

BIDDER'S PROPOSAL
SELF-FUNDED INSURANCE

Date JULY 20, 1982GROUP HEALTH INSURANCE

	<u>Monthly Cost</u>	
	<u>Single</u>	<u>Family</u>
AGGREGATE STOP-LOSS PREMIUM	\$ 3.07	\$ 3.07
SPECIFIC STOP-LOSS PREMIUM \$10,000	7.79	22.44
CONTRIBUTION TO LOSS FUND	30.74	122.94
ADMINISTRATOR'S FEE	6.69	6.69
AGENTS CONSULTING SERVICE FEE		
ESTIMATED BANK TRUST FEE		
SURPLUS LINES PREMIUM TAX	.54	1.27
Other <u>MEDICAL CONVERSION</u>	.45	.45
Other _____		
Other _____		
TOTALS	\$49.28	\$156.86

Minimum Benefit Year Cost	\$ 24,839.30
Maximum Benefit Year Cost	\$ 110,037.38
Expected Benefit Year Cost	\$ 92,997.76

BIDDER'S PROPOSAL

The signer of this proposal, as bidder, declares that he has carefully examined the invitation to bid, specifications herein contained, and the general purposes. He further agrees that if this proposal is accepted, he will enter into a contract for insurance with the City of Centerville. The signer understands that the City may award one part, or all parts to a bidder or bidders, depending upon the result of the proposal evaluation.

Signature of Bidder Thomas Brunswick

By Brunswick Administrative Services, Inc.

Capacity or Title President

Business Address of Bidder 565 Helke Road Vandalia, Ohio 45377

Business Address of Bidder's Agent _____

Date July 20, 1982

Note: This proposal must be signed by the Bidder or his authorized agent. If bidder is a firm or corporation, sign firm or corporation name followed by the name of the person authorized to sign same bid, stating his title or capacity with the bidder firm or corporation.