



ASA

Agri-Services Agency
Leaders in Agricultural Insurance

Agrisurance Inc Workers' Compensation and Employers Liability Safety Dividend Plan Participation Form

Insured: _____ Policy Number: _____ Effective Date: _____

Agrisurance Inc. offers an annual safety dividend to policyholders under the following conditions:

1. Participation in safety dividend plan requires a common expiration date of either January 1st or April 1st and will be reviewed at each renewal for eligibility.
2. Safety dividends are not guaranteed in advance and are payable upon specific declaration by the Board of Directors.
3. Dividends are paid to policyholders in good standing with the company and who are in compliance with the State Workers' Compensation laws. Premium payments, including audit premiums must be paid to receive a dividend.
4. Dividend payments will be made only if the dividend equals or exceeds \$250.00.

Definitions and Eligibility Requirements:

Net Earned Premium: This is the state premium after the application of any increased employers' liability charge, schedule rating, experience modification and premium discount. It does not include the following: state assessments, fees, charges, expense constant, foreign terrorism or domestic terrorism, including earthquake and catastrophic industrial accidents.

Premium Eligibility: Dividends will be paid on policies generating \$15,000 or more in audited net earned premium providing the coverage term is a minimum of six months.

Incurred Losses: Losses include all amounts that are paid or estimated to be paid, including interest on judgments, expenses to recover against third parties, and for workers' compensation and employers' liability allocated and unallocated loss adjustment expenses. Losses will be valued nine months after policy expiration.

Loss Ratio: This is the ratio of incurred losses over net earned premiums.

	\$15,000-24,999	\$25,000-49,999	\$50,000-74,999	\$75,000 & Over
Loss Ratio %				
0-5%	.13	.18	.23	.25
5.1-10%	.10	.15	.18	.20
10.1-20%	.07	.12	.15	.18
20.1-30%	.05	.10	.13	.15
30.1-40%	.03	.05	.07	.08
40.1 – 45%	.02	.03	.04	.04
Over 45.1%	0	0	0	0

By signing this participation, form, the named insured has agreed to the terms of the plan and acknowledges that all terms, conditions and provisions of the plan are understood.

Signature of Insured: _____
(Proprietor, Partner or Authorized Officer of the Corporation) Date Signed _____