



August 10, 2021

## Circular 2021-09

**To: ICRB Members**  
**Re: 2021 Annual Meeting**

The Indiana Compensation Rating Bureau's (ICRB) Annual Meeting is scheduled for Tuesday, September 28, 2021. Please note that due to the Coronavirus COVID-19 pandemic the meeting will be held virtually via Zoom at the following link.

<https://us02web.zoom.us/j/9675749762?pwd=SStSeVpjRWRHSWh5emNIREtOZmZ5QT09>

Or if you have a Zoom Account:

Meeting ID: 967 574 9762

Password: 691724

### Governing Board Election

In accordance with the provisions of the ICRB By-Laws, the Governing Board shall consist of twelve elected members. Six of the member company's terms will expire in September 2021. Those companies are:

- Amerisure Mutual Insurance Co.
- The Hartford
- ICW Group
- Indiana Insurance Co. (Liberty Mutual)
- National Trust Insurance Co. (FCCI)
- Travelers Indemnity Co.

### How to Become an ICRB Board Member

Any member company interested in serving a two-year term on ICRB's Governing Board must complete the following steps for consideration:

1. Submit a one-page company profile to the ICRB no later than **Friday, September 10, 2021**. To assist you in this process, we are attaching a sample "profile." Please note that you do not need to use this specific format, but this will provide you with the information we are looking for.
2. Completed profiles should be e-mailed to ICRB's Vice President of Finance, Amy Hineman at [ahineman@icrb.net](mailto:ahineman@icrb.net).
3. All submissions will go to ICRB's Nominating Committee for review and selection of recommended member companies to the full Governing Board.



4. Ballots for voting will be **EMAILED** to the primary voting representative only.  
***Please note that this is a different procedure than we normally do as we typically vote in-person during the Annual Meeting. For your votes to count, you must return your completed ballot PRIOR to September 23, 2021.***
  
5. The final tally of the votes will be presented during the Annual Meeting. Once the voting results are announced by the ICRB President the new full Governing Board Members will vote to elect a Chair and Vice-Chair for the next year. Members will also be selected to serve on ICRB Committees.

#### **Annual & Governing Board Meeting Agenda and RSVP**

By mid-September, the agenda and pertinent documents will be emailed to Governing Board members. The agenda and prior meeting minutes will also be posted in our "Reference Library" section on our website at [www.icrb.net](http://www.icrb.net) for any non-Board members that wish to participate.

If you or anyone from your company plans to attend the September meeting, you must RSVP to Amy Hineman. Please use the form below and provide us with the names, titles and emails of all company representatives that will be attending this virtual meeting and indicate who will be the voting representative for your company. If you cannot attend, we request that you also RSVP your regrets to [ahineman@icrb.net](mailto:ahineman@icrb.net). If you have any questions regarding this process, please contact Amy Hineman via email, or phone at: 317-842-2800 ext. 312, or you may contact me directly at the information below.

I look forward to our upcoming meeting.

Sincerely,

A handwritten signature in black ink that reads "KH Byrd".

Karen H. Byrd  
President & CEO

Enclosures:

Company Profile Template  
Annual Meeting RSVP



**Indiana Compensation Rating Bureau  
Governing Board Nomination**

**Company Profile Template**

1. Name and address of member company.
2. Group names of member company, if applicable:  
*(Note: Only one company within a group may serve)*
3. Is the member company an "Indiana domiciled" or "non-domiciled?"
4. Provide a statement about the member company's Indiana workers compensation book of business.
5. What is the interest and ability of the member company to provide industry leadership?
6. Provide the name, job title, job responsibilities, address, phone number and email address of the person that will represent the member company.
7. Provide the name, job title, job responsibilities, address, phone number and email address of the person that will be designated as the alternate representative of the member company.
8. What is the commitment of the member company to have least one of the representatives to attend all Governing Board meetings and serve on ICRB sub-committees, as appointed, for a two-year term?
9. Does the company and/or company representative have interest in serving as the Governing Board Chair or Vice-Chair? If so, please provide details.
10. Provide a statement of the company representative's and the company alternate's knowledge on workers compensation in Indiana (and nationally, if applicable).



**ANNUAL MEETING RSVP**  
**Tuesday, September 28, 2021 at 9am**

Please respond via email to Amy Hineman, VP of Finance and Administration at [ahineman@icrb.net](mailto:ahineman@icrb.net) by providing the information below.

Please select:

- Regrets, our company will not be represented at the meeting
- Yes, our company will be represented at the meeting

No. of Representatives attending the meeting \_\_\_\_\_

Company Name			
Select one voting representative	Name of Person Attending	Title	Email*
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			

\*Email is required for designated representative to receive voting ballot.