RESOLUTION NO. 92-2026

Introduced by Mark Claus

A RESOLUTION AUTHORIZING THE CITY MANAGER TO MAKE AN ANNUAL PREMIUM PAYMENT TO THE BUREAU OF WORKERS COMPENSATION FOR THE POLICY PERIOD JANUARY 1, 2027 THROUGH JANUARY 1, 2028 IN AN AMOUNT NOT TO EXCEED EIGHTY-NINE THOUSAND NINE HUNDRED SIXTY-NINE AND 00/100 DOLLARS ($89,969.00)

WHEREAS, the City Manager has recommended payment of the full annual premium to the Bureau of Workers Compensation for the policy period January 1, 2027 through January 1, 2028 in the amount of Eighty-Nine Thousand Nine Hundred Sixty-Nine and 00/100 Dollars ($89,969.00),

BE IT RESOLVED BY THE COUNCIL OF THE CITY OF HURON, OHIO, THAT:

SECTION 1. That the City Manager is authorized and directed to pay the full premium payment to the Bureau of Worker's Compensation for the policy period of January 1, 2027 through January 1, 2028 in the amount of Eighty-Nine Thousand Nine Hundred Sixty-Nine and 00/100 Dollars ($89,969.00); a copy of the annual premium statement is attached hereto as Exhibit "A".

SECTION 2. It is found and determined that all formal actions of this Council concerning and relating to the adoption of this Resolution were adopted in an open meeting of this Council, and that all deliberations of this Council and of any of its committees that resulted in such formal action, were in meeting open to the public, in compliance with all legal requirements, including Section 121.22 of the Ohio Revised Code.

SECTION 3. That this Resolution shall be in full force and effect from and immediately after its adoption.

ATTEST: _____
Clerk of Council

ADOPTED: 10 NOV 2026

_____
Monty Tapp, Resolution Mayor

Bureau of Workers' Compensation

30 West Spring Street
Columbus, Ohio 43215-2256

1-800-644-6292 BWC.Ohio.gov

Mike DeWine, *Governor* **Jim Tressel,** *Lt. Governor* **Stephanie McCloud,** *Administrator/CEO*

10/23/2026
Date Mailed

#BWNFVSQ

City of Huron
417 MAIN ST
HURON OH 44839-1652

Policy Number: 32205102

Re: 2027 Policy Year Renewal, Notice of Estimated Annual Premium and Workers' Compensation Certificate

Dear Employer:

This letter is a notification of your **Estimated Annual Premium** and **Premium Installment** schedule for the renewal of your workers' compensation policy for the policy year that begins Jan. 1, 2027. This letter includes your certificate of coverage for the upcoming workers' compensation policy year.

You will receive your first invoice for the 2027 policy year in December. Payment is due by Dec. 21. You have the **option to receive a 2% discount by paying the full 12-month estimated annual premium** on or before Jan. 4, 2027.

How do we estimate your premium?
We base your premium estimate on your most recent reported payroll. Please notify us if you believe the payroll estimate needs to be corrected.

If you would like to request a change to your installment schedule, you have until Nov. 15, 2026, or your premium installment schedule will remain the same.

You can view your policy information on our website. Your online account provides important information to manage your policy, including your estimated payroll and premium installment schedule. We encourage you to visit this page often to ensure your information is accurate and up to date.

If you have questions, visit our website, bwc.ohio.gov, or call us at 1-800-644-6292.

Sincerely,

Stephanie McCloud

Stephanie McCloud
Administrator/CEO

BWCAR1023A00091040100

General Information

Payment of premium: Failure to pay the premium by the installment due date will result in a lapse in coverage and penalties. If a claim occurs during this lapsed period, you will be responsible for all claim costs associated with that claim. Pay all installment billings timely to avoid penalties.

Policy cancellation: You must notify us to cancel your policy. When canceling your coverage, you must file a final payroll true-up report. **Important note:** Once you cancel the policy, you may be eligible for a refund. We cannot modify the name on the refund. Before closing your business bank account, we recommend you confirm with us that no additional refunds are in order.

Important dates to remember

Date	Item
Nov. 15, 2026	Last day to change your premium installment schedule
Dec. 2026	First installment / invoice mailed for 2027 policy year
Dec. 21, 2026	First installment due for 2027 policy year
Feb. 1, 2027	Summary of work-related injuries and illnesses (300AP) due to the Public Employment Risk Reduction Program (PERRP)

Policy Information

Policy number: 32205102
Employer name: City of Huron

Policy period is from January 1, 2027, to January 1, 2028.

Selected installments: 1
Total estimated annual premium: $89,969.00

THIS IS NOT A BILL. DO NOT PAY AT THIS TIME. YOU WILL RECEIVE AN INVOICE.

Installment schedule	
Bill date	**Amount**
December 01, 2026	$89,969.00



BWCAR1023A00091040200

Breakdown of estimated premium calculation				
		(A)	(B)	(A x B)/100
Class code	**Experience modifier (EM)**	**Blended rate per $100 payroll**	**Estimated payroll**	**Estimated premium**
9431	0.87	1.5482	$5,811,183.00	$89,969.00
Total estimated annual premium				$89,969.00
	For additional rating information, visit www.bwc.ohio.gov, and sign in with your e-account.			

Policy Information

Policy Information for the policy period beginning from 12:01 AM on 01/01/2027 to 12:01 AM on 01/01/2028.

Policy Number and Employer	MCO
32205102 City of Huron 417 MAIN ST HURON OH 44839-1652	Minute Men OhioComp 3740 Carnegie Ave. CLEVELAND OH 44115

Additional Insured's Name and Address	Effective Date	Expiration Date

BWCAR1023A00091040400

Individuals Eligible for Elective Coverage		
Individuals Eligible for Elective Coverage	Covered (Yes/No)	Elective Coverage Type
No Elective Individuals.		

**Please refer to our website for reporting guidelines/requirements.

Corporate Officer	Effective Date	Expiration Date
No officers listed for this policy.		

**Please refer to our website for reporting guidelines/requirements.

Employee Class Codes and Descriptions	
Class Code	Class Code Description
9431	CITY EMPLOYEES: ALL EMPLOYEES & SALESPERSONS, DRIVERS

The information noted above is as of 10/23/2026. For the most current information on the policy or to update your account information, please log into your account at www.bwc.ohio.gov. You may also call 1-800-644-6292 to speak with a customer service representative.

Bureau of Workers' Compensation

30 W. Spring St.
Columbus, OH 43215

Certificate of Ohio Workers' Compensation

This certifies that the employer listed below participates in the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. This certificate is only valid if premiums and assessments, including installments, are paid by the applicable due date. To verify coverage, visit www.bwc.ohio.gov, or call 1-800-644-6292.

This certificate must be displayed at your workplace or posted online where your employees can access it.

Policy number and employer
32205102

City of Huron
417 MAIN ST
HURON OH 44839-1652

Period Specified Below
01/01/2027 to 01/01/2028

www.bwc.ohio.gov
Issued by: BWC

Stephanie McCloud

Administrator/CEO

You can reproduce this certificate as needed.

Ohio Bureau of Workers' Compensation

Required Posting

Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means an employee may dispute or prove untrue the presumption (or belief) that alcohol, marihuana or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove the presence of alcohol, marihuana or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation Act.

Bureau of Workers' Compensation

You must post this language with the Certificate of Ohio Workers' Compensation.