemnifies the EMPLOYER, the injured Employee, or his legal representative in the case of his incapacity or death, must:

1. Release the EMPLOYER and the CORPORATION, in writing, of all responsibility for the injury or death.
2. Transfer to the EMPLOYER and the CORPORATION their right to recover from others who may be responsible for the injury or disease.
3. Cooperate and do everything necessary to enable the EMPLOYER and the CORPORATION to enforce the right to recover from others.

If the injured Employee, or his legal representative(s), fails to perform as required above, or if they claim damages from the EMPLOYER or the CORPORATION for the injury or disease, the CORPORATION'S duty to indemnify the EMPLOYER is immediately terminated.

E. Recovery From Others

If the CORPORATION makes a recovery from others, the CORPORATION will keep an amount equal to its expenses of recovery and the Loss paid by the CORPORATION. The CORPORATION will pay the balance to the parties entitled to payment. If the parties entitled to the benefits of this insurance make a recovery from others, they must reimburse the CORPORATION for the Loss previously paid by the CORPORATION to such parties.

F. Employers' Liability Insurance

Employers' Liability Insurance applies to Loss covered by this endorsement as though the State of employment shown in the Schedule were shown in Item 2 of the Declarations.

G. Premium

It is agreed that all persons who donate their services to the EMPLOYER will be reported for purposes of premium computation at an hourly wage of \$7.25 per hour minimum, unless the work they do is similar to the work being done by a paid Employee who is receiving more than a \$7.25 per hour wage, in which event the wage reported for the unpaid voluntary Employee will be the same as the wage reported for the paid Employee.

SCHEDULE

| Employees | State of Employment | Designated Workers Compensation Law |
|---|---------------------|-------------------------------------|
| Authorized volunteers, student workers, etc, while not subject to any Workers' Compensation Law | MISSOURI | State(s) of MISSOURI |

XWC 0291 00 0708

ENDORSEMENT (CONTINUED)

All other terms, conditions, agreements and stipulations remain unchanged.

Attached to and forming a part of Excess Workers' Compensation and Employers' Liability Insurance Agreement No. AGC4042330, issued by SAFETY NATIONAL CASUALTY CORPORATION of St. Louis, Missouri to COUNTY OF BOONE, MISSOURI, dated July 01, 2010.

SAFETY NATIONAL CASUALTY CORPORATION

President

Secretary

Page 3 of 3

XWC 1061 10 1207

ENDORSEMENT

POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

Effective 12:01 A.M., Local Time, July 01, 2010

In consideration of the payment of premium and adherence by both parties to the terms of this Agreement, it is hereby understood and agreed as follows:

Coverage for workers' compensation losses caused by certified acts of terrorism is included in this Agreement as set forth under the Terrorism Risk Insurance Act of 2002 as amended ("the Act").

For purposes of this Endorsement, a "certified act of terrorism" is defined as any act:

- a. That is certified by the Secretary of the Treasury in concurrence with the Secretary of State and the Attorney General of the United States, to be an act of terrorism; and,
- b. That is violent or dangerous to human life, property or infrastructure; and,
- c. That results in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and,
- d. That 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.

Coverage for such losses is still subject to all terms, definitions, exclusions, and conditions in your Agreement, and any applicable federal and/or state laws, rules, or regulations. Under the Act, terrorism losses would be partially reimbursed by the U.S. Government under a formula established by the Act. Under this formula, the U.S. Government would generally reimburse 85% of covered terrorism losses exceeding a deductible paid by the CORPORATION. The Act contains a \$100 billion cap that limits the reimbursement from the U.S. Government as well as from all insurers. If aggregate insured losses for all insurers exceed \$100 billion, the EMPLOYER's coverage may be reduced.

The portion of the EMPLOYER'S annual premium that is attributable to coverage for losses caused by a certified act of terrorism is: 0.5%.

All other terms, conditions, agreements and stipulations remain unchanged.

Attached to and forming a part of Excess Workers' Compensation and Employers' Liability Insurance Agreement No. AGC4042330, issued by SAFETY NATIONAL CASUALTY CORPORATION of St. Louis, Missouri to COUNTY OF BOONE, MISSOURI, dated July 01, 2010.

SAFETY NATIONAL CASUALTY CORPORATION

President

Secretary

© 2007 National Association of Insurance Commissioners

ENDORSEMENT

MISSOURI AMENDATORY CANCELLATION ENDORSEMENT

Effective 12:01 A.M., Local Time, July 01, 2010

In consideration of the payment of premium and adherence by both parties to the terms of this Agreement, it is hereby understood and agreed that:

The first paragraph of the Cancellation section shall be deleted in its entirety and replaced by the following:

This Agreement may be cancelled by either party giving the other party written notice not less than sixty (60) days prior to the effective date of cancellation, except that, the CORPORATION may cancel by giving the EMPLOYER only ten (10) days written notice where the cancellation is based on one of more of the following reason(s):

1. Nonpayment of premium;
2. Fraud or material misrepresentation affecting the Agreement or in the presentation of a Loss thereunder or a violation of any of the terms or conditions of the Agreement;
3. Changes in conditions after the effective date of the Agreement that have materially increased the hazards originally insured;
4. Insolvency of the CORPORATION; or,
5. The CORPORATION involuntarily loses reinsurance for the Agreement.

Notice of cancellation shall be effective if mailed by the CORPORATION to the EMPLOYER's last known address within the time specified above which notice shall state the CORPORATION'S reason for cancellation.

The date of cancellation shall become the termination date of the Liability Period. This Agreement does not apply to Loss as a result of Occurrences taking place after the effective date of cancellation.

All other terms, conditions, agreements and stipulations remain unchanged.

Attached to and forming a part of Excess Workers' Compensation and Employers' Liability Insurance Agreement No. AGC4042330, issued by SAFETY NATIONAL CASUALTY CORPORATION of St. Louis, Missouri to COUNTY OF BOONE, MISSOURI, dated July 01, 2010.

SAFETY NATIONAL CASUALTY CORPORATION

President

Secretary

XWC 2033 00 0109

ENDORSEMENT

MISSOURI EXCLUSIONARY ENDORSEMENT FOR
EMPLOYMENT OF AN EMPLOYEE IN VIOLATION OF THE LAW

Effective 12:01 A.M., Local Time, July 01, 2010

In consideration of the payment of premium and adherence by both parties to the terms of this Agreement, it is hereby understood and agreed that subparagraph (f)(3) of paragraph 3 "Exclusions from Loss" of the Definitions section of this agreement is deleted and replaced as follows:

- 3) Knowingly employing an Employee in violation of the law, provided, however, that this exclusion shall not apply in the event of the bankruptcy or insolvency of the EMPLOYER,

All other terms, conditions, agreements and stipulations remain unchanged.

Attached to and forming a part of Excess Workers' Compensation and Employers' Liability Insurance Agreement No. AGC4042330, issued by SAFETY NATIONAL CASUALTY CORPORATION of St. Louis, Missouri to COUNTY OF BOONE, MISSOURI dated July 01 2010.

SAFETY NATIONAL CASUALTY CORPORATION

President

Secretary

SAFETY NATIONAL CASUALTY CORPORATION

PRIVACY STATEMENT

Our Commitment To Our Customers

Safety National Casualty Corporation ("Safety National") is proud to have provided quality products and services to its customers for over 50 years. We greatly appreciate the trust that you and all of our customers place in us. We protect that trust by respecting the privacy of all of our customers, both present and past. The following will explain our privacy practices so that you will understand our commitment to your privacy.

We Respect Your Privacy

When you apply to Safety National for any type of insurance, you disclose information about you to us. The collection, use and disclosure of such information is regulated by law. Safety National and its affiliates maintain physical, electronic and procedural safeguards that comply with state and federal regulations to guard your personal information. Our employees are also advised of the importance of maintaining the confidentiality of your information.

Types Of Information We Collect

Safety National obtains most of our information directly from you, your agent or broker. The application you complete, as well as any additional information you provide, generally gives us most of the details we need to know. Depending on the nature of your insurance transaction, we may need further details about you.

We may obtain information from third parties, such as other insurance or reinsurance companies, medical providers, government agencies, information clearinghouses and other public records. We may also obtain information about you from your other transactions with us, our affiliates or others.

What We Do With Your Information

Information that has been collected about you will be retained in our files. We will review your information in evaluating your request for insurance coverage, determining your rates or underwriting risk, servicing your policy or adjusting claims. We may retain information about our former customers and would disclose that information only to affiliates and to nonaffiliates as described in this notice or as otherwise permitted by law.

WC 99 99 28

To Whom Do We Disclose Your Information

We will not disclose any non-public, personal information about our customers or former customers, except as permitted by law. That means we may disclose information we have collected about you to the following types of third parties:

- Our affiliated companies (members of the Delphi Financial group of companies).
- Your agent or broker.
- Parties who perform a business or insurance function for Safety National, including reinsurance, underwriting, claims administration or adjusting, investigation, loss control and computer systems companies.
- Other insurance companies or agents as reasonably necessary concerning your application, policy or claim.
- Insurance regulatory or statistical reporting agencies.
- Law enforcement or governmental authorities in connection with suspected fraud or illegal activities.
- Authorized persons as ordered by subpoena, warrant or court order, or as required by law.

We do not disclose any non-public, personal information about you to non-affiliated companies for marketing purposes or for any other purpose except those specifically allowed by law and described above.

Independent Sales Agents or Brokers

Your policy may have been placed with us through an independent agent or broker ("Sales Agent"). Your Sales Agent may have gathered information about you. The use and protection of information obtained by your Sales Agent is their responsibility, not Safety National's. If you have questions about how your Sales Agent uses or discloses your information, please contact them directly.