

Item # 5D
 Date: 6/23/25

www.imwca.org



Nevada (0585)

Estimated Premium Schedule as of 5/13/2025

Policy Period: 7/1/2025-7/1/2026

Workers' Compensation Coverage

Class Code	Description	Rate	Payroll	Premium	Modified Premium	Discounted Premium
5506	Street or Road Paving	5.16%	303,115	15,641	10,792	4,835
7520	Waterworks Operations & Driver	2.1%	265,333	5,572	3,845	1,723
7580	Sewage Disposal Plant Operation	1.92%	239,857	4,605	3,177	1,423
7705V	Ambulance Service Companies, Volunteer EMS providers & drivers.	4.14%	1,545	64	44	20
7710	Firefighters & Drivers	29.34%	93,267	27,365	18,882	8,459
7711	Volunteer Firefighters & Drivers	49.42%	25,127	12,418	8,568	3,838
7720	Police Officers & Drivers	2.39%	818,623	19,565	13,500	6,048
8810	Clerical Office Employees - NO	0.15%	990,024	1,485	1,025	459
8810V	Elected or Appointed Officials	0.15%	12,950	19	13	6
8831	Hospital - Veterinary & Driver	1.06%	50,737	538	371	166
9015	Building Maintenance - Operation	2.29%	237,465	5,438	3,752	1,681
9101	Public Library/Museums - Maint	3.56%	13,243	471	325	146
9102	Parks NOC - All Employees	2.28%	388,772	8,864	6,116	2,740
9220	Cemetery Operations & Drivers	4%	82,462	3,298	2,276	1,020
9402	Street Cleaning & Drivers	3.17%	15,773	500	345	155
9410	Municipal Employees	1.83%	73,011	1,336	922	413
Totals:			3,611,304	107,179	73,953	33,132

Your IMWCA Discount for Workers' Compensation Coverage:

Longevity Credit:	\$ 5,916	8%
Loss Experience Credit:	\$ 18,488	25%
Large Premium Discount:	\$ 8,135	11%
Total Discount:	\$ 32,539	44%

Workers' Compensation Premium Calculation

Pure Premium:	\$ 107,179
Experience Modification Factor: X	.69
Modified Premium:	\$ 73,953
IMWCA Discount Amount: -	\$ 32,539
Discounted Premium:	\$ 41,414
Good Experience Bonus: X	.80
Expense Constant: +	\$ 160
Annual Premium:	\$ 33,292
Total Premium:	\$ 33,292

Total Estimated Coverage Premium: \$ 33,292

This is not an invoice.

Nevada (0585)
Information Page of the Coverage Memorandum
As of 5/12/2025
Policy Period: 7/1/2025-7/1/2026

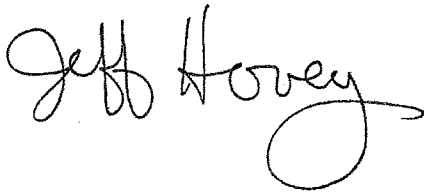
1. Participant: Nevada Policy Number: 0585-2526-WC
PO Box 530 FEIN 42-6005023
1209 6th Street
Nevada, Iowa 50201-0530

2. Workers' Compensation Coverage

This Workers' Compensation Coverage Memorandum is effective from 12:01 AM on July 01, 2025 to 12:01 AM on July 01, 2026.

3. A. Workers' Compensation Coverage: This section of the Coverage Memorandum applies to the Workers' Compensation Law of Iowa.
B. Employers' Liability Coverage: Part Two of this Memorandum applies to work in Iowa. The limits of the Association's liability under Part Two are:
Bodily Injury by Accident: \$1,000,000 each accident
Bodily Injury by Disease: \$1,000,000 memorandum limit
Bodily Injury by Disease: \$1,000,000 each employee
C. Other States' Coverage: Part Three of this Memorandum applies to the states, if any, listed here: All states except ND, OH, WA, WY.
D. This Memorandum includes a Voluntary Compensation and Employers' Liability Coverage Endorsement and Schedule as well as a Longshoremen's and Harbor Workers' Compensation Act Coverage Endorsement and Schedule.
4. The Estimated Premium Schedule attached hereto and by this reference made a part hereof, is based on the association's manuals of rules, classifications, rates and rating plans. This initial calculation is subject to verification and change by audit.
5. Volunteers other than those shown on the Estimated Premium Schedule are not covered by the provisions of the Workers' Compensation Coverage Memorandum.

Signed at Des Moines, Iowa, on May 12, 2025.



Authorized Signature

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Iowa Municipalities Workers' Compensation Assoc
500 SW 7th Street
Suite 101
Des Moines IA 50309

Invoice	INV94406
Date	6/1/2025
Page	1

Bill To:

Nevada, City of
1209 6th Street
PO Box 530
Nevada IA 50201-0350

RECEIVED
MAY 28 2025
NEVADA

Ship To:

Nevada, City of
1209 6th Street
PO Box 530
Nevada IA 50201-0350

Please remit payment to: IMWCA, PO Box 8186, Des Moines, IA 50301

Purchase Order No.		Customer ID	Salesperson ID	Shipping Method	Payment Terms	Req Ship Date	Master No.
		NEVAD001	AG0225		NET 30	6/1/2025	101,559
Ordered	Shipped	B/O	Item Number	Description	Discount	Unit Price	Ext. Price
1	1	0	DEPOSIT	Deposit - Work Comp Premium 25-26 This invoice is 25% of total annual premium. The balance will be invoiced in 7 monthly installments of \$3567. If full payment is remitted, total annual premium is \$33292.	\$0.00	\$8,323.00	\$8,323.00

This invoice is due on July 1, 2025.

Subtotal	\$8,323.00
Misc	\$0.00
Tax	\$0.00
Freight	\$0.00
Trade Discount	\$0.00
Total	\$8,323.00

A FINANCE CHARGE of 1.5% (APR 18%) will be added to balances over 30 days past due.
When you provide a check as payment, you authorize IMWCA either to use the information from your check to make a one-time electronic fund transfer from your account or to process the payment as a c P.20 transaction. For inquiries please call 515-244-7282.