

**Lewisville Independent School District RFP #3366-26 Excess Workers' Compensation Insurance**

**Pricing Sheet** - This form must be completed, signed, and submitted with your proposal.

**Exhibit A**

<b>Estimated Annual Payroll</b>	\$361,534,094	\$361,534,094	\$361,534,094
<b>Policy Terms, Years</b>	One Year	One Year	One Year
<b>Aggregate Excess Limit</b>	\$1,000,000	\$1,000,000	\$1,000,000
<b>SIR/Stop Loss</b>	\$400,000	\$500,000	\$600,000
<b>Specific Excess Limit</b>	Statutory	Statutory	Statutory
<b>Employers Liability Limit</b>	\$1,000,000	\$1,000,000	\$1,000,000
<b>Specific Deposit Premium Required</b>			
<b>Specific Term Minimum Premium</b>			
<b>Aggregate Premium</b>			
<b>Total Premium</b>			

**Pricing Sheet Completed by:**

Printed Name \_\_\_\_\_

Title \_\_\_\_\_

Company Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_