

PUBLIC NOTICE

Notice is hereby given that the Tooele City Council and the Redevelopment Agency (RDA) of Tooele City will meet in a Work Meeting, on Wednesday, November 20, 2024, at 6:30 p.m. The meeting will be held in the Tooele City Hall Council Chambers, located at 90 North Main Street, Tooele, Utah. The complete public notice is posted on the Utah Public Notice Website www.utah.gov, the Tooele City Website www.tooelecity.gov, and at Tooele City Hall. To request a copy of the public notice or for additional inquiries please contact Michelle Pitt, City Recorder at (435)843-2111 or michellep@tooelecity.gov.

*We encourage you to join the City Council meeting electronically by visiting the **Tooele City YouTube Channel**, at <https://www.youtube.com/@tooelecity> or by going to YouTube.com and searching “Tooele City Channel”.*

AGENDA

- 1. Open City Council Meeting**
- 2. Roll Call**
- 3. Mayor's Report**
- 4. Council Members' Report**
- 5. Discussion Items**
 - a. 2025 Workers Compensation Insurance Update**
Presented by Kami Perkins, HR Director
- 6. Closed Meeting**
~ Litigation, Property Acquisition, and/or Personnel
- 7. Adjourn**

Michelle Y. Pitt, Tooele City Recorder

Pursuant to the Americans with Disabilities Act, individuals needing special accommodations should notify Michelle Y. Pitt, Tooele City Recorder, at 435-843-2111 or Michellep@Tooelecity.gov, prior to the meeting.



Proposal of Insurance

TOOELE CITY CORPORATION

90 N Main St
Tooele, UT 84074

Workers Compensation

Effective Date of Coverage: 01/01/2025 to 01/01/2026

Sean England
Sales Executive

Chad Hawkins, MSML
Account Manager

Moreton & Company
101 South 200 East, Suite 300 | Salt Lake City, UT 84111
(801) 531-1234 | Fax (801) 531-6117 | moreton.com
Insurance | Employee Benefits | Surety
CA License No. 0522220

The statements made relating to coverages in this proposal are brief descriptions and the nature and extent of coverages are only as stated in the policy.
All information is considered strictly confidential.



100 West Towne Ridge Parkway
Sandy, UT 84070
INSURANCE (800) 446-2667 | wcf.com

PRODUCER:
Moreton & Company
P O Box 58139
SALT LAKE CITY, UT 84158-0139



Guaranteed	INSURANCE PROPOSAL	Proposal No: 1639001-1970254
INSURED: TOOELE CITY CORPORATION 90 N Main St Tooele, UT 84074	INSURED IS: Corporation	EFFECTIVE DATE: 01/01/2025 to 01/01/2026 at 12:01am
WCF Mutual Insurance Company is pleased to provide you with this proposal.		
The premium for this policy will be determined by our manuals of rules, classifications, rates and rating plans. All information required below is subject to verification and change.		

Classifications	Code No.	Premium Basis Total Estimated Annual Remuneration	Rates Per \$100 of Remuneration	Net Rate	Estimated Annual Premium
STATE: Utah 01/01/2025 to 01/01/2026 at 12:01 AM					
STREET OR ROAD MAINTENANCE	5509	626,464	1.86	0.88	\$11,652
CONSTRUCTION OR RECONSTRUCTION BY STATE, COUNTY OR MUNICIPALITY-ALL					
EMPLOYEES & DRIVERS					
FIREFIGHTERS & DRIVERS	7710	383,523	2.97	1.40	\$11,391
FIREFIGHTERS & DRIVERS - VOLUNTEER	7711	42,000	3.04	1.43	\$1,277
CLERICAL OFFICE EMPLOYEES NOC	8810	2,434,426	0.09	0.04	\$2,191
COUNTY EMPLOYEES	9416	0	1.42	0.67	\$0
MUNICIPAL EMPLOYEES	9417	11,267,289	1.65	0.78	\$185,910
TOTAL MANUAL PREMIUM					
EMPLOYERS LIABILITY	1000/1000/1000	212,421	1.10%		\$214,758
EXPERIENCE MODIFICATION	9898	214,758	0.62		\$133,150
SCHEDULE RATING	9887	133,150	-18.00%		\$109,183
TOTAL STANDARD PREMIUM					
PREMIUM SIZE DISCOUNT	0063	109,183	-10.54%		\$97,675
EXPENSE CONSTANT	0900	97,675	\$200.00		\$97,675
TERRORISM	9740	14,753,702	0.005		\$98,613
CATASTROPHE-OTHER THAN CERTIFIED	9741	14,753,702	0.01		\$100,088
ESTIMATED ANNUAL PREMIUM					
Total Due For: Utah 01/01/2025 to 01/01/2026 at 12:01 AM					
\$100,088					

Proposal Prepared: 10/31/2024 Requestor: Ann Rodriguez

WCF Mutual, WCF National, and WCF Select Insurance Companies - wcf.com/about-us

WCF Insurance Comparison Worksheet prepared by: Chad Hawkins, Account Manager
Policyholder: TOOKELE CITY CORPORATION

2024 Policy Expiring (Estimated)

Description	Codes	Payroll	Rate	Estimated Premium
STREET OR ROAD MAINTENANCE	5509	\$584,944	\$1.86	\$10,880
FIREFIGHTERS & DRIVERS	7710	\$248,410	\$2.97	\$7,378
FIREFIGHTERS & DRIVERS- VOL	7711	\$42,000	\$3.04	\$1,277
CLERICAL OFFICE	8810	\$2,234,470	\$0.09	\$2,011
MUNICIPAL EMPLOYEES	9417	\$9,970,851	\$1.65	\$164,519
Manual Premium		\$13,080,675		\$186,065
Employers Liability		1000/1000/1000	1.011	\$188,111
Experience Mod			0.84	\$158,014
Premium Deviations		18%	0.82	\$129,571
Association Credit			1.00	\$129,571
Premium Size Discount (%)		10.87%	0.89	\$115,487
Expense Constant			\$200	\$115,687
Waiver of Subrogation			\$0	\$115,687
Terrorism		0.0005%	\$654.03	\$116,341
Catastrophe		0.01%	\$1,308.07	\$117,649
TOTAL PREMIUM				\$117,649

2025 Policy Renewal

Description	Codes	Payroll	Rate	Estimated Premium
STREET OR ROAD MAINTENANCE	5509	\$626,464	\$1.86	\$11,652
FIREFIGHTERS & DRIVERS	7710	\$383,523	\$2.97	\$11,391
FIREFIGHTERS & DRIVERS- VOL	7711	\$42,000	\$3.04	\$1,277
CLERICAL OFFICE	8810	\$2,434,426	\$0.09	\$2,191
MUNICIPAL EMPLOYEES	9417	\$11,267,289	\$1.65	\$185,910
Manual Premium		\$14,753,702		\$212,421
Employers Liability		1000/1000/1000	1.011	\$214,758
Experience Mod			0.62	\$133,150
Premium Deviations		18%	0.82	\$109,183
Association Credit			1.00	\$109,183
Premium Size Discount (%)		10.54%	0.89	\$97,675
Expense Constant			\$200	\$97,875
Waiver of Subrogation			\$0	\$97,875
Terrorism		0.0005%	\$737.69	\$98,613
Catastrophe		0.01%	\$1,475.37	\$100,088
TOTAL PREMIUM				\$100,088

Policy Comparison	Expiring Prem	Renewal Prem	Difference	Premium Difference
	\$117,649	\$100,088	-\$17,561	-15%

Rate Comparison	Expiring Payroll	Renewal Payroll	Difference	Payroll Difference
	\$13,080,675	\$14,753,702	\$1,673,027	13%

Net -28%

Dividend History

2023	\$ 11,332
2022	\$ 12,167
2021	\$ 12,058
2020	\$ 5,380
2019	\$ 12,061
Total	\$ 52,998

WORKERS COMPENSATION EXPERIENCE RATING



Risk Name: TOOKEE CITY CORP

Risk ID: 430120301

Rating Effective Date: 01/01/2025

Production Date: 08/15/2024

State: UTAH

43-UTAH

Firm ID: Firm Name: TOOKEE CITY CORP

Carrier: 19933 Policy No. 1639001

Eff Date: 01/01/2021

Exp Date: 01/01/2022

Code	ELR	D-Ratio	Payroll	Expected Losses	Exp Prim Losses	Claim Data	IJ	OF	Act Inc Losses	Act Prim Losses		
5509	.41	.34	398,817	1,635	566	202111628	05	F	6,744	6,744		
7710	.64	.34	96,864	620	211	NO. 7	06	*	1,786	1,786		
7711	.64	.34	37,000	237	81	202115148	06	F	2,134	2,134		
8810	.02	.44	1,842,782	369	162	202116758	06	F	2,504	2,504		
9417	.48	.44	7,484,722	35,927	15,808	202115050	06	F	3,082	3,082		
9812	EMPLOYERS LIABILITY			0	0	202124834	06	F	11,955	11,955		
Policy Total:						Total Act Inc Losses:			28,205			
Subject												
Policy Total:												
9,860,185 Premium:												
139,338												

43-UTAH

Firm ID: Firm Name: TOOKEE CITY CORP

Carrier: 19933 Policy No. 1639001

Eff Date: 01/01/2022

Exp Date: 01/01/2023

Code	ELR	D-Ratio	Payroll	Expected Losses	Exp Prim Losses	Claim Data	IJ	OF	Act Inc Losses	Act Prim Losses		
5509	.41	.34	458,010	1,878	639	202224248	06	F	2,024	2,024		
7710	.64	.34	129,897	831	283	202205908	06	F	2,533	2,533		
7711	.64	.34	37,000	237	81	NO. 6	06	*	3,131	3,131		
8810	.02	.44	1,996,310	399	176							
9417	.48	.44	8,550,246	41,041	18,058							
9812	EMPLOYERS LIABILITY			0	0							
Policy Total:						Total Act Inc Losses:			7,688			
Subject												
Policy Total:												
11,171,463 Premium:												
131,541												

43-UTAH

Firm ID: Firm Name: TOOKEE CITY CORP

Carrier: 19933 Policy No. 1639001

Eff Date: 01/01/2023

Exp Date: 01/01/2024

Code	ELR	D-Ratio	Payroll	Expected Losses	Exp Prim Losses	Claim Data	IJ	OF	Act Inc Losses	Act Prim Losses		
5509	.41	.34	570,376	2,339	795	NO. 10	06	*	3,407	3,407		
7710	.64	.34	222,377	1,423	484	202324774	06	F	5,521	5,521		
7711	.64	.34	22,174	142	48							
8810	.02	.44	2,142,378	428	188							
9417	.48	.44	9,532,791	45,757	20,133							
9812	EMPLOYERS LIABILITY			0	0							
Policy Total:						Total Act Inc Losses:			8,928			
Subject												
Policy Total:												
12,490,096 Premium:												
139,148												

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* Total by Policy Year of all cases \$2000 or less. D Disease Loss

C Catastrophic Loss

E Employers Liability Loss

X Ex-Medical Coverage

Limited Loss

U USL&HW

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TOOELE CITY CORPORATION

Claim Summary

Policy Number: 1639001 Policy Effective Date: 2020/01/01 State: UT

Claim Nbr	Claim Status	St	Days Rptd	Claimant Name	Date of Injury	Accident Description	Litigation	Total Ptd	Total Reserve	Total Recovered	Total Incurred
20201684	Closed Med	UT	1			MOTOR VEHICLE, NOC	No	2,408.25	.00	.00	2,408.25
20201281	Closed Med	UT	1			STRUCK OR INJURED, NOC	No	501.80	.00	.00	501.80
20201346	Closed Med	UT	10			PERSON IN ACT OF CRIME	No	1,186.50	.00	.00	1,186.50
202015422	Settled	UT	1			STRAIN OR INJURY BY, NOC	Yes	88,864.33	.00	.00	88,864.33
202013233	Closed Med	UT	20			FOREIGN BODY IN EYE	No	67.36	.00	.00	67.36
202011164	Closed Med	UT	46			UFTING	No	.00	.00	.00	.00
202015063	Closed Med	UT	3			SLIP, FALL, TRIP, NOC	No	209.10	.00	.00	209.10
202012378	Closed Med	UT	1			ICE OR SNOW	No	622.52	.00	.00	622.52
202012367	Closed Med	UT	3			PERSON IN ACT OF CRIME	No	388.95	.00	.00	388.95
UT Claims for Period Beginning: 2020/01/01						94,049.71					94,049.71

Name: TOOELE CITY CORPORATION Policy Nbr: 1639001 Beg Date: 01/01/2019 End Date: 11/01/2024 Report Date: 11/01/2024 Info Only: N
 State: ALL Claim Status: Open Comp, Open Medical, Closed Comp, Closed Medical, Denied, Settled Location: NA Department: All
 WCF Mutual, WCF National, and WCF Select Insurance Companies - wcf.com/about-us

TOOELE CITY CORPORATION

Claim Summary

Policy Number: 1639001 Policy Effective Date: 2021/01/01 State: UT

Claim Nbr	Claim Status	St	Days Rptd	Claimant Name	Date of Injury	Accident Description	Litigation	Total Paid	Total Reserve	Total Recovered	Total Incurred
202102616	Closed Med	UT	1			STRIKE AGAINST STEP ON, NOC		No	189.42	.00	.00
202107316	Closed Med	UT	4			OTHER-MISCELLANEOUS, NOC		No	124.12	.00	.00
2021116228	Closed Comp	UT	1			FALLING OR FLYING OBJECT		No	6,887.40	.00	.00
202115200	Closed Med	UT	21			OBJECT BEING LIFTED OR HANDLED		No	626.98	.00	.00
202115148	Closed Med	UT	7			STRAIN OR INJURY BY, NOC		No	2,634.76	.00	.00
202115050	Closed Med	UT	1			ABSORBING/ESTIMATING, NOC		No	3,134.14	.00	.00
202116758	Closed Med	UT	15			SUP/FALL/TRIP, NOC		No	4,842.33	.00	.00
202116289	Closed Med	UT	3			HAND TOOL/UTENSIL/NOT POWERED		No	240.83	.00	.00
202120176	Closed Med	UT	6			SUP/FALL/TRIP, NOC		No	245.00	.00	.00
202124316	Closed Med	UT	6			RUBBED OR ABRASED, NOC		No	840.86	.00	.00
202124322	Closed Med	UT	1			CAUGHT IN/UNDER/BETWEEN, NOC		No	334.24	.00	.00
202124563	Closed Med	UT	1			SUP/FALL/TRIP, NOC		No	14.50	.00	.00
202124834	Closed Med	UT	3			OTHER-MISCELLANEOUS, NOC		No	12,159.26	.00	.00
202125688	Closed Med	UT	7			ANIMAL OR INSECT		No	467.38	.00	.00
UT Claims for Period Beginning: 2021/01/01								32,758.32	.00	251.26	32,508.26

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 State: ALL Claim Status: Open Comp, Open Medical, Closed Comp, Closed Medical, Denied, Settled Location: NA Department: All
 WCF Mutual, WCF National, and WCF Select Insurance Companies - wcf.com/about-us

TOOELE CITY CORPORATION

Claim Summary

Policy Number: 1639001 Policy Effective Date: 2022/01/01 State: UT

Claim Nbr	Claim Status	St	Days Rptd	Claimant Name	Date of Injury	Accident Description	Litigation	Total Pd	Total Reserve	Total Recovered	Total Incurred
20220345	Closed Med	UT	1			ON ICE OR SNOW	No	270.36	.00	.00	270.36
202203583	Closed Med	UT	7			OTHER/MISCELLANEOUS, NOC	No	1,681.00	.00	.00	1,681.00
202203597	Closed Med	UT	3			SUF/PALL/TRIP, NOC	No	342.45	.00	.00	342.45
202203598	Closed Med	UT	10			STATIONARY OBJECT	No	3,100.06	.00	.00	3,100.06
202203658	Closed Med	UT	5			MOTOR VEHICLE, NOC	No	385.14	.00	.00	385.14
2022039819	Closed Med	UT	3			CONTACT WITH, NOC	No	.90	.00	.00	.90
202213172	Closed Med	UT	7			HAND TOOL OR MACHIN IN USE	No	435.44	.00	.00	435.44
202213370	Closed Med	UT	1			FALLING OR FLYING OBJECT	No	1,128.73	.00	.00	1,128.73
202213764	Closed Med	UT	1			FOREIGN BODY IN EYE	No	.90	.00	.00	.90
202217745	Closed Med	UT	1			OTHER/MISCELLANEOUS, NOC	No	.90	.00	.00	.90
202224248	Closed Med	UT	3			ASPIRATION/INHALE, NOC	No	2,058.94	.00	.00	2,058.94
UT Claims for Period Beginning: 2022/01/01								.90	.00	.00	9,382.12

Name: TOOELE CITY CORPORATION Policy Nbr: 1639001 Beg Date: 01/01/2019 End Date: 11/01/2024 Report Date: 11/01/2024 Info Only: N
 State: ALL Claim Status: Open Comp, Open Medical, Closed Comp, Closed Medical, Denied, Settled Location: NA Department: All
 WCF Mutual, WCF National, and WCF Select Insurance Companies - wcf.com/about-us

TOOELE CITY CORPORATION

Claim Summary

Policy Number: 1639001 Policy Effective Date: 2023/01/01 State: UT

Claim Nbr	Claim Status	St	Days Rnd	Claimant Name	Date of Injury	Accident Description	Litigation	Total Pd	Total Reserve	Total Recovered	Total Incurred
2023038443	Closed Med	UT	2			PUSHING OR PULLING		.00	490.45		.00
202304220	Closed Med	UT	7			ANIMAL OR INSECT	No	.00	183.05		.00
202305290	Closed Med	UT	1			OBJECT BEING LIFTED OR HANDLED	No	.00	251.85		.00
202305631	Closed Med	UT	5			COLLISION WITH ANOTHER VEHICLE	No	.00	268.86		.00
202305798	Closed Med	UT	2			FOREIGN BODY IN EYE	No	.00	146.27		.00
202306002	Closed Med	UT	8			CUT, PUNCTURE, SCRAPE, NOC	No	.00	743.14		.00
202303773	Closed Med	UT	3			OTHER-MISCELLANEOUS, NOC	No	.00	176.87		.00
202312567	Closed Med	UT	13			OTHER-MISCELLANEOUS, NOC	No	.00	521.90		.00
202313394	Closed Med	UT	3			STATIONARY OBJECT	No	.00	169.19		.00
202316794	Closed Med	UT	2			STRUCK OR INJURED, NOC	No	.00	129.84		.00
202317144	Closed Med	UT	1			STRUCK OR INJURED, NOC	No	.00	226.39		.00
202319650	Closed Med	UT	2			FOREIGN BODY IN EYE	No	.00	201.13		.00
202321827	Closed Med	UT	0			SIP/FALL TRIP, NOC	No	.00	1,077.33		.00
202324774	Closed Med	UT	2			OTHER-MISCELLANEOUS, NOC	No	.00	5,541.60		.00
UT Claims for Period Beginning: 2023/01/01								10,227.97		.00	517.04
											9,710.93

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 State: ALL Claim Status: Open Comp, Open Medical, Closed Comp, Closed Medical, Denied, Settled Location: NA Department: ALL
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TOOELE CITY CORPORATION

Claim Summary

Policy Number: 1639001 Policy Effective Date: 2024/01/01 State: UT

Claim Nbr	Claim Status	St	Days Rptd	Claimant Name	Date of Injury	Accident Description	Litigation	Total Ptd	Total Reserve	Total Recovered	Total Incurred
202406547	Closed Med	UT	1					No	218.16	.00	.00
2024018343	Denied	UT	1					No	611.73	.00	.00
2024088967	Closed Med	UT	3					No	398.43	.00	.00
202410283	Open Med	UT	0					No	14,247.04	4,511.14	.00
202412006	Closed Med	UT	2					No	371.13	.00	.00
202412762	Closed Med	UT	0					No	264.34	.00	.00
UT Claims for Period Beginning: 2024/01/01								16,050.85	4,511.14	.00	20,561.99
Grand Total:								388,895.78	4,511.14	1,141.98	392,034.94

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 State: All Claim Status: Open Comp, Open Medical, Closed Comp, Cleased Medical, Denied, Settled Location: NA Department: All
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