

TAHOE DONNER ASSOCIATION



INTERWEST
INSURANCE SERVICES, LLC

Workers Compensation 10/1/2020 to 10/1/2021

Presented by
Matthew Bauer

9/18/2020



P.O. Box 8110
Chico, CA 95927-8110

www.iwins.com
CA DOI #0B01094

DISCLAIMER: COVERAGE SUMMARIES PROVIDED HEREIN ARE INTENDED AS AN OUTLINE OF COVERAGES ONLY. IN THE EVENT OF A LOSS, ALL TERMS, CONDITIONS AND EXCLUSIONS OF THE ACTUAL POLICIES WILL APPLY.

COMPENSATION DISCLOSURE STATEMENT

InterWest Insurance Services does business with multiple competing insurance companies, enabling us to offer a variety of coverage choices and customize a plan to satisfy your specialized needs. We will endeavor to obtain quotes that meet the needs of your business and fit the preferences and options you have provided. Ultimately, coverage will be placed on your behalf, matching your selected options of insurance products, type and amount of coverage, deductibles and other material terms related to your insurance protection.

Our proposals are outlines of the coverages offered by our insurers based on the information provided by your company. The information is also based on the historical loss experience and exposures provided by you, and is not an actuarial study. The proposals do not include all terms, coverages, exclusions, limitations or conditions of the actual contract language. To fully understand the details of the coverages, terms and conditions, you need to review the policy contracts which will be provided at your request.

For the services we provide to our clients, InterWest receives usual and customary commissions or fees, and occasionally fees in addition to commissions, from the insurance companies providing the coverages. This commission percentage is set by the insuring company, not by us, and is included as part of the insurance premium you pay. Commissions do vary by company, but our advice to you will be based on what we think is suitable for the needs you have communicated to us and not on the amount of commissions we receive. We charge you nothing for the placement of your policies, as we are compensated for this service in the commission previously described. However, we may charge fees for other professional services you ask us to perform.

In placing, renewing, consulting on or servicing retail insurance policies, InterWest may participate in contingent commission agreements with select insurers that provide for additional compensation if underwriting, profitability, volume or retention goals are achieved over multiple years. It is usually impossible to know at the time of placement whether a specific policy will contribute to, or detract from, our potential eligibility for future additional compensation from the insurer.

In addition to commissions, fees and potential contingent compensation, InterWest may also receive investment income on funds temporarily held in our trust accounts, such as premiums or return premiums.

If you have any questions regarding the compensation received by InterWest in relation to insurance placement, please contact your InterWest representative.

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YOUR SERVICE TEAM

Coverage and Policy Services

Matthew Bauer, Commercial Insurance Broker
Direct Line: (530) 897-3158
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Danielle Piper, Account Manager
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Risk Management/Claims

Risk Management Services:
Scott Pitman, Risk Manager
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Property/Casualty Claims:
Heather Hill, Sr. Claims Advocate
Direct Line: (530) 722-2616
Email: hhill@iwins.com

Workers Compensation Claims:
Denise Brown, Vice President / Executive Claims Consultant
Direct Line: (530) 823-6504
Email: dbrown@iwins.com

Additional Services:

Surety Bonds:
John Hopkins, Executive Vice President - Surety
Direct Line: (530) 897-3156
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Personal Insurance:
Sandy Sunderman
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Employee Benefits:
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NAMED INSUREDS/LOCATIONS

First Named Insured

Tahoe Donner Association

Other Named Insureds

Tahoe Donner Salary Savings Plan

Location Schedule

Loc #	Address
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1	11509 Northwoods Blvd Truckee CA 96161
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WORKERS COMPENSATION

Carrier:	StarStone National Insurance Co.
Policy Period:	10/1/2020 to 10/1/2021
AM Best Rating:	A-

LOCATIONS:

Loc #: 1: 11509 Northwoods Blvd • Truckee, CA 96161

Named Insured(s):

Tahoe Donner Association

WORKERS COMPENSATION BENEFITS (Part 1):

States Included: "CA"

EMPLOYERS LIABILITY LIMITS (Part 2):

Bodily Injury by Accident	\$1,000,000	Each Accident
Bodily Injury by Disease	\$1,000,000	Policy Limit
Bodily Injury by Disease	\$1,000,000	Each Employee

ENDORSEMENTS:

OFFICERS:*

Individuals	Included or Excluded
Steve Mahoney	Excluded
Charles WU	Excluded
Don Koenes	Excluded
Courtney Murrell	Excluded
Jim Roth	Excluded

*Note: 2020 Officers Minimum/Maximum Remuneration: \$54,600/\$139,100

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WORKERS COMPENSATION



Workers Compensation Rates & Premium

Code	Classification	Payrolls 2020-19-20	Est Payrolls 2020-21	Net Rate 2019-20	Net Rate 2020-21
7207-CA	Stables	\$110,000	\$110,000	7.82	6.83
9079-CA	Restaurants	\$1,468,000	\$1,450,000	3.23	2.80
9180-CA	Amus. Prks Ops	\$779,000	\$779,000	2.82	2.64
9066-CA	Homeowners	\$3,052,000	\$3,143,560	3.55	3.01
9184-CA	Ski Resorts	\$2,135,000	\$1,809,000	7.71	8.11
8810-CA	Clerical	\$2,763,000	\$2,845,890	.28	.22
9015-CA	Campgrounds	\$33,000	\$33,000	5.40	4.12
9016-CA	Marina/Maintenance	\$32,000	\$32,000	3.88	3.02
9060-CA	Clubs- Golf/Country	\$683,000	\$683,000	5.64	3.62
8017-CA	Store (Retail Sales Ski Shop)	\$126,100	\$126,000	3.27	2.91
Total Payroll		\$11,181,100	\$11,011,450		
Total Premium				\$387,856	\$347,090
Taxes, Fees, Surcharges				\$10,907	\$11,877
Estimated Total				\$398,763	\$358,697
Total Due at Inception			\$63,943		
2019 Ex Mod: 94%		2020 Ex Mod: 0.76%			

This proposal is based on estimated annual payroll. The final premium will be determined at final audit using the above rating factors. The premium discount factor can be affected by the final audited premium. The total premium can be affected by a Workers Compensation Bureau mandated modification.

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CLIENT ACKNOWLEDGEMENT

Coverage(s) Proposed for *Tahoe Donner Association*:

- Work Comp

I have reviewed your proposal dated 9/18/2020 Please bind coverage on my (our) behalf. Please initial your choice below:

_____ As Proposed OR _____ With the Following changes:

Authorized Signature:

Date:

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