

KEY LARGO FIRE RESCUE & EMS DISTRICT

CHECK REQUEST



VENDOR		DATE:	10/04/13				
Preferred Governme	ental Insurance Trust						
PO Box 2416							
Daytona Beach, Flo	rida 3211 <u>5</u>						
CHECK DISPOSITI	ON						
Mail: <u>X</u>	Hold for Pickup:	Return	to Staff:				
Invoice #	Account Numb	Account Number					
		511.240 worker's comp					
	522.240 worker's comp		\$6,829.75 \$5,776.77				
	526.240 worker's comp	526.240 worker's comp					
	\$: \$12,613.50						
DESCRIPTION: FY14 Workmen's C	ompensation Insurance 25	5% down	payment	-			
Department Head A	pproval Board Appro	oval					
				-			
Finance Dept Use Only:	Finance Revie	Date Received: Finance Review and Approval: Processed: Date:By:					

KLFR&EMS District Workemens Comp Policy Allocation 9/30/2014

								rer	naining 9
	Payr	oll amount				Down		monthly	
	prov	vided .	Rate	Tot	tal Preimum Due	payment		payments	
Clerical - District	\$	12,000	0.23	\$	27.60	\$	6.98	\$	2.29
Clerical - Fire Dept	\$	57,520	0.23	\$	132.30	\$	33.47	\$	10.98
Firefighters & Drivers	\$	550,410	4.88	\$	26,862.01	\$	6,796.27	\$	2,229.50
Ambulance Service	\$	415,889	5.49	\$	22,832.31	\$	5,776.77	\$	1,895.06
	\$	1,035,819	-	\$	49,854.21	\$	12,613.50	\$	4,137.83